



**Jersey Care
Commission**

Summary Report

Evans House

Care Home Service

**6 – 7 Springfield Crescent
Trinity Road
St Saviour
JE2 7NS**

13 and 22 December 2023

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 service operates to support service users in transitioning to more independent living arrangements. It provides a structure to keep them building the skills and confidence needed for greater independence. The Registered Manager described some examples where the service helped and supported service users to progress in their lives over the past year. Service users described a positive service experience and felt safe and secure. They spoke of being actively involved in planning and living their lives as they wished and felt the staff members understood their challenges and situations well. Service users said the staff team were sensitive and supportive in providing support to them, and they said they got on well with staff members.

The Regulation Officer noted that the staff team expressed a solid commitment to ensuring service users were working towards reintegration into the community. They were optimistic about their roles and the difference they could make in people's lives. One of the external agencies collaborating with the home described the staff team as approachable and accommodating.

Some positive examples were highlighted during the inspection, where the service recognised that service users required the support of external health professionals to maintain their mental and physical health. Collaboration with external agencies is a key aspect of the home's approach.

The home complied with both areas for improvement made on the last inspection, and three areas for improvement are identified from this inspection. These relate to improving service users' care records to identify their needs and goals and record their progress towards resettlement. The other areas for improvement relate to improving documents where the transcription of medicines is required and conducting risk assessments when staff work alone.

IMPROVEMENT PLAN

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

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| <p>Area for Improvement 1</p> <p>Ref: Standard 6.7</p> <p>To be completed by: with immediate effect</p> | <p>Where medicines are transcribed by staff in the home in exceptional circumstances, best practice guidance must be followed, and clear records maintained.</p> <hr/> <p>Response of Registered Provider:</p> <p>An absence of communication between the Trust and a supplier of medication resulted in the Trust missing printed MARS sheets alongside prescriptions due to changes in practice for the recording of medication.</p> <p>This situation was rectified following the inspection visit, with supporting MARS sheets now available.</p> <p>The in-house check-list for the administration of medication has been updated, located on the medication cabinet as a reference for staff.</p> |
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| <p>Area for Improvement 2</p> <p>Ref: Standards 2.6, 2.7 & 4.6</p> <p>To be completed by: with immediate effect</p> | <p>Care planning, support plans and risk assessments should be developed more comprehensively and kept up to date and reviewed in line with evolving service user needs.</p> <hr/> <p>Response of Registered Provider:</p> <p>Support plans and risk assessments are necessary for all service users. A review of the Trust's client database identified that when an 'Outcome Star' requires a review, this was not being highlighted as an 'action point' when accessing the system. To address this, the next monthly in-house report/audit will focus on this area to ensure the timely completion and update of Outcome Stars/support plans for all residents.</p> <p>Additional in-house training on the Trust's database is required to ensure that all staff are up-to-date and proficient users of the system.</p> |
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| <p>Area for Improvement 3</p> <p>Ref: Standard 4.6</p> <p>To be completed by: 1 month from the date of inspection (22 January 2024)</p> | <p>The provider should regularly conduct risk assessments to identify potential hazards and mitigate risks associated with lone working and changing service user needs.</p> |
| | <p>Response of Registered Provider:</p> <p>Prior to a new resident moving into Evans House (a resettlement project), Evans House staff receive a completed referral form with details of the person being referred. One section of the referral form covers risk (to self and others). Upon receipt of the referral form, an in-person assessment takes place at Evans House.</p> <p>The referral process identifies known and potential risks. This process is in place to establish whether Evans House is the appropriate Trust site to support the person. The referral process considers the safety and wellbeing of the individual, other residents and staff.</p> <p>Risk assessments are integral to residents residing in a resettlement project, as 'second stage' accommodation, as opposed to 'emergency accommodation' available from Aztec House.</p> <p>In addition to documented processes and procedures outlined in the Trust's Lone Working and Health and Safety Policy, the Trust has identified further training for lone working. This training will take place in Q1, 2024.</p> <p>During the reporting period, there have not been any accidents and untoward incidents reported due to concerns/incidents arising with lone working at Evans House.</p> |

The full report can be accessed from [here](#).