



**Jersey Care
Commission**

INSPECTION REPORT

Care Home Service 105

**Government of Jersey
Health and Community Services
19-21 Broad Street
St Helier
JE2 3RR**

29 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

This is a report of the inspection of the Care Home Service 105. To maintain confidentiality the name and location of the service have been withheld.

Regulated Activity	Care Home Service
Conditions of Registration	<u>Mandatory</u> Type of care: personal care and personal support Category of care: learning disabilities, autism Maximum number of care receivers: one Age range of care receivers: 18 years and above <u>Discretionary</u> None
Date of Inspection	29 November 2023
Time of Inspection	09:10 – 11:45
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	One

The Government of Jersey Health and Community Services operates the Care Home service.

Since the last inspection on October 14, 2022, there have been changes to the managerial arrangements. The Assistant Manager was in the position of Interim Manager at the previous inspection and continued in post until a Care Home Manager was appointed. The Care Home Manager was registered with the Commission in August 2023.

In December 2023, the Commission received a notification of the absence of the Registered Manager. The Assistant Manager was appointed as the Care Home Manager and would be the Interim Manager until the role commenced on December 1, 2023. At the time of writing, the Care Home Manager application to register with the Commission has been processed, and they are now the Registered Manager.

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 home service delivers specialised, person centred care and support. The Interim Manager and care staffs' approach was kind and respectful; they spoke of the importance of supporting the care receiver to thrive. Care records and feedback demonstrated individualised care.

Communication skills are bespoke, with verbal and non-verbal techniques and equipment used to aid effective communication with the care receiver. A wide range of indoor, outdoor, and community activities were offered. Risks related to the activities are assessed, and care receiver choice and safety are balanced.

There have been management changes. However, the new Interim Manager has been a consistent presence in the service. Monthly provider reports, policies and procedures, staff supervision, and training are maintained in line with Standards. The organisation structure and staff shift patterns provides 24-hour care and support from two care staff, with further on-call support if required.

Areas for improvement from the previous inspection have been achieved. There were no areas for improvement identified during this inspection.

INSPECTION PROCESS

The inspection was announced and was completed on November 29, 2023. Notice of the inspection visit was given to the Registered Manager on November 23, 2023. This was to ensure the care receiver was informed and supported. The Interim Manager was present during the inspection.

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.

On the inspection day, the care staff supported the Regulation Officer in communicating with the care receiver. The Regulation Officer spoke with the Interim Manager and two care staff during the inspection. Following the inspection, telephone contact was made with a care receiver representative and face-to-face contact was made with a professional who supports the team.

During the inspection, care records, risk assessments, policies and procedures, and training records were examined.

At the conclusion of the inspection, the Regulation Officer provided initial feedback to the Interim Manager. Final feedback was given in written form.

This report sets out our findings and includes areas of good practice identified during the inspection.

As the service is small, the Regulation Officer has withheld some details within the report to avoid sharing information that may identify the care receiver.

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

INSPECTION FINDINGS

At the last inspection, three areas for improvement were identified and an improvement plan was submitted to the Commission by the Registered Provider setting out how these areas would be addressed.

The improvement plans were discussed during the inspection, and it was positive to note that improvements had been made. There was evidence of fire safety drills and safety checks, and the care planning process had been enhanced. Notifications to the Commission are discussed in detail in the Choice and Safety section of the report.

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 Regulation Officer spoke with the Interim Manager about their role. It is the second inspection in which they have been the responsible person. They were commencing the role of Care Home Manager the day after the inspection. They have been a consistent presence in the service. The language they used when describing the management role demonstrated commitment to the service.

The staff structure includes Head of Service, a Team Leader and Interim Manager. Staff in these positions have management duties in other areas of Learning Disabilities, this links the service to services within the wider speciality. There are four senior health care assistants (SHCA) and three health care assistants (HCA). On occasions supply care staff are required, the Interim Manager explained they ensure the staff are known to the care receiver. Shift patterns provide two care staff on duty at all times.

A care coordinator with a dual clinical practitioner role supports the organisational structure. Their responsibilities involve assessing, planning, and evaluating care in

collaboration with care home staff and external professionals. As a clinical practitioner they provide on-call support to the care home. It was explained to the Regulation Officer that this role aligns with the Registered Manager position.

While the overall structure provides clear and continuous 24-hour support, there needs to be clarity as regards the practitioner with a dual role. Specifically, it needs to be clarified why the care coordinator, in addition to supporting the care home, is responsible for delivering on-call services and leading the coordination of external professional support. The Regulation Officer advised a review of the dual role within the care home structure. This is to ensure responsibilities of clinical care, coordination and management within the service are fair and clear.

Although there have been staff role changes, no staff have been recruited to the care home from outside the wider service since the last inspection. Therefore, it was not possible to review external recruitment processes. There is a stable care staff team.

A sample of monthly provider reports was reviewed. The registered provider has arranged for the reports to be compiled by a representative. The reports directly relate to the Standards, giving examples of how a Standard is met and rationale for when this is not appropriate. The reports follow the same format each month, which enables reflection and monitoring if issues have been resolved. The Regulation Officer was satisfied this met Home Care Standard 12.2.

The staff supervision template has prompts that cover a wide range of topics involving staff well-being, care practice, health and safety, and training. Feedback highlighted that the sessions were supportive and recognised the importance of having a work-life balance. The Regulation Officer was informed that staff supervision is undertaken every four to six weeks per the organisational requirement. This exceeds the requirement in the Standards and is an area of good practice.

Team communication was discussed, and the Interim Manager and care staff highlighted an “open door policy” for communicating within the service. Regular team meetings and a staff file are in the staff area to promote effective communication.

After the inspection the Regulation Officer learned about the potential change in the care provider and care structure. The Regulation Officer had not been informed of this during the inspection or by the managerial staff. When contacted, the managerial staff clarified that discussions about a change in tenancy holder and care provision had taken place, but no official decisions had been made.

The Regulation Officer recognises organisation changes require sensitive management and there has been no breach of the Standards. The Team leader and Interim Manager were reminded of the importance of their obligation to promptly notify the Commission of any potential changes in registration. Also ensuring independent advocacy for the care receiver and staff support.

Centralised policies and procedures are created and reviewed by the Provider. These documents are available online for all staff. Some of the most important and frequently used documents, such as the fire safety procedure, have been printed for easy access by the team. This reinforces the previous area of improvement in Standard 4.2 by providing an extra layer of embedding the fire safety documentation. Care staff gave examples of when they had proactively accessed policies to ensure adherence in practice.

The Service Statement of Purpose was reviewed. The Interim Manager was informed that following minor amendments, it would be representative of the services registration. Amendments have been made and the document has been submitted to the Commission.

The service met the management of service Standards by which it was measured.

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.

During the inspection, the Regulation Officer observed individualised care and support being delivered to the care receiver by the care staff on duty. The Interim Manager and care staff spoke with kindness and respect regarding the care receiver. Staff entered the care receivers' space considerately. Verbal and non-verbal techniques and equipment were used to aid communication. Standard 5.1 was met.

Staff assisted the Regulation Officer in communicating with the care receiver. They responded positively when asked if they liked living there and if the staff were supportive. While it's acknowledged that asking these questions with staff present might hinder honest feedback, it was deemed more harmful to have unfamiliar individuals with the care receivers. The care receiver led a tour of the home, inviting staff and the Regulation Officer to see each room. Positive communications were observed including relaxed non-verbal responses.

Feedback from the care receiver's representative was positive. It was explained that the environment is homely and that the care receiver has appeared "*settled there since day one.*" Staff are friendly and communication between care staff and the representative was good. Professional feedback explained there were no concerns regards the team's ability to support the care receiver.

Care records, including care plans, risk assessment, and records charting behaviours, were reviewed. The records are produced by care staff who support the care receiver on a day-to-day basis and the practitioner who holds the dual roles of care coordinator and clinical practitioner. From the last inspection, the team was required to enhance the planning processes to identify the care receiver's personal goals, aims, and outcomes. Where practicable, this had been achieved. The care records demonstrated holistic care planning and delivery. The Regulation Officer was satisfied Home Care Standards 2.4 and 2.5 were met.

Care records identified issues that may trigger a change in the care receiver's behaviours. There was evidence triggers had been analysed for patterns and trends in behaviour and that the team had reflected on events. The staff spoke of the impact the trigger and behaviour changes have on the care receiver. They explained the strategies to avoid issues occurring and manage behavioural changes when they occurred. They spoke of the importance of supporting the care receiver to thrive. The records, approach, and language used by staff when discussing the issues demonstrated specialist skill, knowledge, experience, and compassionate care. This was an area of good practice and met standard 1.3 of the Care Home Standards.

Care receiver assessments, training, and an application to an external service for review demonstrated the team's adherence to the requirements of Standards 4.4, 5.1, and 7.3. These relate to the Capacity and Self Determination (Jersey) Law 2016.

The service met the care and support Standards by which the Care Home was assessed.

Choice and safety

<p>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.</p>

The Regulation Officer observed the care receiver being given time to consider food choices and activities for the day. A record of the chosen activities is visible to the care receiver for them to look at throughout the day. A wide range of indoor and outdoor activities were offered. These vary from fun and stimulating to quieter independent time for the care receiver. The activities also extended to household tasks, promoting life skills as far as is practicable. Feedback from the care receiver's representative was positive, explaining there was "*Enough choice with indoor and outdoor activities*". They explained the team and the environment offer a range of activities and a comfortable time when visiting.

Activities in venues outside the home environment are available. The Regulation Officer saw evidence of risk assessments undertaken regarding the excursion. The assessments demonstrated a understanding of the care receiver's needs and balanced choice and safety. There was evidence Care Home Standards 5.2 and 5.4 were met.

The training matrix and adherence to training were reviewed and discussed with the Interim Manager. Training involves both e-learning courses and in-person sessions. In-person sessions cover basic life support, first aid, physical intervention, and managing behaviours training. E-learning covers various topics, including capacity and self-determination, safeguarding, specific health issues, and food hygiene. All training aligns with Standards and the service's specialisation. Staff training achievements are closely tracked and monitored to ensure compliance with requirements. This met standard 3.12 of the Care Home Standards.

The requirement to notify the Commission on incidents was an area of improvement during the last inspection. There has been one notification to the Commission since the previous inspection. Therefore, incidents that potentially required notification were explored in detail with the Interim Manager.

Five incidents have been reported through the service's internal system, DATIX. The Regulation Officer saw evidence that the service Team Leader and Interim Manager had reviewed each incident. There had been team meetings to elicit learning from events when appropriate. The service processes and timelines for incident reporting and reviewing were clear and had been followed.

It was agreed with the Interim Manager that none of the incidents met the required notification to the Commission. The Interim Manager demonstrated a full understanding of when an event was notifiable. The area of improvement was achieved as it appeared the team had notified the Commission of the only event required.

Medication management was reviewed. There was a locked medication box in a secure area. The medication administration record chart had appropriate identifiable

details, the medication name, dose, and frequency were clearly documented, and staff signatures were present. Staff are appropriately trained.

The staff gave an example of a medication review. It involved specialist external medical assessment, education and support from the learning disabilities clinical practitioner, and monitoring from care staff. Care staff detailed the on-call support from the learning disabilities clinical practitioner related to the medication change. They described a clear assessment and escalation procedure to reduce the risk of harm. The Regulation Officer was informed that the medication change resulting from the review has positively impacted the care receivers' health. This multi-disciplinary approach illustrated safe specialist care.

The Regulation Officer was satisfied the Care Home met the choice and safety Standards by which it was measured.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je