



**Jersey Care
Commission**

INSPECTION REPORT

Jersey Cheshire Home

Care Home Service

**Eric Young House
Rope Walk
St Helier
JE2 4UU**

20 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 Jersey Cheshire Care Home. The home is in St Helier and is registered to provide personal and nursing care to thirty-one care receivers in single bedrooms. The home is close to shops, cafes and the beach, and vehicles are available to take care receivers out.

Most bedrooms have en suite bathrooms, and there are adequate communal bathing and showering facilities for those without. Various communal areas are provided on both floors, including a lounge, dining room, gym and hydrotherapy pool. There are proposals to relocate the gym and create an additional two bedrooms in the near future.

Nursing care is provided 24 hours a day by a team of registered nurses headed by the recently appointed Registered Manager, a registered nurse. Care staff, catering, housekeeping, laundry and administrative staff also comprise the staff team.

Regulated Activity	Care Home Service
Conditions of Registration	<u>Mandatory</u> Type of care: Personal care, personal support, nursing care Category of care: Physical disability

	<p>Maximum number of care receivers: 31</p> <p>Maximum number in receipt of personal care / personal support: 31 nursing care 31</p> <p>Age range of care receivers: 18 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms: 1 - 12, 14 - 31 - one person</p> <p>room 1a – respite care only for one person for a maximum period of three months</p> <p><u>Discretionary</u></p> <p>The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 20 September 2026.</p>
Dates of Inspection	20 and 21 December 2023
Times of Inspection	10.30am – 3.00pm on 20 December 8.45am – 12.00 midday on 21 December
Type of Inspection	Unannounced on 20 December Announced on 21 December
Number of areas for improvement	One
Number of care receivers using the service on the day of the inspection	31 4 in receipt of personal care and 26 in receipt of nursing care

Jersey Cheshire Home Foundation operates the Care Home, and a Registered Manager is in place. Since the last inspection, completed on April 20, 2022, there have been changes to the managerial arrangements. A Registered Manager was registered with the Commission between May and June 2023, and the current Registered Manager became registered on September 20, 2023.

The discretionary condition on the service's registration was discussed, and the Registered Manager was aware of the need to complete the leadership qualification within three years.

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 recently appointed manager is a registered nurse with recent clinical experience relevant to the dependency and care needs of care receivers living in the home. While at times lower than the service's desired numbers, the staffing levels remain suitable and appropriate and meet the Standards. Staff recruitment is ongoing, and the home follows a strict recruitment process for all staff and volunteers. The governance arrangements in place to assess the quality and safety of the service are robust.

Care receivers' care needs can be highly dependent and complex at times, and care is delivered in accordance with personal plans. Samples of care records were detailed and evidenced care receiver or family involvement in their development and review. Care receivers' views of the home are sought regularly, and some are actively involved in helping influence how the home is run. The staff team had sufficient knowledge about care receivers' holistic needs, and adequate support and supervision were provided where necessary.

Samples of records show that training, supervision and appraisals are provided for staff. New staff and volunteers complete an induction programme, including supernumerary periods. The Registered Manager has developed a training plan to provide more specialist face-to-face training appropriate to care receivers' conditions.

Care receivers, families and health professional's spoke positively of the standard and quality of care delivered. Two family members expressed dissatisfaction with the way the service had conveyed crucial information to them, stating that it did not align with their preferences. Family members felt the management and nursing team were approachable and easy to talk with regarding any concerns.

There is one area for improvement arising from this inspection which relates to fire safety training for staff.

INSPECTION PROCESS

Two regulation officers completed this inspection over two days. The first visit was unannounced, and the Registered Manager was informed that the second inspection visit would take place the following day. The Registered Manager was available on both days and facilitated 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**

Before our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report. An updated copy of the service's Statement of Purpose was submitted after provider representatives met with the Commission on June 28, 2023. Both regulation officers who completed the inspection visited the home on October 12, 2023, to meet with the new Registered Manager.

The regulation officers sought the views of seven care receivers and three representatives. In addition, a poster was displayed at the entrance to the home, informing visitors that an inspection was underway. It invited people to contact the Regulation Officer to share their views.

The views of three health professionals were also requested as part of the inspection process; two people responded. During the inspection, policies, care, recruitment, induction, training, staff rosters, and service records were examined.

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

At the conclusion of the inspection, the regulation officers 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

The previous home inspection in April 2022 identified two areas for improvement. The registered provider submitted an improvement plan to the Commission, outlining how these issues would be addressed. As part of the Commission's monitoring systems, it was positive to note that the area for improvement relating to notifiable events had been met.

The other area for improvement relating to ongoing fire safety training remains outstanding, as it has yet to be fully met. However, the Registered Manager demonstrated some training has been provided and has engaged with the Fire and Rescue Service since their appointment.

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 Registered Manager is a registered nurse with relevant clinical experience working with individuals with neurological conditions and disabilities. They work full-time in the home and facilitated this inspection, which took place three months following their registration with the Commission. The regulation officers discussed care receivers' needs with both the Registered and Deputy Manager, who fully understood their health statuses, medical histories and family relationships. The day to day running of the home is provided by a member of the nurse management team, and there are clear on call managerial systems for out of hours support. One health

and social care professional commented positively on the nurse management team and felt they were striving for excellence in their care provision.

Direct observation during the inspection and feedback from staff and family members highlighted that the nurse management team was visible throughout the home. They oversee and guide the team in providing person-centred care and play a key role in ensuring the well-being of care receivers.

The service's Statement of Purpose was revised and submitted to the Commission in August 2023 to reflect changes in the management structure and some aspects of community support the home provides to a limited number of individuals.

Discussions with the registered nurses in the home, who provide direction and leadership to care staff, described the home's values in delivering care and support that is individualised and supportive of care receivers' autonomy. Care receivers' needs are assessed before they move into the home by either the Registered or Deputy Manager to ensure the home can meet their needs.

The Registered Manager described some changes that had been implemented since their appointment, which included a shift in some roles, realignment of responsibilities, and opportunities for growth and development within the team. They expressed a commitment to their role and outlined a comprehensive development plan for the upcoming year. This included staff development and plans to provide more face-to-face training relevant to care receivers' conditions to enhance the skills and knowledge of the staff team.

Samples of staff rosters were examined, which confirmed the staffing levels consistently met the staffing Standards in line with the conditions on registration. The staffing levels were, on occasion, slightly lower than what the home ideally desires and those identified in the Statement of Purpose. Despite this, the home is actively recruiting staff as some have left, and there have been unforeseen staff absences.

Even with the lower staffing levels, the ratio of registered nurses and carers to care receivers still meets the requirements for thirty-one care receivers with nursing

needs, should this be the case. Most care receivers in the home had nursing needs during the inspection. The regulation officers noted that staff provided additional care and attention to care receivers during both visits. Extra responsiveness from the staff team was given to care receivers whose health conditions warranted additional monitoring and support at that time.

There have been no complaints raised with the home since the last inspection. The Registered Manager described some concerns that family members had expressed, but no formal complaints that required formal investigation have been raised. Two people provided feedback to the Regulation Officer that they had been disappointed to learn of some financial decisions that had been taken and how that had been communicated to them. They had also expressed this disappointment with the home. Relatives said they would happily raise concerns with the Deputy or Registered Manager.

Management systems are in place to monitor the home's quality and safety with clear lines of accountability. Samples of monthly quality monitoring reports showed that there is an ongoing schedule of audits to identify areas for improvement. In addition, the home had engaged with an external agency to review the quality of care and compliance with standards. Nurse, carer and management team meetings are held regularly to provide opportunities for maintaining effective communication within each team.

Resident committee meetings are arranged and held bi-monthly, which allows care receivers to voice their opinions, preferences and concerns. One care receiver, who plays a vital role in the committee, spoke with the Regulation Officer and said it serves as a formal communication channel between care receivers and the management. They described feeling more engaged in the home as they have a say in matters that directly impact them, which are respected. One care receiver commented "they do take things on board, and we do see some changes when we say". The chef also engages with care receivers and ensures their views regarding food preferences and choices are captured.

There are plans to enhance and improve how staff supervision is carried out, which includes a peer-to-peer approach. The home had engaged with an external health professional to provide training to staff to equip them with the skills needed for supervision.

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 dining area on the ground floor has been refurbished recently to include changes to the lighting, colour scheme, installation of a self-serving kitchen area and new furniture. Height-adjustable tables have been provided, as well as adaptive kitchen equipment, to aid independence; however, one person expressed concern about the functionality of the taps in the kitchen area. The Regulation Officer noted that there was an enhanced sense of calmness in comparison to previous visits.

Samples of bedrooms were viewed, which were personalised with familiar belongings and noted to be clean, well-maintained and clutter-free for ease of movement. Some care receivers were resting in their bedrooms at various times during the inspection, and it was evident that their physical and emotional well-being had been considered. Staff were observed providing prompt assistance to care receivers when required.

Feedback about the standard of care provided to the regulation officers from care receivers, relatives and external health professionals was largely positive and indicated that care receivers are cared for in a way that meets their needs and preferences. During the inspection visit, care receivers appeared well cared for. For those who relied upon staff to make decisions about their personal care, it was apparent that they were supported to maintain their style. This was evident by care receivers wearing jewellery and other personal adornments to help contribute to their sense of identity and self-expression.

Some comments made to the regulation officers as part of the inspection process included;

“On the whole, I like it, and I get on well with the carers. The food is very good, and you get a good choice”.

“Generally, the care is very good, and my room is nice. There are no restrictions, you can come and go as you please and do what you like. The food is good, and the staff are all nice and friendly”.

“I’ve lived here for X years, and I’m very happy and I go out every day, and I’m very lucky”.

“It’s all good, and the staff take care of me”.

Two care receivers shared suggestions with both regulation officers regarding potential improvements that could be made for their benefit, which were reported to the Deputy Manager.

“I can’t praise them enough, my relative has been there for X years. They are a family, and I am very thankful and very happy with their excellent service” [from a relative].

One care receiver’s representative said that they appreciated the current standard of care and felt the staff team, particularly the domestic, laundry, and physio team were doing a good job. They were positive of the manager’s appointment and said they had recently discussed specific areas of concern.

Two health and social care professionals expressed compliments about the nursing care provided in the home. They said the home consistently communicates with them, advocates for care receivers' rights, and strives to ensure that care aligns with care receivers and their family's expectations.

Samples of care records were examined, which showed that care receivers' health needs were met. Clearly, staff knew care receivers well, as the plans were detailed and comprehensive, setting out how care was to be provided. The plans were regularly reviewed and personalised, showing that care receivers receive tailored and holistic support that addresses their unique needs. The plans were periodically reviewed and updated as changes had occurred.

Staff also completed daily notes to record the care and support they had provided, and these records had been completed regularly, evidencing ongoing intervention. Work has started to compile 'this is me' records with detailed care receivers' histories and life events. End-of-life plans were in place, which detailed the support required and included other health professional's input.

The home provides care receivers access to necessary healthcare professionals for their overall well-being, including GPs and dentists. One health professional described how one care receiver's physical and mental well-being significantly improved due to the "amazing" nursing care.

Where possible, care receivers' lives reflect natural and daily routines and experiences such as going out to the shops independently, going out with families and socialising. Care receivers were observed during the inspection, coming in and leaving the home of their own accord. Activities are also provided in-house, which considers care receivers' diverse needs and abilities to ensure engagement and inclusivity.

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 officers met with the Human Resources (HR) team, which is responsible for conducting all safety-related recruitment checks for new staff and volunteers working in the home. This confirmed that the home follows its safe

recruitment policy and has a secure approach to recruitment. Samples of staff folders confirmed all necessary recruitment checks were in place for staff and volunteers before taking up their roles. Eye tests are also considered essential for volunteer drivers. While the HR primarily take the lead in staff recruitment checks, the Registered Manager is fully involved with all recruitment decisions. Criminal records checks are undertaken every three years, in line with the Standards.

Newly recruited staff and volunteers undergo an induction programme which involves orientation, training and an introduction to policies and procedures. One staff member, employed during the inspection week, told the Regulation Officer of their induction. The volunteer induction programme is being reviewed to enhance training related to health conditions that care receivers may be living with. All staff and volunteers are provided with safeguarding training as part of their induction. Nursing and care staff told the regulation officers that their line management team were supportive and easy to approach.

Training records were reviewed, showing that staff consistently receive regular training in mandatory areas. The Registered Manager described the training and development plan for the forthcoming year, which indicated that more face-to-face training in health conditions that care receivers may experience is planned. The nurse management team identified that further training for registered nurses is required to classify pressure ulcers and is arranging for this to be provided.

There is a planned change to how appraisals and supervisions are to be completed. Samples of supervision and appraisal records were evident.

Most staff have either a Level 2 or Level 3 vocational qualification in health and social care and a plan in place for some staff to progress to either award. Care staff who administer medications have completed further training as identified in the Standards.

Samples of medication administration records (MAR) were reviewed, which found that medicines were administered in accordance with the prescriber's directions and clear records maintained. Medications were stored safely, and routine medication

audits were completed. Care receivers' photographs, which had been identified during the audit, were to be updated. There was a discrepancy regarding a medication allergy, and one care receiver's self-medication assessment required updating.

A range of the home's policies, covering safeguarding, whistleblowing, gifts, complaints, and on-call management, were examined, which found they were accessible to all staff, updated, and presented clearly for ease of staff understanding and adherence. Staff were able to demonstrate their understanding and application of safeguarding processes.

The home participates in the adult safeguarding process when necessary. The Regulation Officer reviewed care records for one care receiver who was part of the safeguarding process, documenting decisions in their records indicating a choice to decline nursing interventions. This showed that care receivers' decision-making rights are acknowledged and respected. Arrangements are underway for additional training in capacity legislation to be provided to the staff team. Notifications are submitted to the Commission, and the team is aware of the need to notify about deteriorating pressure ulcers.

Samples of health and safety records, including water maintenance and fire equipment, showed that maintenance checks were in place. An external contractor regularly monitors the home's water management systems, and the Regulation Officer noted an instance of an out-of-range water storage temperature that had gone unnoticed by the contractor. This was brought to the attention of the Registered Manager. The fire records showed that staff have undergone fire marshal training; however, it is essential to ensure they receive continuous fire training within the timeframe specified by the fire and rescue service. This is an area for improvement.

The Registered Manager explained that arrangements had been made for the Fire and Rescue Service to attend the home in February to offer guidance relating to fire safety.

IMPROVEMENT PLAN

<p>Area for Improvement 1</p> <p>Ref: Standard 4.2</p> <p>To be completed by: with immediate effect</p>	<p>All staff must be provided with fire safety training in a time frame that meet the requirements set by the Fire and Rescue Service.</p> <p>Response by registered provider:</p> <p>The recording of fire drills and training has been improved by implementing a new fire logbook and a training matrix to ensure all staff are provided with fire safety training in a time frame that meets the requirements set by the Fire and Rescue Service.</p>
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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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