



**Jersey Care
Commission**

INSPECTION REPORT

STRATHMORE

**Care Home Service
(Supported Accommodation)**

**Strathmore
80 Marks Road
St Saviour
JE2**

**5 and 22 September
and 4 October 2023**

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 (as amended) to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity, and to encourage improvement.

ABOUT THE SERVICE

Strathmore provides supported accommodation to young people aged 16 to 17 years old and young adults aged 18 to 25 years of age who are experiencing homelessness.

While the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 refer to 'care receivers' to describe people in receipt of care, this service's Statement of Purpose refers to "residents." Furthermore, to align with the 'Outcomes Star' model that is promoted and followed, the same terminology will be used in the main body of the report, description, and account of this service.

This service is registered to provide personal support for up to 16 residents. The main house can accommodate 13 residents, which are all single occupancy. This service also benefits from a flat on the same site that can accommodate up to three residents who can live semi-independently as part of their journey to independent living.

On the first floor there is a large administrative office room and the manager's room is a small next-door office. Adjacent to these rooms is a rest room for staff on duty and a further room to undertake key work sessions with residents.

The bedrooms vary in size but have similar furniture and decoration; some are ensuite. However, the remaining residents share a bathroom at a 2:1 ratio.

There is CCTV coverage of the front and rear entrances into the home and in the communal areas to provide security to both residents and staff.

Regulated Activity	Care Home Service
Regulated Activity	Care Home (supported accommodation) for young people and young adults
Conditions of Registration	<p><u>Mandatory</u></p> <p>Maximum number of people who may receive personal support: 16</p> <p>Age range: 16 to 25</p> <p>Category of Care: Homelessness</p> <p>Rooms 1-3, 6, 7, 10-13, 17 and 18 one person only</p> <p>Rooms 8, 9 & 14-16 – two people</p>
Dates of Inspection	5 and 22 September and 4 October 2023
Times of Inspection	11:20 to 13:00, 10:00 to 15:45 & 17:45 to 18:30
Type of Inspection	1 st visit unannounced, 2 nd and 3 rd visits announced
Number of residents accommodated on the day of the inspection	14
Number of areas for improvement	One

The home is operated by The Shelter Trust, and at the time of this inspection, this home was under its maximum occupancy, with 14 residents accessing this service.

There have been no changes to the Statement of Purpose or applications to vary the conditions for this service since the last inspection.

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

Recruitment and retention challenges of staff have contributed to changes in staff shift rotas; however, the Regulation Officer was satisfied that this was not detrimental to the personal support provided to residents.

Policy and Procedures were reviewed, and it was noted that an adequate whistleblowing policy had yet to be developed. This was rectified during the inspection period. Policies and procedures were easily accessible and reviewed regularly.

Complaints, incidents, accidents, and notifiable events were reviewed. These had been managed appropriately and where necessary there was evidence that learning had been implemented.

Training in this service is comprehensive and is ably supported by a dedicated training officer who is proactive in providing supplementary e-learning opportunities.

The frequency of supervision for care staff did not meet the required Standard of four time per year. The context was provided to the Regulation Officer; however, it is an area for improvement.

Referral processes for access to this service and initial needs-led assessments are thorough. Support planning is provided through the 'Outcomes Star' tool, which is regularly reviewed to track the progress of residents' journey to independent living. This is an area of good practice.

Residents who access this service are independent and are treated with dignity and respect. There are processes and procedures to address individual risks of residents, and these are person-centred.

Safe recruitment practice for new care staff was examined and noted to be compliant; however, criminal record checks for several existing staff had not been updated in line with best practice. This was addressed during the inspection period.

Feedback from residents who accessed this service was positive and showed they felt supported and safe. In addition, one professional consulted provided comprehensive positive feedback regarding their experience of this service.

INSPECTION PROCESS

This inspection was unannounced and was completed over three visits. The final visit was undertaken to meet residents to seek their feedback on the service.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Management of the service**
- **Care and support**
- **Choice and safety**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection reports.

The Regulation Officer sought the views of four people who use the service and spoke with managers and other staff.

The views of one professional were also obtained as part of the inspection process. During the inspection, records, including policies, care records, incidents, and complaints, were examined. This inspection included a tour of the premises.

¹ The Care Home and all other Care Standards can be accessed on the Commission's website at <https://carecommission.je/Standards/>

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager.

This report outlines our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an improvement plan is attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, no areas for improvement were identified that required any follow-up on this visit.

Management of the service

The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size, and complexity of the service.

A service development plan is in place for 2024 which recognises the challenges for this service and details the measures required to address these, for example staff recruitment and retention or continuing to meet this services existing and future needs.

The Registered Manager reported that recruitment and retention of staff has been a challenge since the last inspection in November 2022. This led the service to revise the daytime rota and reduce staffing at night. A lone working policy is in place and the Regulation Officer was satisfied that an on-call manager was always available for support and advice.

The Registered Manager supports daytime shifts on occasion and night shifts in other homes in the wider organisation; however, they can manage their hours given a deputy manager is present in the home.

The Regulation officer examined policies and procedures. These were well organised and could be accessed online or through a paper file by care staff. Review dates were noted, and the Registered Manager confirmed that care staff are given protected time during their induction to familiarise themselves with the documents.

The Regulation Officer reviewed the complaints and grievance policy for this service, which details how whistleblowing should be conducted and responded to. While this does meet the Standards, the Regulation Officer requested that this be reviewed to be a stand-alone policy. Positively, the Registered Provider supplied this during the inspection period.

The Regulation Officer noted that monthly reports per the standards had been completed on the suggested template provided by the Commission. In addition, monthly management reports were also viewed. The Registered Manager demonstrated how these measures help inform service delivery and alert senior management to trends or service deficits.

The Regulation Officer reviewed the complaints log and noted that none had been recorded since the last inspection in November 2022. One complaint made directly to the Commission was discussed with the Registered Manager. The Regulation Officer was satisfied that the Service had managed this in line with their Statement of Purpose.

To be accommodated by this service, prospective residents agree to accept support, advice and work with the care staff towards successfully transitioning to independent living. Residents are provided with several opportunities to engage in this process; however, failure to participate may result in a termination of their tenancy.

The Regulation Officer explored the low level of complaints with the Registered Manager from residents or grievances from staff. The Registered Manager explained that they have an open-door policy for residents and care staff, alongside addressing issues that arise at an early stage.

Residents consulted with confirmed that the Registered Manager and care staff are approachable when they would raise an issue.

The Registered Manager felt that staff were listened to, and there was healthy challenge and discussion amongst the staff team under the philosophy of improving practice.

The Regulation Officer reviewed the notifiable events made to the Commission since the last inspection in November 2022. The Commission only received one notification, which was explored with the Registered Manager. The Regulation Officer was satisfied through this discussion that there were no further notifiable events.

The Registered Manager self-reported that they will not meet the target for quarterly supervision of care staff in 2023. Inspection of the central supervision record confirmed this. Supervision is a vital part of any care setting as it aids the professional growth and development of staff and improves outcomes for people in receipt of care. The Registered Manager provided context regarding staffing pressure and annual leave over the summer months. This is an area for improvement for 2024, however it was noted by the Regulation Officer that the Registered Manager is proactive regarding the management of staff outside formal supervision.

Appraisals are yet to be completed for 2023; however, the Regulation Officer noted a section in the supervision template regarding professional development and practice.

The Regulation Officer examined care staff training records and noted that mandatory training had been completed per the Care Home Standards and updated where necessary. The Regulation Officer was also satisfied that care staff had completed or were undertaking a level 3 diploma in adult social care. Staff rotas provided the Regulation Officer that at least 50% of staff on duty at any time had achieved this requisite qualification.

The service has a dedicated training officer responsible for delivering a comprehensive training program. In addition to mandatory training, the Regulation Officer noted that the Training Officer was proactive in providing care staff with additional supplementary e-learning opportunities.

Care and support

The Standards outline that people in receipt of care and support should experience compassion, dignity, and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.

Referrals to this service are received from various sources; however, prospective residents can also self-refer. Care staff complete a referral assessment to help inform what support needs the future residents have and identify risk factors that need to be mitigated to help the residents have better outcomes.

Post the above assessment process and once a referral is accepted, matching takes place to ensure the safety of the prospective and existing residents. All residents enter into a fixed-term licence agreement, typically for six months. Some residents may need more time to be ready for independent living at the end of the agreement, so there is a provision to extend this.

Where residents have demonstrated that they still require some support, there is the option to live semi-independently in the flat attached to the main building, which can accommodate three residents. These residents can access their own kitchen if they want to cook for themselves. Care staff will provide the ingredients if required; however, residents are welcome to access the main building for meals.

When residents are ready for more independent living, they can access other accommodation through the wider Shelter Trust organisation, such as the Midvale Road Resettlement Project or Venetia House. This service also works closely with Andium Homes and the Jersey Association of Youth and Fellowship to source appropriate accommodation for residents transitioning to independent living.

Key workers and care staff support residents to access income support, employment, and education and resolve their immigration status where necessary. This service was commended in 2022 by the Jersey Employment Trust for its partnership working in supporting residents to access employment. This is an area of good practice.

The Regulation Officer examined residents' records. This service uses an evidenced-based tool called the 'Outcomes Star' to initially measure a residents support needs in eight areas, such as practical life skills, choices and behaviour and health. A key worker is assigned to support a resident in making the necessary changes to have more successful outcomes regarding independent living. Keyworkers undertake specialist training in the Outcomes Star, and they revisit this quarterly in consultation with the resident. This process is person-centred, relationship-based, and reflects individual communication needs.

Alongside the progress tracking through the Outcomes Star, the tool also measures risk (risk reader) based on the residents self-reporting of issues that could impact their capacity to complete their goals. The Outcomes Star is visual, so it makes it easier for residents to feel involved in their support plan, and they can see where they are doing well or where they are experiencing challenges. This is an area of good practice.

The Regulation Officer noted that care records reflected residents' preferred pronouns, with the Regulation Officer evidencing these were used in care plans and the Outcomes Star.

Daily case and keyworker session notes were reviewed by the Regulation Officer and noted to be concise and respected residents' privacy, with only relevant information recorded. This service makes residents aware that they can access information held about them as part of their induction. The Regulation Officer noted that on each residents file there are essential and emergency contact details. In addition, critical dates shared by residents that could provide a challenge for them are also noted, to make care staff aware of the possible need for additional support.

Room checks are carried out by care staff twice a day to capture who is in the building and ensure that there are no health and safety issues and that the service knows who is present in the event of a fire alarm being triggered. This is always undertaken by two staff. The Regulation Officer viewed the record-keeping in this respect and was assured that this kept residents safe.

The Registered Manager reported that it is rare to terminate a resident's licence agreement; however, this is usually in relation to violence or severe aggression towards staff or other residents. Regarding less serious breaches of the licence agreement, this service operates a three-point warning system. However, a warning is withdrawn after 28 days should there be no further occurrences. This service will accept re-referrals from previous residents 28 days after terminating a licence agreement.

The service can continue to provide outreach support for up to two years for previous residents, once they have moved on and choose to accept it.

The Regulation Officer consulted four residents on their experience of this service, and the following comments were made:

"I feel safe here and well supported."

"The place is alright, and the staff are supportive."

"The food is good, and I like living here."

"Care staff have helped me access financial support and feel I can choose my future."

A professional who has regular contact with this service provided the following comments:

"From my experience, Strathmore is a clean and tidy space which is both homely and comfortable. It feels like a home."

“The staff offer a good selection of food for the residents to choose from, and there is enough time for the individuals to choose when they would like to eat.”

“My client is well supported by the staff, who support him with schedules for the day, daily prompts regarding personal care and chores, as well as one-to-one support with this should he choose to accept the support.”

“The staff have been well organised and supportive whilst working with an array of different services, allowing the time and space for group discussions hosted at and by Strathmore to enable my client to be in charge of his care.”

“Care staff have also had a good line of communication with myself and other services, which has benefitted the client to the point where he is trusting of our service and others, which can be evidenced by the progress made with his development.”

Choice and safety

The Standards outline the Provider’s responsibility to ensure that people will feel safe and are kept safe. People will be supported, enabled, and empowered to be as independent and autonomous as practicable. People’s rights will be supported and protected.

This service has a medication policy in place. Medication assessments are undertaken with all residents as part of the initial information gathering when they access this service. Where risks are identified, or the residents are under 18 years old, care staff may seek assurance from the resident’s GP that they can self-medicate. Most residents who access this service who are prescribed medicines normally self-administer.

Where risks are identified or a request is made from a resident for support with their medication, care staff can assist in managing this. The Regulation Officer viewed Medication Administration Records (MAR) and was satisfied that these were completed satisfactorily. Audits of medication take place twice daily, once by the day staff and another by the night staff.

Copies of prescriptions were present and patient information leaflets were kept with the medication. The Registered Manager reported that care staff will research a medication when they need to understand what the medication is used for, if it is a controlled drug, and to be aware of any side effects. Residents who self-administer medication are provided with a safe for secure storage of medicines.

The Registered Manager provided assurance that care staff are aware of transcribing guidelines and gave examples of how they deal with situations when residents arrive with medication.

The Regulation Officer examined the missing person policy and explored how this service responded to these events with the Registered Manager. This service's response is dynamic and is based on known risks and the age of the residents. Care staff maintain contact with all residents through WhatsApp to check in with them to see if they are returning to the home. If there were specific risks concerning a resident over 18 years old, care staff would report them missing to the police.

In relation to under 18-year-olds, there is an expectation that they will return to the home by midnight. Should the resident fail to return, care staff will endeavour to contact them and if not successful, will report them as missing to the police.

The Regulation Officer examined the Fire Precautions Logbook and was satisfied that all testing, fire drills, and maintenance of equipment were in line with the recommendations of the States of Jersey Fire Service. As part of resident induction, they are asked to read and sign the fire evacuation procedure. The Registered Manager reported that occasionally, a resident fails to engage in a fire drill. The Regulation Officer was assured that when this happens, it is dealt with appropriately to ensure the future compliance of the resident.

The Regulation Officer reviewed safe recruitment practices and was satisfied that care staff who had joined the service since the last inspection had this in place. However, examining criminal record checks for existing care staff evidenced that several checks were out of date.

This was rectified during the inspection period, with a new procedure in place to ensure criminal record checks are updated at least every three years.

The Regulation Officer noted that for each shift there are chore checklists. These keep the service running smoothly and safely and provide a structure for staff to follow.

A review of the food hygiene measures in the kitchen, fridges, and freezers provided the Regulation Officer with assurance that the food prepared and cooked was safe. In addition, this service benefits from a five-star Government of Jersey 'Eat Safe' kite mark and the Regulation Officer noted that allergens guidance was being followed.

Residents are provided with choice in terms of breakfast, lunch and dinner throughout the week, these include vegetarian and vegan options. Those residents in education or work are provided with a packed lunch. Snacks and hot/cold drinks are available throughout the day in the dining area. Every Sunday, a full roast dinner is provided to residents. Residents can eat in their rooms if they do not wish to access the dining area.

Residents in this service can choose to live independently of others and only engage in the support offered; however, there are opportunities for engagement with others in the communal areas. This service also provides activities regularly, such as football, fishing, and Wetwheels. The Shelter Trust also produces a newsletter to make residents aware of what activities they offer.

Residents are provided with the opportunity to give feedback on the service they access. The Registered Manager reported that they have an open door policy, there is a suggestions box, and residents are asked for feedback during key work sessions. The Regulation Officer observed several residents accessing support and advice and spoke with residents about their experience of this service.

IMPROVEMENT PLAN

There was one area for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

Area for Improvement 1 Ref: Standard 3.14 To be completed during: 2024	The Registered Provider must ensure that formal supervision is provided to care staff at least four times per year. Response of Registered Provider: I can confirm that by the date of the JCC inspection, 22 nd September, two of the four scheduled supervisions had taken place.
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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards, and best practice.



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