



Jersey Care
Commission

INSPECTION REPORT

Aztec House Care Home

37 Kensington Place

St Helier

JE2 3PA

**25 October and
1 November 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

While the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 refer to 'care receivers' to describe people in receipt of care, the home's Statement of Purpose refers to 'service users'. 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.

Aztec House can provide accommodation for up to 50 service users, and the primary reason relates to homelessness. However, the current capacity has been limited to 35 by the Registered Provider to allow single-occupancy rooms for all.

The service works closely with other homes operated by the same provider and may involve onward referrals to them as part of a recovery-based support model. This staged approach aims to support service users toward independent living and includes the potential for onward referrals to an allied service within the Shelter Trust group.

The accommodation provides a range of shared-use facilities and includes single-use or, if required in exceptional circumstances, conversion to some shared rooms with shared toilets and bathrooms.

There are two entrances to the home; CCTV covers both doors and staff permission is required to access the building to promote the necessary and appropriate level of security and safety for all occupants at all times of the day.

By the nature of its remit, there may be short-term and longer-term occupancy for a wide range of service users. While the home operates with limited staff resources, clear governance arrangements are in place to ensure safe working systems.

Some outdoor space is freely accessible by all service users within a courtyard, and the home is equipped with domestic washing machines and dryers to be used as or when required.

Regulated Activity	Care home for adults
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: Personal Support</p> <p>Category of Care: Homelessness</p> <p>Age of service users: 18 and above</p> <p>Maximum number of people who may receive personal support: 50</p> <p><u>Discretionary</u></p> <p>The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 16th November 2025</p>
Date of Inspection	25 October and 1 November 2023
Time of Inspection	10am – 2.30pm and 9.30am to 10.30am
Type of Inspection	Announced
Number of areas for improvement	Four
Number of care receivers using the service on the day of the inspection	30

The Shelter Trust operates this service, and a Registered Manager is in place.

The discretionary condition of registration was discussed with the Registered Manager, and they confirmed that they are continuing their study.

No applications have been made to the Commission for a variation of conditions, and the Statement of Purpose remains current.

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.

The care provided to service users in this service is of high quality. The continued development of providing clinics by partner agencies on-site is a good area of practice and has improved outcomes for service users.

Care planning and management of risk using the 'Outcomes Star' model is robust, person-centred, relationship-based, and tailored to individual communication needs. It provides a structured and holistic approach to care that focuses on an individual's strengths, goals, and outcomes. This is an area of good practice.

The management and staff team have successfully dealt with significant additional challenges in the six months prior to this inspection, which is commendable and evidences their dedication and passion in supporting people who access this service.

The process of referral, assessment, and the induction of new service users is effective and provides an immediate indication of an individual's needs.

Complaints and feedback are dealt with effectively. It was observed before the inspection that notifiable events, as outlined in the Commission's Care Home Standards, were not being completed. However, it is noteworthy that this issue has been rectified during the inspection period, reflecting a positive corrective action.

The induction of new staff is robust and effective. Compliance with mandatory training was evidenced, and the development of trauma-informed practice is positive.

The supervision of care staff has not met the required level for 2023 as per the Care Home Standards. This is an area for improvement for 2024.

The management of medicines in this service did not fully meet compliance with the Standards; however, the service has taken on board advice and the Regulation Officer is satisfied that these measures will lead to improved medicine management.

Health and Safety in the service could be improved by developing a risk register. It was noted that Portable Appliance Testing (PAT) was not taking place; hence, this is an area for improvement.

INSPECTION PROCESS

This inspection was announced, with notice provided the day before the inspection to ensure that the Registered Manager was available. This inspection was completed on 25 October and 1 November 2023.

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**

Before our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report (s).

The Regulation Officer sought the views of three people during the initial day of inspection who use the service and spoke with managers and other staff.

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

The views of two professionals were also obtained as part of the inspection process.

Records, including policies, care records, incidents, and complaints, were examined during the inspection.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Deputy and 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 has been established for 2024, acknowledging the challenges within the service. The plan outlines specific measures to tackle these challenges, including staff recruitment and retention initiatives and ensuring the ongoing fulfilment of the service's current and future needs. There are plans to convert the bedroom on the ground floor to enable disabled access, which is a positive development for the service.

The Registered Manager reported that the service has been stretched over the past six months due to a small cohort of service users with additional and extensive needs.

Staff retention has been stable since the last inspection in November 2022, with one current vacancy, which is being recruited into. The Registered Manager commented that the increasing needs of a small cohort of service users has impacted care staff availability to other service users and had been a drain on management time.

The policy and procedures reviewed were comprehensive and easily accessible for staff and service users. It was recommended that policy review dates be noted to ensure regular evaluation. It was noted that a new whistleblowing policy had been developed.

No formal complaints have been recorded from service users. The Registered Manager reported everyday 'discontent' from service users; however, these are generally directed at other agencies. Where service users are unhappy with the service, the Registered Manager commented that they deal with these situations quickly and resolve them to avoid escalation. External complaints are logged alongside what actions were taken and, where necessary, how this was followed up with the complainant. The complaints policy was available to service users on the notice board.

The Regulation Officer viewed the monthly reports for this service and deemed them to be thorough and informative to senior leadership in the organisation. In addition, site reports are completed, providing narrative and visual data on the current service users.

The Regulation Officer met with the dedicated training officer for this service to ensure compliance with mandatory training requirements. The Regulation Officer was satisfied that the majority of the mandatory training requirements were met; however, new staff recruited over the last year still needed to complete the Regulated Framework Qualification (RQF) Level 3 award in the administration of medication.

The training officer provided context for this, and the matter was resolved during the inspection period. Positively, these staff had completed foundation and advanced 'Care of Medicines' modules through Boots Pharmacy.

The Regulation Officer was also assured that at least 50% of staff on duty at any time have a Level 2 Diploma in adult social care (or equivalent). In addition, several staff across the organisation were just about to start their Level 2 module. A positive development, which has been well received by staff, is trauma-informed care training. The Registered Manager reported that it is difficult to measure the influence of this training; however, it does provide staff with a greater understanding of service users' lived experiences and the impact of trauma. The training officer has also been proactive in following up on this training by providing details of articles and podcasts to staff.

Staff are also provided with MAYBO training, specifically designed to equip staff skills to help de-escalate situations, reduce risks surrounding behaviour, and promote positive and safer outcomes. This is a good area of practice.

The Registered Manager shared that they would be unable to meet the standards regarding providing four formal supervision sessions to staff during 2024 and expected to complete three sessions and the annual appraisal at the end of the year. While the context was provided by the Registered Manager, supervision is an integral component of any care environment, as it fosters the professional advancement and growth of staff, ultimately enhancing outcomes for individuals receiving care. This is an area for improvement.

Two staff have joined this service since the last Inspection in November 2022. The Regulation officer consulted with both staff members and was assured that their induction to the service was in line with policy and in line with best practice. Completed induction checklists were also present in their training files. One staff member commented, '*It was thorough,*' with the other reporting, '*It was second to none.*'

The Registered Manager shared that part of the building is not owned by the Shelter Trust, which does cause some issues in terms of maintenance. There have been leaks from the roof that have been fixed; however, the redecoration will only occur once there is assurance that the roof is no longer leaking.

The Registered Manager reported they continue to pursue this matter regularly, which has not affected any service users' rooms.

Care and support

<p>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.</p>
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Most referrals to this service are directly from individuals; however, a small number are from other agencies and occasionally from other Shelter Trust provisions.

Prospective service users are interviewed by staff and provided with information on what Aztec House can provide to see if it suits them and what the service expectations are. If accepted, an initial assessment document is completed with the service user, which provides the service with an overall picture of the service user's needs and where any risks are present. Where risk is identified, other assessments may be completed, for example, a medication risk assessment.

As part of the welcome procedure, service users are given a welcome pack, including toiletries and towels. Service users sign a comprehensive licence agreement; however, this is unsuitable for meeting all service users' communication needs.

To support service users, this service has produced a one-page visual guide to aid service users in understanding the service's rules and routines. This is an area of good practice.

All service users are provided with a key worker who can be matched to meet individual needs. Key workers undergo specialised training in the 'Outcomes Star' and support their allocated service users in completing their star within the first four weeks after their admission to the service.

The 'Outcomes Star' is an evidence-based tool used to assess and measure service user's support needs in various areas. This tool covers eight domains, for example, practical life skills, choices and behaviour, and health. The key worker supports a service user to identify the necessary changes they need to make to achieve successful outcomes in independent living.

The 'Outcomes Star' is revisited quarterly in consultation with the service user. This approach is person-centred, relationship-based, and tailored to individual communication needs. The visual nature of the Outcomes Star helps service users actively engage in their support plan by providing a clear overview of their progress, strengths, and challenges.

Additionally, the tool includes a risk assessment component (risk reader) based on service users' self-reporting of issues that could impact their ability to achieve their goals. This dual focus on outcomes and risk management reflects a comprehensive approach to supporting service users in their journey toward independent living.

Overall, this care planning process aligns with good practice standards, emphasising a holistic and individualised support approach while incorporating progress, tracking, and risk assessment tools.

While staff are available to support service users in a process of change, the Registered Manager stressed that the decision to start a journey of transformation has to come from the service user themselves, and they have to be in the right emotional space to do this.

Daily notes are completed by care staff; however, this is only relevant information to help inform the individual care needs of service users. Room checks are completed twice daily to record who is present in the building, and this is recorded in the daily notes and on a separate occupancy sheet in case of fire and the need to evacuate the building.

The recording system used in the service provides for alerts to be placed on service users' electronic records. This may be about current risks or important dates that could trigger service users positively or negatively. This is an area of good practice.

This service actively seeks feedback from service users, both formally during key work sessions and informally through daily contact. This approach allows for ongoing communication and understanding of the needs and perspectives of the service users.

The availability of a suggestions box provides an additional avenue for service users to share their thoughts. However, the fact that it's only occasionally used suggests that there may be room for improvement in encouraging more regular feedback. The Regulation Officer acknowledges the difficulty in obtaining further feedback from this specific service user group.

The Regulation Officer reviewed the protocols governing the management of service users' personal money. Following transactions, receipts were jointly signed by the staff member and the service user before being electronically recorded. A robust audit process was evidenced to safeguard the security of service users' money in accordance with policy.

This service has developed close links with partner agencies, such as customer and local services, the alcohol and drug service, and adult mental health. These services hold on-site clinics regularly, providing invaluable support to some service users who may struggle to engage with these services. In addition, three GP's have clinics on-site, improving service users' health and well-being. Plans were also in place for a podiatrist to provide a weekly clinic starting in early November 2023. These are good areas of practice and are improving outcomes for service users.

Where service users display aggressive or violent behaviour, there are protocols regarding the service response. The service response involves a phased approach, with termination of a license agreement considered only in exceptional circumstances, according to the Registered Manager.

This service has recently introduced Thursday night football across the Shelter Trust provisions, which is proving popular with service users. Funding is being sought to develop additional activities that are positive and engaging for service users.

Three service users were consulted regarding their experience of accessing this service. Their feedback was positive, reporting that they felt supported, the staff team was approachable, and the food provided was fantastic.

Three staff members provided feedback to the Regulation Officer; a sample of their comments are as follows:

“In my short experience to date, I can honestly say I feel fully supported and more so than I could have imagined.”

“Service users are the priority of each staff member and are given a professional, dedicated service of care, safety, and well-being to make a difference to each individual.”

“I feel the training and support has been highly professional provided by such an inspirational, dedicated, compassionate team.”

Two professionals provided feedback regarding their experience of Aztec House, with the following comments:

“Overall, I have been so impressed with the staff and the support they offer service users.”

“Leadership has, in my experience, been strong, and I have always enjoyed good working relationships with the manager and deputy manager of Aztec House.”

“I have always observed staff being professional, patient, caring, and fair in their interactions with the service users there.”

The management team *“is always a pleasure to work with. They advocate for their clients' needs and are very professional in their work with us.”*

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.

The Registered Manager acknowledged that the Commission needed to be informed of notifiable events per the Care Home Standards. It was noted by the Commission that some notifications have been made since this inspection was carried out, so is not an area for improvement.

The housekeeping staff are conversant with infection control and the hygiene measures needed to keep service users and staff safe from harm. All bedding and towels are washed off-site at the required temperature to ensure thermal disinfection. Care staff also complete a range of duties daily to ensure the safe and effective running of the service. The combined efforts of housekeeping and care staff contribute to creating a safe and clean environment that promotes the well-being of everyone in the service.

The Regulation Officer explored health and safety measures in this service. The maintenance logbook was reviewed, and it was noted that the testing of portable appliances needed to be completed. It is suggested that this service develops a Health and Safety Risk Register to assess recorded risks and determine what mitigating actions are in place to reduce risk to service users and staff. Portable appliance testing is an area for improvement.

It is commendable that this service is prioritising choice and variety in the meals provided to service users. Offering two to three dishes every night, including a vegetarian option, reflects a commitment to meeting diverse dietary preferences and ensuring inclusivity. The provision for service users to request specific meals further emphasises a person-centred approach.

Regarding food safety and hygiene, this service was awarded an 'Eat Safe' kitemark four-star rating in the latest inspection carried out by the Environment Health Department. This suggests high standards of food safety and hygiene practice. All but one of the recommendations from this inspection have been implemented, with plans to rectify the remaining recommendation by the end of 2023.

The Regulation Officer reviewed the management of medicines. The storage and access to the medicines were noted to be secure, and Medication Administration Records (MAR) and audit were completed appropriately. The Registered Manager acknowledged advice on ways to enhance the management of medicines, aiming to reduce the potential for medication errors.

Where service users self-administer their medication, a process is in place to ensure this is safe. Service users are provided with a lock safe to store their medication, and keyworkers regularly review this arrangement, which indicates a commitment to promoting safety and independence. Where medicine has to be disposed of or when service users leave the accommodation, there are appropriate procedures to manage this.

The Regulation Officer examined the fire precautions logbook and noted that most alarm and emergency lighting testing was completed as per the recommendations set out in the logbook. Lighting tests had not been carried out per the recommendations of the States of Jersey Fire Service; however, the Registered Manager reported that this had been identified before the inspection and addressed with the nominated staff member.

The service operates CCTV in all communal areas and outside the front and back of the premises. A CCTV policy is in place, and service users are made aware of its use during their first day in the service. Service users provide formal consent for CCTV use when they sign their tenancy agreement. The Registered Manager reported that CCTV is also a safety mechanism for service users and staff and has reduced conflict and aggressive incidents in this service.

The Regulation Officer reviewed safe recruitment practices and was assured that they were in operation in this service. Additionally, a review of existing staff's criminal record checks provided evidence that these checks were renewed every three years.

IMPROVEMENT PLAN

There were two areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 3.14</p> <p>To be completed by: within 14 months of this inspection report (25 October 2024) 25 December 2024</p>	<p>The Registered Provider must ensure that Supervision is provided to staff as per the Care Home Standards, i.e., four times per year.</p>
	<p>Response of Registered Provider:</p> <p>I can confirm that three of the four Supervisions did take place in 2023.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 4.6</p> <p>To be completed by: within five months of the date of this report (25 October 2024) 25 March 2024)</p>	<p>The Registered Provider must ensure that Portable Appliance Testing (PAT) is carried out as per the Health and Safety Executive (UK) guidance.</p>
	<p>Response of Registered Provider:</p> <p>To-date, our 'maintenance of equipment and appropriate record keeping' under Standard 4.6 has not included an internal PAT trained individual. In this context, we will ensure a nominated individual completes this training asap.</p>

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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