



**Jersey Care
Commission**

INSPECTION REPORT

Thomas House

**Care Home Service
(Supported Accommodation)**

**21 Kensington Place
St Helier
JE2 3PA**

6 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 Thomas House care home, which provides supported living accommodation to young adults with care experience. The service is in the parish of St Helier; the home is conveniently situated near various town amenities such as supermarkets, retail stores, the general hospital, and local parks.

The property comprises a three-storey townhouse with six bedrooms, ensuite bathrooms, and two self-contained flats. Additionally, a shared bathroom is equipped with a bath and toilet facilities. The communal ground floor offers two reception rooms, a kitchen, a multi-use conservatory, a laundry room, and a compact outdoor courtyard. The staff office and washroom are located on the ground floor, along with an upstairs staff sleep-in room.

Regulated Activity	Care Home Service
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: Personal care and personal support</p> <p>Category of care: Young adults</p> <p>Maximum number of care receivers: 7</p> <p>Maximum number in receipt of personal care, personal support: 7</p> <p>Age range of care receivers: 18-21 years</p> <p><u>Discretionary</u></p> <p>The Registered Manager must obtain a Level 5 Diploma in Leadership in Health and Social Care by 19 February 2024.</p>
Date of Inspection	6 December 2023
Time of Inspection	09:20-14:00
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers using the service on the day of the inspection	4

The service is operated by the Government of Jersey, Children, Young People, Education and Skills department; there is a Registered Manager in place.

The discretionary condition on the service's registration was discussed. The Registered Manager shared an update on their progress toward obtaining a Level 5 diploma and acknowledged the completion date of 19 February 2024.

An updated copy of the services Statement of Purpose was provided in March 2023; there have been no changes to the service since this date.

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 inspection findings were positive, with only one area of improvement identified. The Registered Manager and staff actively participated in the inspection, ensuring any requests for information and records were met. Any additional information required post-inspection was promptly submitted electronically as requested.

The Registered Manager acknowledges the significance of conducting impact and compatibility risk assessments for all new young adults coming to live at Thomas House.

A transparent complaints procedure is in place for residents in the home. The Registered Manager handles complaints promptly and efficiently, preventing the need for escalation to senior management levels, as satisfaction is achieved through effective resolution.

Care receivers, staff members, and professionals who work with the service expressed confidence in providing feedback about the home, and all feedback received was positive.

The residence provides a comfortable and homely atmosphere. The communal areas offer practical and cosy spaces for the residents to utilise alongside the staff.

The home is effectively managed, with the Registered Manager and staff promoting an ethos centred on inclusion, relationship building, and maintaining a balance that respects the independence of the young adults while offering appropriate support when required.

The care records were found to be of good quality and reflective of the needs and personalities of the residents. The young adults seen during the inspection appeared relaxed and at ease with the environment. They expressed a positive perspective regarding both the home facilities and the support provided by the staff team.

The home benefits from a small, consistent, and unified staff team. Staff turnover has been minimal since the previous inspection; there are no notable concerns regarding staffing other than two current vacancies. However, the Registered Manager effectively manages this by utilising consistent bank staff to cover shifts when staff are unavailable.

INSPECTION PROCESS

This inspection was announced to ensure that the Registered Manager would be available and was completed on 6 December 2023. Two regulation officers participated in the inspection, with one dedicating time to shadowing for training purposes.

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.

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 spoke with staff members. Specifically, two residents were consulted during the inspection visit, as were the Registered Manager, and two staff members. Following the inspection visit, one resident contacted the Regulation Officer and shared positive feedback about the universal support they have received from the staff team since moving into the facility.

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

Records, including policies, care records, referral paperwork, and other documentation essential for governance purposes, were examined. This inspection included a tour of the premises.

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. 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 in December 2023, 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.

The inspection findings suggest that the service is effectively led and managed. The Registered Manager has firmly established themselves in their role, ensuring stability, competence, and consistency in service delivery. The Registered Manager and the staff members spoken to during the inspection expressed genuine warmth and regard for each young adult resident at the home. It was evident that they possessed a comprehensive understanding of the residents' needs and expectations. Examples were given where staff recognised when residents might face challenges in their daily routines, and staff proactively intervened to provide support and help them regain stability.

A clear complaint process is visibly displayed on the resident notice board. The Registered Manager shared that there hasn't been a need to escalate a complaint beyond their involvement. They attribute this to the prompt and efficient handling of complaints, which has not only prevented the necessity for escalation but has also led to successful resolutions through effective management.

A small, experienced, and skilled staff team collaborates to maintain consistency and reliability in providing a service to the residents. The Registered Manager acknowledged that there are currently two staff vacancies but advised that this is manageable. While the staff team would ideally benefit from a senior staff member, recruiting for this role has posed a challenge. To address staff shortages, sickness, or annual leave, the service has a reliable group of regular bank staff who support the team in delivering the service as needed.

The Registered Manager takes measures to manage the rota effectively, ensuring there is never any lone working and adhering to the service's Statement of Purpose by always having two staff members on duty. Importantly, the night staff comprises two permanent members, utilising a model where one staff member is awake, and one is asleep. This staffing model provides additional safety measures as one staff member remains awake throughout the night, ready to address any matters that may arise. The added benefit lies in having another staff member readily available in case of emergencies, enhancing the overall safety and responsiveness during nighttime hours. This is an area of good practice.

A well-defined process for staff supervision is implemented. This uses a reflective strengths-based model that focuses on the positive contributions of staff members. The Registered Manager supervises all care staff members monthly, while bank staff receive supervision if they have completed shifts within the month. Staff interviewed during the inspection confirmed the monthly supervisions but suggested that a quarterly frequency might be more beneficial, indicating that the current monthly schedule could occasionally be perceived as too frequent.

Staff members verified that they underwent an induction period upon starting their employment with the service. This period provided them with supernumerary time to participate in shadow shifts, engage in mandatory training essential to their roles, and complete supervised competencies necessary for their positions.

The staff team is supported in meeting mandatory training requirements, and any specialised training relevant to their roles. Feedback from staff members indicates appreciation for the availability of training opportunities. Staff mentioned that training is discussed during supervision sessions, providing a helpful platform for considering and planning training opportunities.

During the inspection, the Regulation Officer reviewed the staff training matrix and identified some out-of-date mandatory training. This was raised with the Registered Manager to determine if the matrix had not been updated. It was confirmed the day after the inspection that specific training was not current and needed attention to ensure compliance with the standards. This is an area of improvement.

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.

The Registered Manager recognises the importance of conducting impact and compatibility risk assessments for every new young adult arriving at Thomas House. This measure is implemented to give assurance that the introduction of a new individual does not adversely affect the safety and well-being of the young adults already residing and established in the home. This also assures prospective young adults being considered for accommodation at Thomas House that careful consideration has been given to their compatibility with other residents.

The organisation may exert pressure to accept new residents out of necessity irrespective of the impact risk assessment outcome. However, the Registered Manager will challenge management decisions if the impact risk assessment indicates that specific young adults may not be well-suited for the home.

Both the Registered Manager and the staff team actively advocate for involving residents in decision-making regarding changes and the development of the home. Monthly resident participation meetings are conducted, providing residents with the opportunity to review the 'House Code' and propose any changes that could improve the overall experience for both current and future residents.

The organisation has provided the staff team with specialist training in trauma practice relevant to the residential care officer role. Additionally, further training in this area has been identified. This practice is significant, as it enhances the team's understanding and responses to residents' presentations, demonstrating a commitment to ongoing skill development. This is an area of good practice.

A transparent referral process is in place, facilitated by a referral form with accompanying guidance for the referrer, typically the young adult's social worker or leaving care personal advisor. The referral form encompasses an assessment of the young adult's support needs, a behavioural risk assessment, a section for the young adult to express their wishes and thoughts, and a section for the current carers. The Registered Manager reviews this comprehensive information alongside the impact risk assessment before confirming the placement.

An 'Individual Support Needs Profile' is completed upon the initial arrival of young adults at the home. This profile offers a comprehensive overview that includes personal details, information about professionals supporting them, health and well-being considerations, identified support needs, family and significant relationships, and factors to consider regarding potential risks. This document serves as a valuable tool for both the staff team and the resident, aiding in understanding specific areas requiring support and facilitating the planning of progress in areas where risks are identified.

Every young adult residing in the home is assigned a specific staff member as their keyworker. The key worker's role involves providing identified support, monitoring assistance, and offering general guidance to the resident.

Residents are actively encouraged to participate in quarterly review meetings, providing an opportunity to discuss their current progress, encompassing aspects such as living at the home, work or education attainment, and other facets of their daily life. The emphasis during these meetings is on celebrating and recognising progress while identifying any areas that may require additional support. Attendance at these reviews is voluntary for residents, and the quality of the relationships they have with their key workers and personal advisors often influences their engagement with this opportunity.

The transition process for young adults new to the service is carefully managed and supported, with a view to adequate time for preparation and planning. The transition plan is developed in partnership with the young adults, their carers, and professionals supporting them, such as social workers or personal advisors. Visits are actively encouraged, with invitations extended to join other residents and staff for group meals, and sleepovers are accommodated if necessary. Whenever possible, residents are offered a choice of room, and efforts are made to personalise and consider their preferences for their living space.

The staff provides outreach support for residents transitioning to independent living. This support is available for several months after they have left the home and is initiated only if the resident expresses a request for assistance. Additionally, residents are encouraged to visit as guests once they have left, and there is an option for them to return to the home if their experience with independent living does not work out as planned.

The Regulation Officer met with some residents and gathered feedback about their experiences living in the home and receiving support from the staff team. The residents shared the following comments:

“I didn’t know what to expect before coming to Thomas House, I was given the opportunity to visit and see my room and look around the home. I felt less nervous about moving in.”

“I have good relationships with the staff, they have got better the longer I have spent here. It is useful having house rules, they allow you to understand your responsibilities.”

“I would like to move into one of the flats, the staff are supporting me to work towards this.”

“All the staff at Thomas House are “lovely, amazing and caring.”

“This is the safest I’ve felt, and I feel like I am always listened to by the staff, and they are so understanding.”

Additionally, the Regulation Officer sought feedback from staff members and professionals working with the service. The following comments were provided:

“The Registered Manager is supportive and the whole team work well together.”

“We do have a great team here which makes the job even better.” “We have the advantage of having the most supportive manager in xxxxx.”

“There is good communication from staff, they keep me updated with any changes regarding the young adult, I feel included.”

“The young adult I support is very settled in the home; they were made to feel very welcome.”

“The house always feels very homely and relaxing. There are useful communal areas for the residents to utilise, which allows them to interact with staff and other residents.”

“There is a good balance of support and leaving the young adults to be independent.”

“The Registered Manager is experienced and makes the referral and onboarding process easy.”

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 environment is well-maintained, with recent refurbishments to ensembles, the house bathroom, and the conservatory. Residents have the option to choose the paint colour for their rooms. The overall condition of the home is regularly assessed, and maintenance and redecoration occur as needed, maintaining a welcoming appearance. Communal areas are kept clean, well-maintained, and decorated appropriately.

The residents are expected to self-administer prescribed medications. In cases where residents are deemed unable to manage their medication, assistance will be provided to establish an alternative arrangement ensuring the safe administration of medications. The 'Residents Information' booklet outlines expectations regarding medication use on the premises, emphasising practices such as keeping medications in their original packaging, storing them securely in a tin/box within the room, and ensuring the room is locked if medications are present.

During the inspection, fire safety procedures were reviewed, and it was found that a comprehensive fire evacuation plan and a fire precaution logbook were in place. Evidence indicated that fire alarms were tested weekly, and strict adherence to all other fire safety instructions provided by the island fire service was observed. An up-to-date fire safety certificate issued by the States of Jersey Fire Service was available and validated during the inspection. The residents' information booklet provides explicit guidance on fire safety within the home, outlining the responsibilities and expectations of residents to adhere to the advised safe procedures.

Requesting respectful consideration towards staff and fellow residents, the 'Residency Agreement' serves as a supportive framework for establishing boundaries within the home. 'The House Code', designed for residents, aims to assist Thomas House staff in maintaining clarity on safety measures. This encompasses expectations for behaviours such as respect, privacy, and cooperation.

Residents are required to provide names and contact information for any of their visitors to Thomas House. Visitors must adhere to the rules outlined in the residency agreement, and residents hold the primary responsibility to ensure that their visitors comply with the established rules. This measure is implemented to ensure the safety of residents, staff, and visitors within the premises.

Two 'training flats' are available for residents who express an interest to transition to more independence after residing at the home for a minimum of 6 months. Eligibility criteria include being in full-time education or full-time employment for a consistent 6-month period. Additionally, residents must demonstrate capability, trustworthiness, and safety in the kitchen, as they will have access to their own kitchen facilities.

The service offers two meals per week on a Wednesday and Sunday evening and assists residents who need support in learning to plan, prepare, and cook their own meals. All staff members undergo food hygiene and infection control training to ensure a safe and clean kitchen environment. Basic food and household products are supplied to supplement residents' household budgeting. This includes essentials such as tea, coffee, milk, and washing powder.

It is considerate that the home permits residents to have a pet if they wish. However, there are specific criteria regarding the type of animal, and there are guidelines that residents must follow if they are considering introducing a pet. The guidance is clearly outlined in the residents' information booklet. The recognition of the potential emotional well-being support that having a pet can provide for residents is acknowledged.

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: 3.10</p> <p>To be completed by: 6 months from the date of inspection (6 December 2023)</p>	<p>Some required mandatory training is outdated and requires attention to ensure compliance to the standards. Staff members to be provided with the opportunity to complete the identified training that has expired.</p>
	<p>Response of Registered Provider:</p> <p>The mandatory and statutory training is being undertaken by all staff members to ensure that this is in date and current, it will be completed within the required 6 months.</p> <p>Staff are being offered ongoing training opportunities and professional development to ensure they are informed about and are capable of implementing the latest best childcare practices, regulatory requirements, and safeguarding protocols.</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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