



**Jersey Care
Commission**

INSPECTION REPORT

Glanville Care Home

Care Home Service

**70-74 St Mark's Road
St Saviour
JE2 7LD**

14 and 21 December 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 Glanville. The service is situated in the parish of St Saviour within a residential area opposite a primary school and within proximity to a bus stop and the town centre. The home is a two-storey building with accommodation provided on both floors. There is a communal dining room, three lounges located on the ground floor and a large garden for care receivers to enjoy.

Regulated Activity	Care Home Service
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support. Category of care: Adult 60+ Maximum number of care receivers: 25 Maximum number in receipt of personal care / support: 25 Age range of care receivers: 60 years and above Maximum number of care receivers that can be accommodated in the following rooms: Rooms 3-8 1 person Rooms 10-12 1 person Rooms 14-25 1 person Rooms 27-30 1 person

	<p><u>Discretionary</u></p> <p>1. Bedrooms 17 and 18 (which do not have ensuite facilities such as a toilet and sink) are to be used to provide respite care only to ambulant care receivers.</p>
Dates of Inspection	14 and 21 December 2023
Times of Inspection	11:15 – 17:05 and 12:45 – 16:50
Type of Inspection	Unannounced on the 14 December Announced on the 21 December
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	23

The Care Home service is operated by Home for Infirm and Aged Women (Glanville) and there is a Registered Manager in place.

The Registered Manager had completed their Level 5 Diploma in Leadership and Management in March 2023. The discretionary condition on the service’s registration about this requirement was removed. Further discretionary conditions remain in place as outlined above.

Since the last inspection 25 October and 2 November 2022, the Commission received an updated copy of the service’s Statement of Purpose. This was submitted on request following 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.

There is a clear management structure within the home. Staff members are divided into two teams who work opposite each other. The Deputy Manager and the Registered Manager lead these teams. Staff expressed satisfaction with working in these teams and being supported by the Registered Manager. In addition, there was

evidence of mutual respect between the Registered Manager and the staff team, which promoted a positive working environment. There was also evidence of adequate training and supervision for staff in line with the Standards.

The overall feedback from care receivers, their relatives and a health and social care professional was positive. Care receivers expressed satisfaction with the home, their rooms and staff. The Regulation Officer found a relaxed atmosphere throughout the home, and staff were observed interacting respectfully and cheerfully with care receivers.

The Regulation Officer observed high standards of cleanliness in every part of the home. Care receivers and relatives commented on the 'homely atmosphere'. There is an ongoing plan to refurbish some areas of the home, and the shower room on the first floor is nearing completion. Following this, there are plans to change ensuite bathrooms in some bedrooms and refurbish the lounge.

There was evidence of policies and procedures in place to protect the safety of staff and care receivers. The home informs the Commission of notifiable events and demonstrates compliance with its registration conditions.

A medication inspection demonstrated that medications are stored securely and administered appropriately. Guidance was given by the Pharmacist Inspection concerning some areas of medication management; this is highlighted further under the heading 'choice and safety'.

There was evidence of a variety of activities for care receivers. This included 'laughing yoga'. Some of the staff team are receiving training so that this activity can be provided on a more regular basis.

One low-level complaint had led to a food audit and, as a result, positive changes to the menu. This is good practice.

There were no areas for improvement as a result of this inspection.

INSPECTION PROCESS

The first inspection visit was unannounced and completed on 14 December 2023. The Regulation Officer was able to gather feedback from staff and care receivers and meet with the Registered Manager. The second visit on 21 December 2023 was to gather feedback from the other staff team and to carry out a medication inspection with the Pharmacist Inspector.

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 report and Statement of Purpose.

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

The Regulation Officer established contact with six care receivers. This contact was made face-to-face. In addition, the Regulation Officer spoke with two relatives during the inspection visits and contacted one relative by phone.

The Registered Manager facilitated the inspection and was present during both visits. The Regulation Officer also spoke with four members of staff in addition to the Registered Manager.

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 four healthcare professionals were also sought as part of the inspection process. One health professional provided verbal feedback at the first inspection visit; the others were contacted by email. Three were yet to give a response at the time of writing this report.

Records, including policies, care records, the fire log and the training matrix, were examined during the inspection.

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

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

INSPECTION FINDINGS

At the last inspection, one area for improvement was identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how this area would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that all improvements had been made. This means there was evidence of regular fire drills for both day and night staff, as per the States of Jersey Fire and Rescue service guidance.

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.

There was evidence of an effective management structure; staff clearly understood their roles and responsibilities and how to escalate concerns to the Registered Manager.

The staff team comprises the Registered Manager, the Deputy Manager and two staff teams. These teams consist of one senior carer and two carers. The teams work opposite each other and work forty-two hours per week, with every other weekend off. There are three staff members throughout the day, with two overnight staff members and one additional member on call. Every Friday, there is a detailed team handover so that the team finishing for the weekend hands over any relevant information to the team taking over. The Registered Manager also occasionally uses this time for training sessions and recognises the importance of the whole staff team getting together.

The Registered Manager had recently recruited another staff member to work 7am-11am to help with the busy morning period. The staff provided positive feedback in the October monthly report on how helpful this was. The care team are supported by the chef/kitchen staff, housekeeper and domestic staff (minimum of three daily), gardener, maintenance person, admin and HR staff. There are no vacancies within the home, and only one staff member has been recruited since the last inspection. In addition to the above staff team, there are two bank staff who are able to cover shifts when required.

There are also systems in place to monitor and review the quality of care within the service. The Registered Manager produces a monthly report for the Committee. In addition, a retired health professional visits monthly to carry out an independent quality monthly report. The last three monthly reports were provided to the Regulation Officer as evidence; the reports included a section entitled actions and conclusions. However, the reports may benefit from selecting specific Standards to review each month rather than a general overview. There were also regular audits and checks in place to assure the safety of care receivers, for example, monthly medication audits.

The home has adequate maintenance arrangements in place. There is a maintenance person who is employed part-time. The maintenance person is responsible for the general maintenance of the home and the weekly fire alarm check. In addition, they will carry out the water temperature checks. The home recently had legionella water checks completed due to the installation of a new shower. It was discussed with the Registered Manager regarding the implementation of regular legionella checks, and the Registered Manager agreed to discuss this further with the environmental health team.

There was evidence of a blended approach to staff training with both online and practical learning. The Registered Manager is keen to increase classroom-based learning in 2024 as they feel discussion and examples aid learning. The staff training matrix was provided to the Regulation Officer as evidence. It demonstrated that most staff had 100% compliance with their training requirements for 2023. Examples of specialist training in 2023 were dementia training provided by a registered mental health nurse, end-of-life training, and Gold Standard Training planned for 2024. The Registered Manager is also keen to develop staff champions within the home, for example, for infection control and safe moving and handling. These champions would act as reference points for other staff.

The Registered Manager carries out quarterly supervisions for all staff; these sessions may be individual or in a group, and appraisals are carried out annually. The Registered Manager plans to train more senior carers to supervise their team members. The Registered Manager uses a supervision record form to record all supervisions, which are filed in the supervision folder. Staff are encouraged to comment on their workload, training needs, concerns, and well-being.

There is also a clear induction process for new staff members, and all staff are provided with a detailed and comprehensive staff handbook. There is a six-month probation period, which may be extended with recommendations if required.

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.

Before admission to the home, the Registered Manager or Deputy Manager will conduct an assessment. A copy of the resident's contract was provided to the Regulation Officer as evidence. This contained details about the complaints and termination of the contract process.

The care plans for care receivers are stored in hard copy format. The Regulation Officer reviewed a sample of three care plans. There was evidence of the care receiver's voice/perspective in how the plans were written, for example, 'What do I need to enable this to happen?' or 'I can do...'. The care plans are reviewed at least once every six months or when required. There was evidence of regular updates to the plans and daily entries. The Registered Manager stressed that staff sit with care receivers where possible to review plans, as care receivers are actively encouraged to be involved. This is good practice that is in line with the Standards.

There was also evidence of appropriate risk assessment, accredited assessment tools, and multi-disciplinary teamwork. One health professional described good verbal and written communication within the home and how staff were usually always available to help.

Care receivers reported being treated with dignity and respect and spoke of how staff would come if they rang their call bell. Examples of additional feedback provided are given below;

"It was a big wrench being admitted to the home, the manager came and visited me and now I am happy here. I like the staff, my room and the food is good."

"The staff and manager are lovely. I've made friends here. I enjoy the activities in particular the bingo."

“I like the home and love my room.”

“I was admitted from hospital, as a stop gap until I can go home. My relative did well in picking here. If you have any concerns, you speak to a member of staff and it is addressed straight away.”

Relatives also provided positive feedback concerning the home and staff. These are examples of what was reported to the Regulation Officer;

“The staff are brilliant; mum likes them all. They are great fun, so helpful, so caring and always have a smile on their face. Mum couldn’t be better looked after.”

“The home is welcoming; you are made to feel at home. The manager is amazing. It ticks all the boxes.”

“It’s a lovely home, xxxx is very happy here.”

One relative commented that communication could be improved with better email correspondence and a quarterly newsletter for families/relatives. This feedback was provided to the Registered Manager at the end of the inspection process. The Registered Manager confirmed that a quarterly newsletter has been in place for quite some time and is displayed in communal areas, including the main notice board at the entrance to the home. The Registered Manager discussed plans to make the activities/information board more visible and incorporate this information into the pack for new residents in 2024.

The Regulation Officer undertook a brief tour of the home. The home is currently undergoing a phased refurbishment of some areas. The Registered Manager discussed how this was carried out with minimal disruption to care receivers. There was evidence of some new furnishings within the home, with furniture in the downstairs lounge which had been picked out to reflect the preferences of the care receivers. The lounge refurbishment had been delayed, and the carpet had been cleaned in the interim. The Regulation Officer also spent time in the kitchen/dining room and viewed the laundry and sluice rooms. All areas were clean and well organised.

The Regulation Officer met with the chef, who described a different weekly menu (not a rolling menu) using mainly fresh produce. They explained how alternatives are always available if someone doesn't like what is on the menu. Care receivers expressed their satisfaction with the choice and quality of food in the home. The chef had an appropriate weekly cleaning schedule and demonstrated regular food temperature checks.

The Registered Manager discussed with the Regulation Officer that staff only undertake delegated tasks if supervised by Family Nursing and Home Care (FNHC) and deemed competent to do so.

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>

There was evidence of care receivers having access to meaningful activities and that care receivers self-manage these activities on occasion. On both inspection visits, activities took place; on the first visit, there was Christmas cake decorating; on the second, there was a lively quiz with jovial interaction between staff and care receivers. The home does not employ a designated activity coordinator, but this was not a concern for care receivers and relatives who provided positive feedback concerning the activities within the home.

The home recently celebrated four very special birthdays of care receivers, and each celebration was tailored to their individual preferences.

Care receivers spoke of developing friendships within the home and how staff members respect their preferences/wishes. Relatives and staff spoke of the homely atmosphere and a relative commented how they were always made to feel welcome on arrival at the home.

One care receiver within the home was subject to a Significant Restriction on Liberty (SROL) authorisation at the time of the inspection. It was noted that an appropriate referral had been made to the Capacity and Liberty Team and that an assessment had been completed with an authorisation put in place.

Appropriate policies and procedures were in place to ensure the safety of staff and care receivers. The home had undergone a recent fire inspection, highlighting minor issues that had been resolved immediately and resulted in a new three-year fire certificate being issued. It was also positive to note that the Registered Manager had introduced some new paperwork to demonstrate that fire drills for the day and night staff were being undertaken according to the Jersey Fire and Rescue Service's requirements. This was an area of improvement at the previous inspection.

Personal Emergency Evacuation Plans (PEEPs) were discussed with the Registered Manager. No such plans are currently in place, but this is under review. The Registered Manager commented that a number of the care receivers are residential and independently mobile. The Regulation Officer discussed that a PEEP plan should be in place within the care plan for anyone requiring additional assistance. This was followed up with the Deputy Manager after the inspection, and assurance was given that these plans were in progress and would be completed by the end of January 2024. A sample of three plans was sent to the Regulation Officer when writing the report and was found to be satisfactory. All PEEP plans were finished by the time the inspection report was completed.

Only one staff member had been recruited since the previous inspection. The Regulation Officer reviewed their recruitment file, and the appropriate pre-employment safer recruitment checks were in place before the staff member commenced employment. The home also accommodates students from a local higher education college on placements within the home. Each student is appointed a carer as a mentor. The home has a workplace agreement with the college to accommodate the students, and the Registered Manager has sight of student checks before placement.

A medication inspection was undertaken on the second visit with the pharmacist inspector. The home is currently using blister packs but is looking to switch to

original pack dispensing in 2024; the Pharmacist Inspector was able to advise on processes and storage. Medication administration was good; there were photographs of care receivers on their care files, and the medication administration charts (MAR) were complete with all the signatures. Controlled drug storage and administration was also found to be satisfactory.

The Pharmacist Inspector and the Regulation Officer provided feedback and guidance to the Registered Manager immediately following the medicine inspection. Areas where advice was given were regarding transcribing and as-required (PRN) medications. The transcription guidance was forwarded by email to the Registered Manager after inspection. In addition, advice was given on recording both 'date-opened' and 'use before' as good practice on eye drops, creams etc.

There is a monthly medication audit, and the audits for September, October, and November 2023 were reviewed as evidence. At the end of each audit, there is a clear action plan with actions taken; an example from the October audit was for a topical application form to be used alongside MAR charts for creams. This is good practice.

The medication policy and procedures (2021) were reviewed as evidence; this was detailed but did not contain the transcription guidance as highlighted above.

Notifications to the Commission were discussed, as per Appendix 8 of the Standards. Appropriate and timely notifications had been made to the Commission since the last inspection.

Four weeks of staff rota was provided to the Regulation Officer as guidance, and staffing was found to meet the Standards requirements. All staff employed at Glanville have a Level 2 Regulated Qualifications Framework (RQF) as a minimum. All senior cares have Level 3 RQF. Caregivers involved in medicine administration have level 3 equivalent training or a stand-alone level 3 medicine training. Competencies are checked annually or more frequently if required.

There were regular servicing arrangements for equipment and lifts within the home. Copies of service records were provided to the Regulation Officer with evidence of the next review date. The home also has access to a five-seater car, which staff can

use to transport care receivers to appointments or collect medication but is not wheelchair-friendly.

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.



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