



**Jersey Care
Commission**

INSPECTION REPORT

Ronceray

Care Home

**Rue du Huquet
St Martin
JE3 6HE**

24 January 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 Ronceray Care Home. The home is located in the parish of St Martin, situated northeast of the island. It enjoys a tranquil rural environment, surrounded by several adjacent residential properties.

The building consists of an old traditional cottage and a more recent modern extension. It spans two floors, with elevator access to the first floor. The home features a protected garden at the rear of the building, accessible from the two lounges.

Two spacious lounges are complimented by a third, smaller lounge, utilised as a quieter space and dining area for care receivers needing additional support during mealtime. Adjacent to the kitchen, the primary communal dining room is conveniently situated, featuring a serving hatch that facilitates seamless access for staff to serve meals.

Approval for refurbishment works has been obtained; to align the home with the stipulations set out by the Regulation of Care (Jersey) Law 2014 for care home environments. Following a noticeable delay, the initial phase of the refurbishment is complete, and the second phase is progressing well; there is a third phase to conclude the project.

Regulated Activity	Care Home
Mandatory Conditions of Registration	<p>Type of care: Personal care and personal support</p> <p>Category of care: Dementia</p> <p>Maximum number of care receivers in receipt of combined personal care and support: 25</p> <p>Age range of care receivers: 55 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1-26- with one ensuite toilet in each</p>
Discretionary Condition of Registration	<p>Proposed alterations to the premises in accordance with revised drawings submitted by Gallagher Architects are to be completed no later than 31 May 2024</p> <p>Suspension of admissions to the home, in effect from 3 October 2023</p>

Date of Inspection	24 January 2024
Time of Inspection	09:00-16:00
Type of Inspection	Announced
Number of areas for improvement	No areas of improvement
Number of care receivers using the service on the day of the inspection	15

The Care Home service is operated by Ronceray Care Home Ltd. The service is without a Registered Manager, and an Interim Manager is in place. This arrangement commenced on 12 September 2023.

The Commission received an absence of manager notification on 2 October 2023. The notification included details of the Registered Provider's arrangements to ensure that the service had a suitable interim management plan. This included appointing the home's existing Care Service Lead as the Interim Manager of the home, with additional senior management oversight from the Area Manager. Furthermore, an external Quality Assurance Officer has been appointed to conduct audits and produce monthly reports.

Since the last inspection on 14 and 18 July 2023, the Commission received a request from the Registered Provider on 9 November 2023 to further extend by four months the deadline for the completion of the building alterations and refurbishment of the home. The Commission agreed to this extension, and the completion date was revised to 31 May 2024.

After the refurbishment is completed, two bedrooms will be repurposed, reducing the home's bed capacity. These adjustments will be reflected in the updated Statement of Purpose and registration details, which will be provided upon completion of the renovation.

Furthermore, the Commission implemented an additional discretionary condition to the home's registration, specifically relating to the suspension of new admissions in response to identified areas of concern.

An updated copy of the service's Statement of Purpose was provided during the inspection.

INSPECTION PROCESS

This was a focused inspection to assess progress on the 15 areas of improvement identified during the annual inspection held on 14 and 18 July 2023. The inspection was announced with one week's notice to guarantee the availability of the Interim Manager and Area Manager on the designated days. The inspection was completed on 24 January 2024.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the 15 areas of improvement identified in the annual inspection.

Prior to the inspection, all the information held by the Commission about this service was reviewed, including the previous inspection report, notifications, exchanges between the service and the Care Commission, and any additional correspondence received from external sources.

The Regulation Officer had discussions with the services' management and other staff members.

During the inspection process, records including policies, appraisal records, supervision records, training and development matrix and other documentation relating to care receivers and the home environment were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Interim Manager and the Area Manager regarding the findings.

This report sets out our findings and includes areas of good practice identified during the inspection. There were no areas for improvement identified.

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

INSPECTION FINDINGS

At the last inspection, 15 areas of improvement were identified, and the Registered Provider submitted an improvement plan to the Commission setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that all 15 areas of improvement had been addressed.

Area for improvement 1:

Supervision

The Registered Manager must ensure that members of the care/support staff team are receiving individual supervision at least four times a year.

The Interim Manager and Area Manager have implemented a system to ensure regular quarterly supervision for care staff members. The Regulation Officer observed evidence indicating that care staff received supervision in the last quarter of the previous year and the first quarter of the current year. This development is encouraging, as it demonstrates the establishment of a structured supervision system.

The service aims to adopt a strengths-based approach to future supervision, which focuses on recognising and promoting the individual strengths of the staff members. The supervision template is undergoing redesign to reflect this approach. This is no longer an area of improvement.

Area for improvement 2:

Infection prevention measures

Cleaning protocols and procedures to be put in place, The laundry area to be clearly organised, with guidance for staff to follow around the safe disposal of infected and dirty laundry.

The Regulation Officer reviewed the recently established protocols and procedures implemented to enhance infection control practices within the home. A systematic approach has been introduced, refining the roles and responsibilities of the housekeeping team. Daily cleaning schedules have been implemented to facilitate an organised and consistent cleaning regime, enabling staff to adhere to the established processes effectively.

A monthly rota has been introduced for the deep cleaning of each residential room. Additionally, infection control audits have been implemented and reported on in the monthly reports. The Regulation Officer had the opportunity to review three examples of monthly audits. This is no longer an area of improvement.

Area for improvement 3:

Annual appraisals

Model of annual appraisal for staff members to be implemented. Appraisals to be carried out and recorded at least annually.

Annual appraisals are being introduced in a phased model to enable the Interim Manager to deliver improved quality and consistency in the appraisal process for all staff members. The appraisal paperwork has been developed and is provided to staff members ahead of the scheduled appraisal meeting to ensure they have time to prepare and be ready for discussion during the meeting.

The Interim Manager reported that they had initiated the appraisal process for some of the staff members; however, several remain outstanding, indicating that compliance for the entire staff team has not been achieved. However, there was a plan in place to complete all remaining appraisals in the coming weeks, this will no longer be an area for improvement.

Area for improvement 4:

Induction Processes

Model of induction to be implemented and followed for all new members of care/support staff to include a competency framework that includes the provision of statutory and mandatory training.

The induction processes for new staff members joining the service have been revised and enhanced. A new competency workbook has been introduced for healthcare staff, emphasising key areas of practice essential to their roles. The Interim Manager clarified that there will be distinct competencies tailored to different roles within the service; however, workbooks for other roles are still being developed.

The Regulation Officer viewed two recently completed competency workbooks, which had received approval from senior staff members satisfied that the competencies had been achieved. Training logs were available, demonstrating that all mandatory training had been completed during the induction period. This is no longer an area of improvement.

Area for improvement 5:

Monthly Reports

A system to be in place to regularly review the quality of the services provided. The Provider to arrange for an independent representative to report monthly on the quality of care and compliance with registration requirements.

The Area Manager has appointed an independent representative to compile monthly quality assurance reports for the service. These reports capture various aspects, including infection control audits, staff training and development compliance, recruitment status, and updates on the progress of refurbishments. This is no longer an area of improvement.

Area for improvement 6:

Safe Recruitment Practice

Safe recruitment checks to be followed as specified by the Care Home Standards.

A revised recruitment policy has been implemented within the service, clearly outlining the requirements for safe recruitment procedures. The Regulation Officer had the opportunity to review a sample of human resource files for newly recruited staff, identifying evidence that the recruitment policy had been adhered to, and that all necessary measures for safe recruitment had been effectively implemented. In addition, the Regulation Officer was satisfied that all staff had undergone updated Disclosure and Barring Service (DBS) checks, indicating compliance with the care home standards. This is no longer an area for improvement.

Area for improvement 7:

Fire Procedures

Fire procedures set out by the States of Jersey Fire and Rescue Service to be followed.

Fire procedures within the home have improved, evidenced by weekly fire alarm testing and strict adherence to all fire safety protocols. All staff members have undergone fire warden training, which has increased the availability of this role and heightened awareness of fire procedures within the staff team.

The off duty for staff and daily handover sheet clearly indicates which member of staff is designated as the responsible fire warden for the day. This is no longer an area for improvement.

An evacuation drill is due to be completed in the next few weeks.

Area for improvement 8:

Staff Training

Requires managerial oversight of the training needs of the staff team.

Training to be available in different formats such as face to face and online.

Protected time to be provided to staff to complete training requirements of their role.

There has been a notable enhancement and emphasis on staff training and development. A system has been implemented to record and notify the management team and staff members of training compliance. The service collaborates with a local training provider to ensure the quality of training and offers a blend of online and face-to-face training opportunities.

The management team has acknowledged that some training courses may not offer the opportunity to demonstrate that learning has been understood. As a solution, they have implemented a system where staff will be asked to submit a reflective account outlining the knowledge, they have acquired from the training they have undertaken. This is an area of good practice.

Staff without prior experience in care work are recognised during their induction period as needing to attain the Care Certificate. The Interim Manager reported that they actively encourage and support them in achieving this certification. This is no longer an area of improvement.

Area for improvement 9:

Professional Development

Professional development of staff to be encouraged and supported by the management team and provider of the service.

The Area Manager described an improvement in the service's support for staff professional development through training. One care worker is in the process of attaining the Level 3 diploma in Health and Social Care, another is working towards completing the Care Certificate, and a third is undergoing Level 3 Medication Training.

Although the Registered Provider presently offers partial financial support for these essential qualifications, fully covering the training costs would serve as both an incentive and significantly benefit both the employee and the service.

The Interim Manager outlined that the service is establishing a system where designated 'champions' will be identified within the team. These individuals will receive specialist training in specific care areas, such as wound care, enabling them to take the lead and serve as a resource for other staff members with less experience in these areas. This is no longer an area of improvement.

Area for improvement 10:

Dementia Training

Specialist Dementia training (face to face) to be commissioned for all staff working in the service. This should incorporate a 'living with dementia' element.

The Area Manager reported that there has been an improved focus on training staff to enhance their understanding of dementia. This effort involves additional training initiatives, including a mandatory online module on dementia awareness for all staff members, and a one-day face-to-face workshop dedicated to dementia understanding. Annual updates are part of the mandatory training offer.

A consistent approach to dementia training should ensure that staff members remain well-informed and equipped to handle the unique needs of care receivers with dementia. This is no longer an area of improvement.

Area for improvement 11:

Activities

A weekly programme of activities to be made available to care receivers. Activities should promote social, physical, and psychological well-being of the care receivers. To incorporate outings into the community that are meaningful to the care receivers.

A considerable effort has been made to improve the variety, choice, and quality of activities provided to the care receivers. This is evidenced by the availability of a weekly activity timetable, which includes external entertainment packages visiting the home to offer enjoyable, musical, and physically engaging recreational activities. In addition, the shared minibus has been utilised by a staff member to provide meaningful community outings for interested and capable care receivers.

The activities coordinator role is vacant at present. Plans are underway to fill this role soon. Meanwhile, a staff member is designated daily to organise and coordinate activities during this interim period.

It was positive to learn that relaxation interventions have been incorporated into the daily routines of the care receivers. The staff team has observed a rise in enhanced sleep quality among the care receivers that have engaged with the interventions, consequently reducing the administration of sleep-inducing medications. This is no longer an area of improvement.

Area for improvement 12:

Management oversight/improved communication to staff team-

Regular team communication meetings to be implemented. Staff to be given the opportunity to voice their ideas, concerns and give feedback regarding their experiences of working in the service.

The Area Manager reported that they have reintroduced a team meeting and aim to establish it as a quarterly occurrence. The meeting was structured with an agenda and meeting minutes provided. The Interim Manager elaborated that the staff team are offered various channels for communication and updates on operational changes within the service. These avenues include quarterly supervision sessions, weekly flash meetings, a suggestion box, and encouragement of an open-door policy for staff to engage in discussions. This is no longer an area for improvement.

Area for improvement 13:

Roles and Responsibilities-

Staff to have clear job descriptions for their role that specify duties and responsibilities.

Staff to be facilitated to work to their job role and only cover other roles in exceptional circumstances.

The job descriptions for existing staff members have undergone a review, and improvements have been made, incorporating precise details relevant to their respective roles. The Regulation Officer had the opportunity to examine several updated job descriptions and was satisfied that they were written with only one role in mind.

Enhancements have been implemented to define job roles for the ancillary staff, resulting in improved operational procedures, particularly in areas such as domestic and laundry facilities.

The Provider has enlisted the services of an external human resource consultancy to offer support to the service in this realm. This initiative aims to enhance governance and ensure consistency in recruitment processes.

Area for improvement 14:

Building works/Refurbishment-

A formal project plan to be submitted to the Commission, outlining how the refurbishment will be planned, managed, and coordinated. Additionally, confirmation as to the number of beds that will be out of use during each phase and long term.

The home refurbishment is ongoing, with notable progress achieved. Assurances have been provided that the entire refurbishment project will be finalised by the stipulated deadline, with minimal disruption to the care receivers.

Monthly updates continue to be provided to the Commission. This is no longer an area of improvement.

Area for improvement 15:

Notifications-

Notifiable events to be provided to the Commission within two working days of the incident.

The Regulation Officer was content with the Interim Manager's understanding of the obligation to report notifiable events to the Commission. The Interim Manager confirmed that senior carers had received training and could submit notifications when the Interim Manager was unavailable. This is no longer an area for improvement.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan is not required.

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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