



**Jersey Care
Commission**

INSPECTION REPORT

Pinewood

Care Home Service

Le Mont Millais

St Helier

JE2 4RW

Dates of inspection

26 and 28 February 2024

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 Pinewood Care Home. The service is situated in the Parish of St Heiler.

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	Type of care: Personal care and personal support Category of care: Adults 60+ Maximum number of care receivers: 46 Maximum number of care receivers that can be accommodated in the following rooms: bedrooms 1- 48 (excluding rooms 7&13) one person Age range of care receivers: 60 years and above
Discretionary Condition of Registration	None

Dates of Inspection	26 and 28 February 2024
Times of Inspection	On 26 February 10:00 – 12:45 and 13:20 – 16:30 On 28 February 09:45 – 12:18
Type of Inspection	Announced
Number of areas for improvement	Three
Number of care receivers using the service on the day of the inspection	32

The Care Home service is operated by Maria Mallaband Care Group Ltd (MMCG), and a Registered Manager is in place.

The discretionary condition on the service's registration was discussed with the Registered Manager. It was positive to note they have now achieved a Level 5 Diploma in Leadership in Health and Social Care. The discretionary condition has been removed.

Since the last inspection in June and July 2023, the Pharmacy Inspector has undertaken an advisory visit. Details of this are provided within the report.

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 revealed several areas of concern regarding the repair and maintenance of the care home. These relate to roof, lift and light repairs, and décor. The Registered provider has been instructed to provide a detailed schedule for undertaking the required repairs and decoration.

Care home staff were observed as responding effectively to the care receivers' needs. There was evidence that matters necessitating notification to the Commission were being handled appropriately and addressed promptly. The Regulation Officer was satisfied that staff had been responsive to the issues related to medication management.

Observation, review of records, and feedback demonstrated a caring and supportive staff team. All care receivers who provided feedback spoke highly of the staffs' caring attitude. Staff were described as kind and friendly. Care delivery was person-centred. All staff the Regulation Officer spoke with highlighted that ensuring care receivers are well cared for was their priority.

Initial assessments were holistic and enabled the development of relevant care plans. Daily notes aligned with care plans and risk assessments were present. There was clear evidence the team knew when to refer for input from other professionals and agencies in various situations.

There has been recruitment into various roles, and recruitment practices were found to be safe. All staff spoke of a positive culture where the team supports one another. However, formal support through staff supervision remains an area of improvement.

There are four areas for improvement, as a result of this inspection.

INSPECTION PROCESS

This inspection was announced and was completed on 26 and 28 February 2024. Notice of the inspection visit was given to the Registered Manager on 21 February 2024. This was to ensure that the Registered Manager would be available during the visit.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

Prior to our inspection all the information held by the Commission about this service was reviewed, including the previous inspection report.

The Regulation Officer gathered feedback from seven care receivers and three of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by two social care professionals external to the service.

As part of the inspection process, documents including policies, procedures, staff rotas, staff records, and care records were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager at the end of the first day of inspection, then subsequently to the Registered Manager and Regional Manager at the end of the inspection.

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

This report outlines 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, two 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 plan was discussed during this inspection. It was positive to note that improvements had been made. There was evidence of notifications to the Commission of accidents or other events that have posed or may pose a risk of harm to care receivers.

There had also been improvement in regards staff supervision. However, there was insufficient progress to meet the Standard. This area for improvement remains in place.

Is the Service Safe?

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

The inspection revealed several areas of concern regarding the repair and maintenance of the care home. The Regulation Officer saw internal and external damage to the care home, which was reported as having been caused by Storm Ciaran in November 2023.

It was reported tiles were missing from the north aspect of the roof and that, on one occasion, debris had fallen from the roof into the car park. The Regulation Officer saw internal damage underneath this area in the form of dampness and a leak. The damage was directly behind an emergency fire exit. There was photographic evidence that damp extends into a care receiver's room.

It was reported that the lift from the reception area of the care home stopped working on nine occasions between July 2023, and January 2024. It was explained to the Regulation Officer that the engineers advised the lift to be replaced.

The Regulation Officer received feedback from all care receivers, their representatives, and the care home staff they spoke with that the poor function of the lift is having a negative social, practical, and emotional impact on the care home. One care receiver stated, *"I have not been able to see my friend."* This was because they depended on the lift to move to a different floor where their friend and the main dining room are.

Staff spoke of the challenges with carrying things up and downstairs, particularly nearing the end of a twelve-hour shift. One care receiver commented, *"Everyone has become sad with the lift problems, the atmosphere has changed."* There was evidence that staff had tried to mitigate the negative impact. However, it had a limited effect and placed staff under extra strain.

The dining room carpet has two stains. It was reported to the Regulation Officer that attempts to remove the stains have been unsuccessful. Additionally, although there has been discussion regarding replacing the carpet, a date has yet to be scheduled.

The Regulation Officer noted that carpets in the corridors on each care home floor are worn and, in some areas, stained. The paintwork in the corridors is also chipped and flaking. Lights in the car park, some of which light the path to the reception areas, needed to be fixed.

The issues identified breach the Regulations and Standards by which the care home was inspected. The Registered Provider has been advised that this is an area for improvement, and they are required to provide the Commission with a schedule detailing the plans for the completion of the following works on or before April 17, 2024.

1. Repair the damage to the north aspect of the roof and the internal damage underneath this area.
2. Repair the internal damage from the north aspect of the roof that extends into a care receiver's bedroom.
3. Replace the lift. Or provide the Commission with an independent report demonstrating that a complete repair is acceptable to reduce the risk of the lift breaking down regularly. However, at the time of writing, the Commission has been informed the lift has now broken and is not repairable, it requires replacement. Replacing the lift is an immediate priority and is an area for improvement.
4. Replace the two stained areas of carpet within the dining room.
5. Ensure all lights in the car park are fully functional.
6. Improving the decor of all corridors.

Fire safety was raised as an issue to the Regulation Officer. The Jersey Fire & Rescue (JF&R) report dated November 11, 2022, stated areas that required attention. It was concerning to note the areas needing attention remain outstanding.

However, it was encouraging that the MMCG Estate Manager has recently corresponded with the JF&R and arranged an onsite follow-up review of the environment with the care home maintenance staff. It is also positive that the Registered Manager reported that over 97% of staff had undertaken the required practical and e-learning fire safety training.

It was encouraging to see that some bedrooms and some communal areas had been recently refurbished. Mostly, these areas were light and decorated to a good standard. The reception areas are welcoming, with seating for care receivers and visitors.

Is the Service Effective and Responsive?

Assessing the organisation of the service so that care receiver's needs are respected and met.
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The Regulation Officer observed the care home staff responding effectively to the care receivers' needs at the midmorning team meeting. The meeting, termed 'Flash Meeting' by staff, is attended by a staff member from each area, including managers, care staff, hospitality, and maintenance staff. Staff communicated events or issues about the day concisely, agreeing and minuting actions.

Pinewood staff had placed fifty-three notifications to the Commission since the last inspection on 30 June 2023. A sample of care records that related directly to these notifications was reviewed. Records evidenced an application for a Capacity and Liberty Assessor (CLA) to determine if authorisation for a significant restriction on liberty was required. While awaiting CLA assessment, the team responded holistically to the care receivers' needs. Discussions with care staff and feedback the Regulation Officer received also demonstrated the team's awareness of supporting care receivers' representatives. This illustrated a responsive and effective approach.

The service notified the Commission of fourteen medication errors between October and December 2023; two incidents resulted in safeguarding investigations. The Registered Manager reported that practice changes were made following the errors, and staff had undertaken revised training and competencies.

On 8 December 2023, the Commission's Pharmacy Inspector undertook an advisory visit. Overall, policies and processes were found to be appropriate. An example of change in practice to promote safety was the introduction of 'medicines administration in progress, do not disturb' tabards to prevent interruptions. Advice was given to reduce the risk of errors. This included advising that lockable drawers or cupboards should be provided for self-administering care receivers; the Registered Manager reported that these are now in place.

A social care professional provided feedback regarding the medication safety issues, stating, "*The manager was very responsive.*" It was explained that the Registered Manager took measures to safeguard care receivers, ensured care receivers' views were known and took feedback on board. The Regulation Officer is satisfied that staff have been responsive to the issues and aim to promote safe, effective medication management.

In 2023, Legionella was found in the water system of the care home. The Registered Manager promptly notified the Commission and outlined their engagement with all relevant agencies, including the Health and Community Service Infection Control Team and Environmental Health. The Registered Manager provided detailed information on the practical actions taken by the service to mitigate harm.

During the inspection, the Regulation Officer spoke with the care home's maintenance staff and the visiting specialists, who were conducted water monitoring. The Regulation Officer was satisfied that the Registered Manager had responded appropriately to this challenging situation. The Registered Manager confirmed that they had sent correspondence to care receivers and their representatives, notifying them of the matter, which demonstrates transparency.

Is the Service Caring?

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

All care receivers who provided feedback spoke highly of the staff's caring attitude. The initial feedback received from a care receiver was, "Staff are kind, friendly, and caring," setting the tone for subsequent feedback from other care receivers and their representatives. Care receivers expressed satisfaction with being given choices in how they wished to be supported and their activities. One care receiver remarked, "*It is lovely, with nothing to improve.*"

Feedback from a care receiver's representative was very positive. They spoke of how caring the team was and how well they communicated, particularly during a recent period of ill health their relative had. They described care delivery as bespoke to their relative's health needs and stated, "*They are absolutely lovely; nothing is too much trouble.*"

The Regulation Officer also saw cards the team had received praising the service and thanking the staff for the support they delivered. All staff the Regulation Officer spoke with highlighted that ensuring care receivers are well cared for was their priority.

The Regulation Officer spent time with care receivers while the Activity Coordinator facilitated an art session. The atmosphere was pleasant, with care receivers concentrating and chatting. Positive feedback was received about this and other activities. The Regulation Officer was informed there are music, crafts, games, and quizzes. It was reported that sometimes activities are linked to the season or special events, and themes are reflected in crafts and food.

Care records were reviewed on the service electronic notes system. Initial assessments were holistic and enabled the development of relevant care plans. Feedback from care receivers and their representatives was that initial assessments were thoughtfully undertaken. A social care professional's feedback was that the team responded promptly to their request for an assessment and consideration for admission and were sensitive to the care receiver's needs.

Daily notes aligned with care plans and risk assessments were present. Care records and a discussion with a care worker demonstrated knowledge and skill to manage continence issues in a sensitive manner. Knowledge and skill were also shown in the notes detailing the staff's response to a rapid change in a care receiver's condition. There was clear evidence the team knew when to refer for input from other professionals and agencies in various situations.

Records demonstrated that staff had undertaken advance care planning, exploring care receivers' wishes and preferences for their future treatments, representing thoughtful individualised care. The Regulation Officer advised the process for

communicating resuscitation status be reviewed to ensure it is clear to all care staff within the home and shared with other professionals, as necessary.

The observations, review of records, and feedback described in the section represent a caring and supportive staff team.

Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.
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The Regulation Officer spoke to staff regarding the culture of the care home. All staff spoke of a positive culture where the team supports one another. It was explained that they supported one another in covering shifts when staffing levels were low. The skills and knowledge newly recruited staff brought were valued, and in turn, newly recruited staff spoke of feeling welcomed and supported. One staff member stated, “The carers are brilliant,” and spoke of their trust and respect for their colleagues.

At the time of the inspection, there was one Senior Health Care Assistant vacancy, and care staff levels met the standards. However, feedback was that there have been periods with more vacancies, which have placed a strain on workloads and rotas. Staff have recently been recruited into care, management, administration, and maintenance roles.

Recruitment files were sampled and found to be well organised, containing all relevant documentation. Interview records were clear, with a wide range of questions to support a robust process. References and, Disclosure and Barring checks were undertaken prior to employees commencing duty.

Feedback from newly recruited staff mirrored the documentation. All described their induction process as supportive, enabling them to undertake their specific roles. Recruitment practices were safe and met the Standards by which they were inspected.

There was a comprehensive range of policies and procedures which were reviewed. Staff described how they were accessed and gave examples of how the documents had been dynamically used.

Formal support for staff was explored through staff supervision, which was an area of improvement from the 2023 inspection. The Regulation Officer reviewed the practices through supervision records and staff discussions. It is acknowledged that there was evidence that some improvements had been made and that staffing levels, staff retention, and recruitment have impacted the regularity of supervision sessions. However, the frequency of sessions continues to be below the requirements of the Care Home Standards and the practice is not yet embedded. Therefore, it remains an area of improvement.

The monthly provider reports for three consecutive months were requested. However, only October 2023 and January 2024 were provided. The Regulation Officer was informed the reports had yet to be provided to the Registered Manager. Monthly provider reports are an area for improvement.

The Regulation Officer was informed that there had not been a visit from the Regional Manager to Pinewood in November, December 2023, or January 2024. The Regulation Office noted this was during the period when the service had some challenges regarding medication errors (detailed in 'Is the Service Safe') and during the Registered Manager's first year in post. Additionally, MMCG has had three Regional Managers within a year.

During the inspection, the Regulation Officer discussed the issue with the present Regional Manager. The Regional Manager explained the absence of visits was due to MMCG's organisational restructuring, and that telephone and digital support were available during this time. The Regional Manager described how they intended to support the Registered Manager and team moving forward. The plan was satisfactory. However, the Regulation Officer reiterated the importance of regional governance oversight and support.

IMPROVEMENT PLAN

There were four areas 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: Regulation 18 1 (a)</p> <p>To be completed by: 31 May 2024, 3 months from the date of inspection.</p>	<p>The Registered Provider must ensure that the lift is fit for purpose, and properly and regularly maintained.</p> <hr/> <p>Response of Registered Provider:</p> <p>Orders have been placed to replace the lift (12-14 week lead time) and in the intervening period, a temporary stair lift has been installed with Technicare (Jersey based Contractor).</p> <p>Maintenance contracts are already in place with Technicare.</p>
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<p>Area for Improvement 2</p> <p>Ref: Regulation 18 2 (c) (e)</p> <p>To be completed by: 30 September 2024, 7 months from the date of inspection.</p>	<p>The Registered Provider must ensure that the premises are of sound construction and kept in a good state of repair externally and internally and must be decorated and maintained to a standard appropriate for the regulated activity.</p>
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	<p>Response of Registered Provider:</p> <p>Decorating works have commenced in the dining room and is being delivered using the home's maintenance team with additional flooring replacement as appropriate (anticipated that most of this work will be completed during the summer months to minimise the impact of the smell of decoration- windows can be left open longer to allow the fumes to dissipate. Once this has been completed, maintenance will move through the home updating décor as and when possible.</p> <p>Quotes have been obtained from local Jersey contractors to replace the dining room and kitchen flooring- the kitchen has already been completed since the inspection.</p>
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<p>Area for Improvement 3</p> <p>Ref: Standard 3.14</p> <p>To be completed by: 31 May 2024, 3 months from the date of inspection.</p>	<p>The Registered Manager must ensure staff supervision is carried out at least four times a year and records of supervision retained within personnel files.</p>
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	<p>Response of Registered Provider:</p> <p>Supervisions are already on track for 2024. We understand the importance of supervision for all members of staff and will ensure we continue to provide this as per our policy for year going forward.</p>
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<p>Area for Improvement 4</p> <p>Ref: Standard 12.2</p> <p>To be completed: With immediate effect.</p>	<p>The Registered Provider must arrange for a representative to report monthly on the quality of care provided and compliance with registration requirements, standards and regulations. These reports will be shared with the Registered Manager and must be available for inspection by the Jersey Care Commission.</p>
	<p>Response of Registered Provider:</p> <p>Monthly visits have already started and there have been further visits booked in for every 4-6 weeks. The reports are available with the registered manager. This also includes the Regional Director, Operations Director, Estates support and HR etc.</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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