



**Jersey Care
Commission**

INSPECTION REPORT

Clairvale Road Recovery Unit

Care Home Service

**Government of Jersey – Health and
Community Services
19-21 Broad Street
St Helier, JE2 3RR**

15 & 21 March & 26 April 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 Clairvale Road Recovery Unit. Located on the outskirts of the parish of St Helier in a peaceful residential area, the service adopts a recovery-oriented model to offer residential accommodation with en-suite facilities for individuals requiring specialised support for mental health needs.

The service prioritises person-centred approaches, emphasising the individual's needs, thoughts, concerns, and opinions, with potential consultation with family members where appropriate. This tailored approach aims to empower individuals, foster confidence, and assist in acquiring new skills to facilitate their journey towards independent living and enhance their overall service experience.

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	<p>Type of care: Personal support</p> <p>Category of care: Mental Health</p> <p>Maximum number of care receivers: 10</p> <p>Maximum number in receipt of personal care / support: 10</p> <p>Age range of care receivers: 18 and over</p> <p>Maximum number of care receivers that can be accommodated in the following rooms: Bedroom 1-10: one person.</p>

Dates of Inspection	15 & 21 March & 26 April 2024
Times of Inspection	10:00- 14:45 & 18:00- 20:15 9:15- 10:45
Type of Inspection	Announced
Number of areas for improvement	<u>Six</u>
Number of care receivers using the service on the day of the inspection	10

The Care Home service is operated by the Government of Jersey and there is an Interim manager in place.

Since the last inspection 4 July 2023, the Commission received an application for the Interim Manager to become the Registered Manager along with an updated copy of the service's Statement of Purpose. This was submitted on 10 April 2024.

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.

During the inspection improvements in certain areas were noted, particularly in ensuring the safety of care receivers and staff, as evidenced by planned work to secure windows. However, there needed to be more progress in addressing incident reporting, indicating a failure to meet the improvement identified in the last inspection report. This inspection focused on various aspects of the service's safety, effectiveness, responsiveness, and leadership.

In terms of safety, risk assessments were conducted, and collaboration with law enforcement was noted to enhance security. Interdisciplinary cooperation and adequate staffing levels were observed, contributing to effective risk management.

Efforts to maintain family and friend connections for care receivers were evident, alongside clear referral criteria.

Regarding effectiveness and responsiveness, efforts were made to enhance documentation quality and involve multiple professionals in care planning. Vocational development initiatives were undertaken to support care receivers' skills-building and community integration. However, the absence of staff trained in Capacity and Self-Determination Law was identified as a gap.

The inspection highlighted caring practices, including personalised care planning involving care receivers, though discrepancies in care plan documentation were noted. The service aims to empower care receivers through a strength needs assessment and encourages staff involvement in professional development. Some areas for improvement include improved staff supervision, visible policies, and the requirement of regular fire drills.

Leadership and management effectiveness were evaluated, and it was evident that there has been a positive increase in staff reporting concerns. The Interim Manager's workload was noted as a challenge, indicating a need for additional support and resources. Staff training enhancements and the recruitment of a permanent registered manager were identified as important for organisational stability and improvement.

Staff feedback varied, with some expressing satisfaction with progression opportunities and teamwork. In contrast, others cited concerns about leadership and care consistency.

Overall, the inspection highlighted areas of strength and areas requiring improvement, emphasising the importance of ongoing efforts to ensure the safety, effectiveness, and quality of care provided at Clairvale Road Recovery Unit.

INSPECTION PROCESS

This inspection was completed on 15, 21 March & 26 April 2024. The inspection was announced, and notice was given to the Interim Manager three days before the visit. This was to ensure that the Interim 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**

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

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 four care receivers and one of their representatives. They also had discussions with the service's management and six staff. Additionally, feedback was provided by two professionals external to the service.

As part of the inspection process, records including policies, care records, incidents and complaints were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Interim Manager.

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, and it was positive to note that the improvement which required *“The health & safety of people receiving care, care/support workers and others will be protected as specified by the Jersey Care Commission Care Home Standards Appendix 10 (13)”* had been made. This means that there was evidence of planned works to be carried out to secure all windows, this work was due to be undertaken 27 March 2024.

The improvement plan which directed *“The Registered Provider must notify the Jersey Care Commission of such incidents, accidents or other events that have posed or may pose a risk of harm as specified by the Jersey Care Commission Care Home Standards Appendix 8”* was discussed, and it was concerning to note that insufficient progress had been made to address this area for improvement. An analysis of Datix reports, the government's incident reporting system, revealed that two incidents from the sample would have required notification to the Jersey Care Commission. This means that the registered provider has not met the Standards in relation to Standard 4.3 and does not currently have a plan in place to resolve this.

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.

Inspection findings at Clairvale reveal a framework for ensuring the safety and well-being of care receivers through various measures; risk assessments are conducted by the Community Mental Health Team (CMHT) these aim to identify and manage potential risks within the service. Collaboration with local law enforcement agencies indicated a cooperative effort to enhance security and ensure the safety of care receivers. Clairvale has an appointed person of contact from the police department, which is a helpful link for care receivers and staff, providing a single individual for assistance and support.

Interdisciplinary collaboration is evident through partnerships with social workers, nurses, and occupational therapists (OTs), reflecting a holistic approach to care receiver care. An internal IT system facilitates efficient record-keeping and management of risk assessment data, ensuring organised and accessible information for staff.

A lead nurse carries out risk assessments for all care receivers coming from off the island who are scheduled for transfer to Clairvale, ensuring consistent risk management protocols regardless of location. At the time of inspection, there was evidence of adequate staffing levels, with two staff members on all shifts and waking night staff, contributing to effective risk management and supervision.

Efforts to maintain connections and support networks for care receivers are evident through regular visits from friends and relatives, promoting a sense of community and belonging. Clear referral criteria ensure that Clairvale accepts care receivers where risks can be managed while maintaining strict safety protocols regarding risks that cannot be managed and require more specialised services.

Occupational therapy assessments are conducted for all care receivers, addressing their functional abilities and needs and contributing to a comprehensive approach to care receiver care. Implementing a key worker system supports personalised care plans and support systems tailored to individual care receiver needs.

During the inspection, attention was given to staffing practices, particularly recruitment and retention strategies. The Interim Manager provided insights into staff turnover over the past eight months and the subsequent cultural shifts within the service.

The Interim Manager highlighted that six new staff members had joined the unit during this period, signalling a notable turnover rate. The influx of new staff members has initiated a culture of change within the service. This cultural shift has seen the introduction of new ideas, perspectives, and approaches to work, contributing to positive new ways of working.

The inspection findings reveal a spectrum of perspectives among staff members, reflecting a diversity of experiences within the workplace. While some employees expressed a sense of fulfilment in their roles, citing job satisfaction as a key driver, others articulated areas for improvement, particularly in adopting stronger interpersonal relationships among colleagues, and enhancing communication during the admission process for new care receivers.

The Interim Manager also acknowledged that there have been some challenges to these changes. Despite some initial challenges, the Interim Manager has observed a positive staff trend towards accepting and adapting to new changes.

The service has flexible working patterns for staff, accommodating individual needs and preferences. This initiative promotes work-life balance and employee job satisfaction, contributing to a supportive and conducive work environment. The service demonstrates its commitment to employee well-being and retention by offering flexibility in work arrangements.

The inspection revealed several key findings about medication management practices aimed at promoting care receiver independence while ensuring safety and well-being.

The unit aims for all care receivers to self-medicate with prompts, reflecting a commitment to developing independence and empowerment among care receivers in managing their medication.

Dosset boxes can be provided in all rooms for medication organisation to support this aim. Dosset boxes are compartmentalised containers that help organise medication doses by day and time, facilitate ease of administration and adherence to prescribed regimens. This initiative ensures that care receivers have access to their medications in an organised and manageable format, promoting medication adherence and minimising errors.

Decisions regarding the use of dosset boxes and transitioning to self-medication are made through the Multidisciplinary Team (MDT) process and risk assessment. This collaborative approach ensures that medication management decisions are well-informed, considering individual needs and risks.

Staff conduct daily medication checks, providing an opportunity to monitor care receivers' medication adherence and well-being. This regular oversight helps promptly identify any issues or concerns, allowing for timely intervention and adjustment of care plans as necessary.

Care receivers who demonstrate the ability to manage their medication without prompts may progress to self-medication, as documented and assessed as part of the transition to independent living.

While care receivers are encouraged to self-medicate, staff can physically observe care receivers taking their medications. This dual approach ensures medication safety and adherence, particularly for care receivers who may still require supervision or assistance. By providing this level of oversight, the unit maintains a

balance between promoting care receiver independence and ensuring their safety and well-being.

The varied length of stay at Clairvale, ranging from 12 months to just a few months, indicates flexibility in the program to accommodate individual needs and goals. This tailored approach recognises that each care receiver may have unique requirements and timelines for recovery, allowing for personalised care plans and support structures.

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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During the inspection, the Interim Manager's enhancements to the quality of the documentation within the clinical notes was discussed. Efforts are being made to ensure that clinical notes contain detailed information rather than one-line entries. This approach provides a more comprehensive understanding of each care receiver's needs and progress, enabling healthcare professionals to tailor interventions accordingly and track the effectiveness of treatments over time.

Implementing care plans by the Community Mental Health Team (CMHT) and subsequent development of individual care plans within the service, in conjunction with social worker care plans, evidenced a collaborative and holistic approach to care receiver care. Involving multiple professionals in the care planning process allows for comprehensive assessment. It addresses various dimensions of the care receiver's well-being and support needs.

The Interim Manager and the team's decision to take on the vocational element previously handled by the Jersey Employment Trust (JET) demonstrates a proactive approach to meeting care receiver needs and filling gaps in service provision. The service discovered that because of significant waiting periods within JET services, it was more advantageous for care receivers of Clairvale to be assisted by their designated key worker in initiating the process of considering and pursuing employment opportunities.

Identifying appropriate accommodation for care receivers to move to is the most significant need among care receivers. The establishment of a monthly outreach service for care receivers transitioning out of the service, coupled with ongoing care coordination efforts, helps to support care receivers' transitions into community living arrangements.

There is a current waiting list of nine, which highlights the demand for services provided by the service.

The absence of staff trained in Capacity and Self-Determination Law within the service evidenced a potential gap in the support system for care receivers, particularly those with fluctuating capacity. Fluctuating capacity can often be observed in individuals with mental health conditions or cognitive impairment, which entails varying levels of decision-making ability over time. This highlights the need for training to equip staff with the knowledge and skills to navigate complex situations involving care receivers' capacity effectively and ethically. This is an area of improvement.

The Regulation Officer reviewed how staff record notes. Advice was provided to the Interim Manager in relation to record keeping to ensure clarity regarding care receivers' capacity status is recorded effectively. Addressing gaps in knowledge and practice for staff in relation to Capacity and Self Determination law is essential and is part of the area for improvement relating to training within the service.

During this inspection, crisis management and continuity of care for care receivers were discussed with the Interim Manager, who explained that the care receivers benefit from crisis care plans documented within the service's internal IT system. These plans serve as comprehensive guides outlining specific steps to be taken during a crisis, ensuring that staff are well-prepared to respond effectively to emergencies. Additionally, care receivers leaving the service have care plans to accompany them. This practice ensures continuity of care as care receiver's transition to different settings or services.

The service prioritises recording care receivers' preferences and treatment decisions, particularly concerning medication management. Should a care receiver decline medication or expresses specific preferences regarding their treatment, this information is recorded and reported to their general practitioner (GP) or relevant healthcare professional. The service promotes collaborative care by ensuring that healthcare providers are promptly informed of care receiver preferences and decisions. It enables adjustments to the care receiver's care plan to align with their wishes.

Is the Service Caring

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

This inspection revealed a commitment to personalised care, ensuring that each care receiver's unique needs and preferences are acknowledged and addressed. This ensures that care is responsive to each person's specific circumstances and requirements, promoting a supportive and nurturing environment conducive to their well-being and recovery.

Care Receivers actively participate in the care planning, engaging in weekly sessions with their designated key worker. These sessions provide a platform to contribute their perspectives, preferences, and goals, fostering a sense of empowerment and ownership over their care journey.

The inspection findings regarding the examination of care plans revealed a significant discrepancy between the documentation's status and its actual currency and accessibility. Despite all care receivers having current care plans in place, the inspection evidenced that plans weren't effectively up to date due to a lack of utilisation of the care planning system by the service.

During the inspection, it was also evident that while modifications had been made to all care plans within the past month, the Regulation Officer was unable to access

detailed information regarding these modifications. This discrepancy highlights a critical gap in the service's documentation and data management practices, which can have implications for the quality and safety of care provided to service recipients, the service was unable to provide evidence that care plans are regularly reviewed and this is an area for improvement.

Although not strictly adhering to the Recovery Star model, the service uses associated paperwork to organise and document discussions about care receivers' progress, strengths, and goals. These discussions occur within Multidisciplinary Team (MDT) meetings and during goal-setting sessions, facilitating collaborative decision-making and comprehensive assessment of care receivers' needs and progress.

The service utilises a Strengths Needs Assessment following discussions with the Multidisciplinary Team (MDT) to identify care receivers' strengths, needs, and goals. This assessment is a foundation for developing personalised care plans tailored to each care receiver's unique circumstances and aspirations.

During the inspection of workforce well-being, staff supervision and appraisals emerged as crucial topics of discussion; the Interim Manager maintains an Excel spreadsheet detailing the schedule for supervision and appraisals.

The organisation's utilisation of an electronic appraisal system places responsibility on staff members to complete their goals and career progression. This approach cultivates a culture of ownership and accountability, empowering staff to participate actively in their professional development and performance management.

The Interim Manager acknowledged needing to catch up on staff supervision due to the demanding nature of their role overseeing three services. Nonetheless, the Standards are not currently being met for staff supervision and this is an area for improvement.

During the inspection care receivers were asked for feedback on their experiences of the service and the following comments were noted:

“I feel any concerns are taken seriously.”

“Staff have been welcoming, helpful and supportive.”

“The staff team like to see us doing stuff they take a holistic approach.”

Is the Service Well-Led

Evaluating the effectiveness of the service leadership and management.
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The Interim Manager plans to incorporate the latest whistleblowing process onto the display boards as part of the reorganisation. The service promotes a culture of openness by making this information readily available. It encourages staff to speak up about any issues they may encounter. Staff provided feedback that the Interim Manager is approachable, although some felt that the Interim Manager might not always have enough time available.

The Interim Manager observed a cultural shift within the organisation regarding raising concerns. While there may have been a previous culture of reluctance to report issues, there is evidence of positive change. Staff members are increasingly willing to reflect and report concerns, knowing that action will be taken to address them.

The care receivers at the service come from diverse backgrounds and cultures. The service employs staff members from diverse backgrounds and cultures to ensure effective communication and engagement. This proactive approach facilitates meaningful interactions with care receivers and their families, bridging potential language barriers and fostering a sense of belonging and inclusion for all individuals involved.

To ensure effective communication and accessibility for all staff and care receivers, information can be provided in their preferred language.

When reviewing roles and responsibilities, governance, and policies, several pertinent observations were made regarding the service's practices and challenges; the service relies on the intranet to provide access to its policies and procedures, a common practice for government-run provisions. However, it was noted that clarity regarding the latest versions of policies could be improved, a challenge not unique to Clairvale but experienced across the organisation. This ambiguity can pose difficulties for staff in ensuring compliance and adhering to organisational standards, indicating a need for improved procedures for policy updates and dissemination.

The Interim Manager's responsibilities extend across three services, resulting in a workload that was described as highly overstretched. This situation can impede their ability to provide adequate supervision and timely responses to staff inquiries or concerns. During the inspection process gaining information has at times proved difficult and responses were not always forthcoming. It is crucial to address these challenges to ensure staff support and maintain service standards.

In addressing staffing concerns, the Interim manager is hopeful that a recruitment drive will help secure a permanent registered manager for the service. It is essential to have a dedicated and experienced leader in the role of registered manager to oversee operations, ensure compliance with regulations, and drive continuous improvement initiatives within the service.

Recognising the challenges the Interim Manager faces, there is a clear need for a review of support and resources to help effectively fulfil their responsibilities as a manager. This may include additional staffing, administrative support, or restructuring of duties to alleviate the workload and ensure that the Interim Manager can adequately support staff and maintain service quality, this is an area for improvement.

The Interim Manager has trained staff in writing clinical notes. This training aims to enhance the quality and accuracy of documentation, ensuring that clinical notes are comprehensive, relevant, and reflective of the care provided to care receivers.

Currently, the service does not conduct impact risk assessments regarding the compatibility of care receivers. However, it is acknowledged that such evaluations could be beneficial in promoting the well-being and harmony within the care residential environment. This is an area for potential development in the service's risk management processes.

The absence of documented fire drills evidenced a deficiency in the service's emergency response procedures and is therefore an area for improvement in its overall safety protocols. Without regular and documented fire drills, staff may be ill-prepared to respond effectively to emergency situations, increasing the risk of injury or harm to care receivers and staff.

The staff feedback was varied, some of their comments are noted below.

"I love working here it's nice to see progression in the people we support".

"We lack leadership at the moment and the team spirit is non-existent".

"The opportunity to shadow other staff was really good".

"I don't feel the staff team are delivering care consistently enough".

IMPROVEMENT PLAN

There were six 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: Standard 4.3</p>	<p>The Registered Provider must notify the Jersey Care Commission of such incidents, accidents or other events that have posed or may pose a risk of harm as specified by the Jersey Care Commission Care Home Standards Appendix 8.</p>
<p>To be completed by: immediately following the inspection</p>	<p>Response of Registered Provider:</p> <p>The Commission did not receive a response from the Provider to this area for improvement within the 28 day timeframe.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 3.14</p>	<p>All care/support workers must be given regular opportunities to discuss their roles and identify any issues through formal supervision. Supervision will be carried out at least four times a year, records of supervision will be retained within personnel files.</p>
<p>To be completed by: 1 month from the date of inspection.</p>	<p>Response of Registered Provider:</p> <p>The Commission did not receive a response from the Provider to this area for improvement within the 28 day timeframe.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 6.3</p> <p>To be completed by: 3 months from the date of inspection.</p>	<p>Care/support workers will be appropriately trained and competent to meet the health, wellbeing and physical needs of people who receive care.</p> <p>Specific areas of training identified within this report are: Capacity and Self Determination Law and Care Partner care planning.</p>
	<p>Response of Registered Provider:</p> <p>The Commission did not receive a response from the Provider to this area for improvement within the 28 day timeframe.</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 4.2</p> <p>To be completed by: immediately following the inspection</p>	<p>A registered person must ensure that adequate arrangements are in place to protect the health and safety, including fire safety, of care receivers, workers and, where relevant, visitors to any place where the regulated activity is provided. Regular fire drills to ensure staff can respond appropriately and to ensure safety for care receivers.</p>
	<p>Response of Registered Provider:</p> <p>The Commission did not receive a response from the Provider to this area for improvement within the 28 day timeframe.</p>

<p>Area for Improvement 5</p> <p>Ref: Regulation 5 (2)</p>	<p>The managerial and leadership arrangements must be strengthened to lead the home in accordance with the Statement of Purpose, ensuring the Manager has adequate time and resources to meet the commitments of the service.</p>
<p>To be completed by: immediately</p>	<p>Response by registered provider:</p> <p>The Commission did not receive a response from the Provider to this area for improvement within the 28 day timeframe.</p>

<p>Area for Improvement 6</p> <p>Ref: Standard 2.4, 2.6</p> <p>To be completed by: immediately</p>	<p>Registered persons will regularly and frequently seek the views of the person on the content, implementation and review of the personal plan and ensure that plans are regularly reviewed and revised as required.</p>
	<p>Response of Registered Provider:</p> <p>The Commission did not receive a response from the Provider to this area for improvement within the 28 day timeframe.</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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