



**Jersey Care
Commission**

INSPECTION REPORT

Silver Springs

Care Home Service

**La Route des Genets
St Brelade
JE3 8DB**

22 and 25 August 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

This is a report of the inspection of Silver Springs which is a 93-bed care home that offers nursing and personal care to care receivers over the age of 60 years. The care home is situated west of the island and sits on a main bus route into town. The home benefits from being located on extensive grounds with large areas of greenery, seating areas and sufficient parking spaces for visitors and staff.

The care home provides a range of nursing and personal care depending on the assessed needs of the care receivers.

Within the care home, there are a variety of communal areas, including large comfortable lounges, a communal dining area and activity spaces.

Regulated Activity	Care home service
Conditions of Registration	<u>Mandatory</u> Type of care: Nursing care, personal care Category of care: Adults 60+, physical disability Maximum number of care receivers: 93 Maximum number in receipt of personal care: 43 Maximum number in receipt of nursing care: 50

	Age range of care receivers: 60 and above Maximum numbers of care receivers to be accommodated in the following rooms: 1-12a; 14-62; suite 1-5 and Silver Lea 1-2 and 14-26- One person
Dates of Inspection	22 August & 24 August 2023
Times of Inspection	08:00-13:00 & 09:00-14:00
Type of Inspection	Unannounced on first day, announced on second day
Number of areas for improvement	One
Number of care receivers using the service on the day of the inspection	90 1 care receiver in hospital

The Care Home service is operated by BrighterKind and there is a Registered Manager in place.

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.

Overall, the findings from this inspection were positive. Staff recruitment is a challenge; however, it is recognised that this is a common difficulty across the care sector. Staffing levels were reviewed to establish that numbers were sufficient to meet the care delivery; it was positive to note that the minimum staffing requirements specified by the Care Home Standards were met.

The inspection included a tour of the home, which incorporated the communal areas, kitchen, laundry facilities and some of the care receiver's bedrooms that the Regulation Officer randomly chose. There has been a long-standing refurbishment plan for the home's interior and exterior; this was made an area of improvement in the last inspection on 9 and 14 September 2022.

It was recognised that the first-floor communal lounge had undergone a complete refurbishment including decoration and new furniture and soft furnishings. However, other areas within the home require maintenance and updating to give the home a cleaner and fresher look. Some care receivers' rooms appeared particularly outdated and there was evidence that they needed maintenance and refurbishment. This will continue to be an area of improvement.

There is a clear management structure, with appropriate governance arrangements allowing adequate oversight of the service. The Registered Manager has operational presence in the home; there are two Deputy Manager's and Head of Care to support the operational delivery of the home. Staff expressed that there is a culture of supportive teamwork.

Staff mandatory training is 98.9 % compliant, and the management team have clear oversight of the training, utilising an electronic matrix to evidence compliance. Protected time is provided for training completion.

There is a robust induction programme in place for new staff; this includes protected time to allow for shadowing and supervision by experienced staff members. A six-month probationary period is incorporated into the initial employment programme. This allows for a trial period of service to ensure that new workers are comfortable with the position and able to fulfil the specified functions and duties of the role. Mandatory training is completed during the induction period.

Staff members shared that there is a whistleblowing process and staff reported that they are able to raise workplace issues with the management team, however, the 'whistleblowing hotline' in place is helpful if they need to raise concerns that may involve the managers or more senior members of the team.

There were clear well organised care plans for each care receiver within the home. The Regulation Officer examined a selection of care records, there was evidence that care plans were reviewed and regularly updated.

Welcome packs are provided to new care receivers and their family members; they provide everything they need to know about living in the home.

There is a clear referral process which is followed by an admission procedure that incorporates a pre-admission assessment. The assessment includes all aspects of the care receiver's health and well-being and evaluates what care package will be required.

The home environment felt welcoming and homely; there are a choice of communal areas throughout the home, which are spacious and comfortable. The dining room is large with a selection of seating arrangements, giving the option to sit around a larger or smaller table. More comfy, supportive recliner seats are available on the dining room edge for residents that may find it uncomfortable to sit in dining chairs.

Refreshments stations are stocked and available throughout the day for residents who may wish to access snacks and drinks in between mealtimes. The refreshments are also available to relatives and friends when visiting.

There was evidence of appropriate medication processes, policies, and training for this area of practice. Monthly medication audits are completed, and an action plan is provided if areas of non-compliance are identified.

Staff are recruited safely, with safe recruitment checks in place before the commencement of employment of staff members.

There are procedures in place to reassure care receivers about Infection control practices in the home. These include a monthly infection control audit, which incorporates operational and residential areas of the home. A clear action plan is developed for highlighted areas of concern.

There is a comprehensive menu of food on offer throughout the day. Care receivers are provided with two different meal choices at lunch and dinner. Specialist diets are catered for, which include consideration of any identified food allergies.

There are no restrictions on visiting times for family and friends of the care receivers. They are encouraged to attend at any time and are welcome to join their loved ones when using the communal areas for mealtimes or relaxing in the lounges.

A review of staff members' human resource (HR) files demonstrated that safe recruitment practices were in place. A new system is being introduced that ensures that three yearly criminal records checks are completed for all staff members.

INSPECTION PROCESS

The first day of the inspection was unannounced and was completed by two regulation officers. The second day was announced and attended by one Regulation Officer. The inspection was completed on 22 and 24 August 2023. The Registered Manager was available to facilitate the inspection on the first day; the second day was supported by one of the Deputy Managers due to the Registered Manager having prior engagements.

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. This included notifications, any changes to the conditions of registration, the previous inspection report and any additional correspondence received by the Commission since the last inspection.

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

The Regulation Officer sought the views of the people who use the service and or their representatives and spoke with managerial and other staff.

Twelve care receivers were approached to give the Regulation Officer feedback on the second inspection day. Feedback was gathered about their experiences and views of the care and support they receive within the home. Five relatives visiting the home on the day of the inspection also gave feedback.

The Regulation Officer spoke to ten members of the staff team who had different roles within the service, including one of the activity coordinators, care staff, nursing staff and administration team members. Additionally, discussions were held with the Registered Manager and two Deputy Manager's throughout the inspection.

A Jersey Care Commission poster was displayed in the home's reception area, informing visitors, care receivers and staff members that an inspection was taking place and inviting people to share their views with the Regulation Officer.

Records, including policies, care records, audit reports, risk assessments and medication administration charts (MAR) were examined during the inspection.

The inspection included a tour of the four care areas of the home, the main kitchen area, outside areas, and laundry facilities.

On the first inspection day, the two regulation officers attended the daily 'flash meeting'. This provided the opportunity to observe lead staff members from different areas of the home, review any operational requirements, and provide an overview of any issues or aspects of the home that need attention.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager. There was one area of improvement highlighted.

This report sets out 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, one area for improvement was identified which required follow-up on this visit. The improvement plan was related to the refurbishment requirements of the home internally and externally.

Progress of the improvement plan was discussed during this inspection; it was positive to note that there had been some improvements to the upstairs communal lounge, which had undergone a complete cosmetic redecoration. However there continue to be areas that need updating through a refurbishment programme. The Registered Manager reported that the planned refurbishment had been delayed due to an imminent changeover of provider and that there would be a refocus on this once the new provider is in place. This continues to be an area of improvement.

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.

The home provides a service to a large number of care receivers with a variety of care needs.

There are four areas within the home that cover nursing and personal care needs. An initial assessment is completed before any admissions to support an understanding of an individual's care requirements. This determines the area of the home where the care receiver will be placed based on their individual needs. The Registered Manager, Deputy Manager or Head of Care completes the assessment.

The inspection provided evidence to indicate that the home is well-led and appropriately managed. The Registered Manager is firmly established in their role, ensuring stability, consistency, and competency in the service delivery.

Mandatory and essential training is provided to staff members to ensure compliance with the care home standards. Training is available online and face-to-face. The home has several staff members qualified to deliver training such as manual handling and fire safety; investment is provided to ensure that in-house trainers are available to deliver ongoing areas of education. Several staff members gave feedback regarding the available training and referred to the in-house training as useful and of good quality. The training log recorded an overall compliance of 98.9%. This is an area of good practice.

The home has a clear Management structure, which is led by the Registered Manager with managerial support from a Deputy Manager and Head of Care. Registered nurses and qualified health care assistants provide the care.

There was evidence of transparent quality governance practices with managerial oversight. The Registered Manager shared monthly audit reports on several practice areas, including medication delivery, skin integrity, care planning, health & safety and infection control. The individual audits feed into the general monthly report completed for the home by the Registered Manager. Where the home was not compliant with some audit areas, an action plan was produced with a date to complete.

The Regulation Officer reviewed nine staff members Human Resource (HR) files. Evidence was seen of safe recruitment practices when staff are initially employed. During a discussion with the HR administrator, they shared that they had recently reviewed staff employment files and recognised that disclosure and barring service (DBS) three yearly checks had not occurred.

Staff are provided with an annual disclosure form to sign, which asks them to confirm that there have been no changes to their criminal record status. Having recognised that DBS checks had yet to be completed, the HR administrator had commenced updating DBS checks for all staff members.

The home has experienced staff shortages and difficulties with recruitment across the different departments within the service. Agency care and nursing staff are utilised to ensure staffing requirements meet the minimum standards. The Registered Manager reassured the regulation officers that agency staff members receive a full induction, which provides a supportive gradual introduction to the home.

The two regulation officers attended the daily flash meeting on the first day of inspection. This takes place each morning; it is an informal meeting that generally takes no more than 15 minutes and focuses on what is happening in the home at that time.

A representative from each department within the home provides a brief update regarding any outstanding actions or new issues that need attention within their working area. The identified 'resident of the day' is discussed to ensure that all departments are actioning their responsibilities towards the recognised outcomes required for the care receiver.

A management team member completes a daily walkabout; this is an active audit where there is a focus on particular areas and practices within the home. The review includes observing medication records to check that correct processes around medication administration have been followed, making observations of the care receivers' physical presentation, ensuring that they have received personal care and infection control practices. The review also looks at the communal areas checking for cleanliness, a review of the activity schedule for the day and ensuring that care receiver files are up to date. This is also an opportunity for the manager to talk to care receivers and ascertain their views about the care they are receiving. This allows the management team to remain current with the care being delivered in the home. This is an area of good practice.

Staff receive formal supervision at least every three months and an annual appraisal. The Regulation Officer reviewed several supervision records, the framework is strengths based allowing reflection and focus on wellbeing. The documents showed

that positive feedback around performance was shared during supervision sessions, alongside more practical discussion to promote best practices and identify any training needs.

The home's Statement of Purpose (SoP) was reviewed during the inspection. It was found to report on the service aims, functions and general philosophy of care.

The Registered Manager described the complaints procedure; the process is accessible and available to care receivers in the information pack received when initially admitted to the home. The Registered Manager will aim to resolve any complaints in the first instance, however, there is an escalation process if this is unattainable.

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>

A pre-admission assessment is completed for each care receiver. The care receiver and their family members are encouraged to visit the home before moving in; this allows them to familiarise themselves with the environment and meet the team that will be delivering their care. This can contribute to a smoother transition and build trust between the care receiver, their family, and the care team.

A welcome pack is provided to care receivers, and an admission date is organised. A pre-admission assessment is completed by one of the members of the clinical management team. Further checks occur once the care receiver has moved into the home; the first week is a settling-in period, and time is spent getting to know the care receiver to understand their needs that may not be immediately evident from the pre-admission assessment. A seven-day audit is completed to ensure all needs are met and the proper care plans are in place. Evidence of pre-admission reviews were viewed in the care records the Regulation Officer examined. They were detailed and gave a holistic view of care needs.

The Regulation Officer reviewed a sample of care records from across all four areas of the home. Records are presented in hard copy format and stored in locked cabinets in office rooms within each care area. Relevant care plans and risk assessments were seen in the records and evidence of care plan reviews.

For care receivers presenting with pressure ulcers, a skin integrity care plan is followed, and a wound review is conducted every week. This is discussed in the weekly clinical meeting to ensure that a plan of care is in place and monitored regularly.

The home continues to follow best practice guidelines in preventing and managing pressure ulcers. Relevant assessment tools, such as the Waterlow Risk Assessment, are utilised, and these are evidenced within the care records. There was also evidence that staff members will refer for specialist advice and support if needed.

While the home is not registered as a specialist dementia home, several care receivers are living with dementia. Recognising this, the home has prioritised dementia training, adding it to the mandatory training schedule. Investment in this area has elevated the collective expertise of the staff and provided opportunities for an in-house training programme facilitated by trained staff members.

In total, seven dementia champions have been developed across the staff teams, which demonstrates the home's commitment to providing informed support to residents living with dementia.

The Regulation Officer reviewed the Significant Restriction of Liberty (SRoL) register, which showed 22 SRoL authorisations. Some care receivers had arrived at the home with an SRoL authorisation already in place and there were several that the Registered Manager had requested. There was a weekly update regarding the SRoL status of the care receivers. The Regulation officer was satisfied that an appropriate system was in place to ensure authorisations were requested, reviewed, and notified to the Commission.

The home identifies a designated 'resident of the day'; this is a person-centred approach to providing care in the home. This initiative recognises the individuality of each care receiver and emphasises a holistic approach to their well-being. There is a focus on clinical care, including a care plan review, also as part of this initiative there is a deep clean of the care receivers' room, this is a practical and considerate measure. This initiative is designed to make the care receiver feel "extra special" and valued and appreciated. This is an area of good practice.

The Regulation Officer observed positive care interactions with staff members and the care receivers during walkabouts around the home. Opportunities were taken to capture feedback from relatives visiting during the two inspection days. Some of the feedback is captured at the end of this section.

Care receivers have access to a varied programme of activities each day. Two designated full-time activity coordinators are responsible for organising and promoting meaningful activities and events. A weekly timetable is provided, which features a selection of leisure interests such as games, quizzes, group physical activities, and arts and crafts. Any personal interests or hobbies identified for care receivers are respected and accommodated where possible. Outings and shopping trips are also assisted for care receivers who continue to enjoy and can attend outings in the community. Feedback was received from one care receiver who reported that they "liked the variety of activities available" and "enjoyed taking part".

The Registered Manager reported that they had recently changed the welcome poster displayed around the home for the attention of care receivers and their family members. The Registered Manager took proactive steps in response to constructive feedback from a relative. The adjustment to the welcome poster, specifically in inviting 'loved ones' to review and discuss care plans with a nursing team member, shows a commitment to improving communication and transparency within the care home.

By addressing the concern raised by a relative who was unaware of their ability to request access to records, the Registered Manager acknowledged the importance of involving family members in the care process and took measures to enhance the overall experience for care receivers and their families.

Feedback from care receivers and their relatives during the second inspection day was generally positive. Some examples are given below.

"I love it here; I have been supported to do things that I couldn't do for myself at home. I feel safe here, I no longer felt safe at home. I couldn't praise the staff enough."

"I feel relaxed living here; the staff are amazing, and the food isn't bad."

"My father is settling in, his care has been okay. The bathroom is in need of an update and redecoration."

"No complaints, I am very happy here."

"The food isn't great; there is usually a choice of two meals. I find the activities are limited and there are not many people to talk to."

"I enjoy the varied activities; I am taken out for dinner sometimes, which I really appreciate."

The Registered Manager reported regular relative and care receiver meetings to allow for feedback and input into the home.

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 staff showed a commitment to understanding and catering to the diverse dietary needs of the care receivers. Each care receiver is provided with a food passport, which documents their food preferences, allergies, and sensitivities. This ensures the catering team is equipped with vital information to provide meals catering to individual preferences and needs.

The central kitchen facility is staffed with a range of catering staff who work together to deliver a menu of three meals daily. The catering team achieved a 5-star rating from Eat Safe, evidencing that there is a commitment to health and safety standards in food preparation and delivery.

Water/juice snack stations are placed in the dining area for easy access between meals. This encourages care receivers to remain hydrated, and staff encourage care receivers to drink throughout the day. This facility is also available to friends and family visiting the home.

The care home follows robust medication training and administration practices. Medication records detail the individual prescribed regime, medication protocol, side effects and allergies and incorporate a photograph of the care receiver to aid identification. The medication administration records (MAR) seen were completed appropriately.

Care Staff carrying out medication duties have received accredited level 3 training. Annual competency-based assessments ensure that staff members maintain their skills and stay updated on any changes or new developments in medication practices. The home provides appropriate facilities and equipment for the storage of medications.

The home utilises an Incident recording system known as RADAR. Incidents, complaints, concerns, and accidents are recorded on the system designed for use in a healthcare setting. The Regulation Officer was given oversight of the system during the inspection and was satisfied that the summary information provided included an analysis of events and recommended actions to improve future outcomes.

Risk assessments in a care home are a proactive and preventative measure to enhance the safety of care receivers. Evidence of appropriate risk assessments and screening tools was found in the care records. An excellent example was a fall risk assessment found in one of the care records reviewed. This considered specific factors that increased the risk of falls, previous history of falls, mobility and transfer status and environmental factors. The risk assessment was reviewed every month.

The care provider has established a whistleblowing hotline and encourages an open-door policy for staff to address issues. The hotline is designed to allow staff to feel safe reporting concerns. There is clear communication about how staff can access the hotline, including dedicated phone numbers and an online reporting system. There is a whistleblowing policy which staff are orientated to during their induction.

The Regulation Officer found the facilities department well organised and efficient during the meeting with the facilities manager. The maintained logbooks for safety features within the home, such as Legionella prevention and fire procedures, are critical components of ensuring a safe and compliant living environment for the care receivers.

Fire procedures and checks were discussed with the facilities manager, well-maintained logbooks were reviewed, and evidence of compliance with local fire procedures and practices were gathered. The logbooks contained records of fire drills, fire alarm testing, equipment checks and any information relating to fire safety.

The home offers an on-call management team 24 hours a day. This supports the ongoing safety and operational efficiency of the home. This provides an immediate point of contact for emergencies and gives continuous oversight, which can be helpful when issues arise outside of regular working hours, giving peace of mind to care receivers and their relatives.

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.

<p>Area for Improvement 1</p> <p>Ref: Standard 7</p> <p>To be completed by: within 6 months from the date of inspection.</p>	<p>There are ongoing outstanding plans for refurbishing the home, both internally and externally.</p> <p>Residents' rooms require updating and essential maintenance to ensure a comfortable and inviting atmosphere. A project refurbishment plan to be submitted to the Commission.</p>
	<p>Response of Registered Provider:</p> <p>Refurbishment plan is in place and continues, regular updates will be provided to the JCC as discussed at Inspection. Next stage of the plan for Q1 2024 is underway and progress is being made to move this forward.</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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