



**Jersey Care
Commission**

INSPECTION REPORT

Pine Ridge

Care Home Service

**West Hill
St Helier
JE2 3HB**

14 June 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 Pine Ridge Care Home. Pine Ridge Care Home is located in a private residential area on the outskirts of St Helier. The single-storey property was purpose-built for wheelchair accessibility.

The home has two bedrooms, each with en suite shower facilities and overhead ceiling hoist tracking systems. The communal lounge opens onto a balcony. The environment is inclusive, with adaptations and equipment to meet the care receivers needs. There are facilities for staff sleep-ins.

Pine Ridge provides respite care for a care receiver who requires nursing care. This offers a break for the family from their caring roles. Care receivers can spend time in an environment tailored to their needs and participate in chosen activities.

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	Type of care: Nursing care Category of care: Learning Disability Maximum number of care receivers in receipt of nursing care: two Age range of care receivers: 18 years and over
Discretionary Condition of Registration	None
Date of Inspection	14 June 2024
Time of Inspection	10:00-14:00
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	One

The Care Home is operated by the Government of Jersey, Health and Community Services, and a Registered Manager is in place.

Since the last inspection on 13 June and 6 July 2023, the Commission received an updated copy of the service's Statement of Purpose. This was reviewed as part of the inspection process and was found to be reflective of the service provided.

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.

One care receiver and their relative provided positive feedback indicating their satisfaction with the service. They emphasised that the service creates a comforting and familiar environment, meets care needs, and improves overall well-being. They praised the service for its commitment to open communication, transparency, and regular updates. This approach-built trust and kept the relative well-informed.

The Regulation Officer could evidence effective collaboration with external health and social care professionals. This was shown through the documentation in the care plans, demonstrating the home's ability to work well with other professionals to provide comprehensive care.

The home exhibits effective practices in management and governance. These practices include strong leadership, well-defined policies and procedures, efficient communication, and a dedication to ongoing improvement. The leadership team ensures that the home runs smoothly and that staff are well-informed about their roles and responsibilities.

The service consistently meets staffing level standards. There are always enough staff to meet the needs of care receivers. The activities undertaken by the service are tailored to meet care receivers' preferences, contributing significantly to their quality of life. These activities are varied and engaging, helping to keep the care receiver active.

The home has demonstrated a high standard of care and management, ensuring that all aspects of the service contribute positively to the well-being of care receivers. There are no areas for improvement resulting from this inspection.

INSPECTION PROCESS

This was an announced inspection carried out on 14 June 2024. The Registered Manager was informed one week in advance to ensure their availability and to allow relatives the chance to meet with the Regulation Officer.

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 of the information held by the Commission about this service was reviewed, including the previous inspection report.

During the inspection, the Regulation Officer engaged with the Registered Manager, members of the care team, and a relative of the care receiver. Time was also spent with one care receiver to observe their daily activities and routines in the home. Following the inspection, the views of six healthcare professionals were also sought.

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

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

This report outlines our findings and includes areas of good practice identified during 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/>

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 all improvements had been made. This means that there was evidence of regular opportunities for the support workers to discuss their role through formal supervision sessions. Frequency of sessions adheres to the requirements of the Care Home Standards. Additionally, the home maintenance schedules and logs are now available at all times within the home, and the Registered Manager receives the relevant information to fulfil their health and safety responsibilities.

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 Regulation Officer assessed the organisation's safety procedures and reviewed the risk assessments. It was found that risk assessments were incorporated into the care plans and regularly reviewed. The records also showed that care receivers needs are considered. Feedback from the workforce supported this finding. One staff member said, "*We have access to the care receiver's care plan and risk assessments at any time, and we update these as and when required*".

During the inspection, the Regulation Officer reviewed the duty rotas from the past three months. It was clear that there were always enough competent and experienced nurses and support workers to meet care receivers needs. This was confirmed by feedback from a relative, who said, "*Nothing is too much trouble for them. They are very organised and support me when I need it. The manager always arranges the rotas, making sure the staff are there and have agreed to support, considering their schedules*".

Additionally, staff feedback: *“The Registered Manager regularly monitors the hours of care provided to individuals to ensure sufficient staff availability and flexibility to adapt to any changes in care needs”*.

The Regulation Officer reviewed the service's medication management protocols. This review showed that care receivers' safety is a priority, with measures in place to prevent medication errors and follow best practices in medication administration. These measures include comprehensive policies and procedures, regular medication assessments, routine medication reviews, as required with in the medication protocols, and regular medication audits. It was also noted that the Registered Manager introduced several of these practices since the last inspection, showing a commitment to continuous improvement and adherence to best practices in medication administration.

Health and safety procedures were clearly shown during this inspection. The inspection confirmed that the service closely monitors maintenance checks internally. The service uses external contractors to conduct regular safety checks, ensuring the well-being of all staff and care receivers. These checks are recorded in a system called 'Concerto', which is consistently reviewed, as shown by the monthly provider reports.

Infection control compliance was also reviewed during the inspection. The home conducts regular audits in this area, maintains cleanliness, and is free of any unpleasant odours. The home uses Medical E-governance (MEG), a cloud-based digital quality management system, to audit infection control. This system helps monitor and measure care quality, drive improvements, and support quality assurance. These measures are consistently reviewed, as observed in the monthly provider reports viewed by the Regulation Officer.

Is the Service Effective and Responsive

Assessing the organisation of the service so that care receivers' needs are respected and met.

The Regulation Officer reviewed the service's compliance with the mandatory conditions outlined in the regulatory framework, focusing on meeting the needs of the care receiver. It was found that the service adhered to these provisions by providing nursing care to the care receiver.

The Regulation Officer saw clear examples of collaboration and communication. The care plans and observed practices showed that the service emphasises a culture of open communication and teamwork. This was supported by feedback from healthcare professionals: *"Any work I have been involved in at Pine Ridge has been of a high level of care and managed well. I have been contacted by the management team when any concerns have arisen, and they respond well. Management has ensured any recommendations provided by OT have been communicated to the team immediately and put into action"*. Additionally, staff members corroborated: *"We have a great communication from the whole team, and we get emails letting us know what is going on and I always feel like we are kept in the loop"*.

The Registered Manager provided evidence of regular training for staff to perform delegated tasks effectively, such as catheter care and percutaneous endoscopic gastrostomy (PEG) feeding. Staff are only assigned these tasks after being assessed and deemed competent. This shows that the home understands its limitations and uses qualified assessors to ensure care receivers' needs are met safely and effectively.

During the inspection, evidence showed the service's commitment to person-centred care. Documentation and practices demonstrated a clear recognition and implementation of this approach. The observed practices in the care setting showed a strong process for involving the care receiver in planning and adjusting their care plans, ensuring their needs are fulfilled and respected.

This included regular reviews of care plans with the participation of care receiver or their advocates, where preferences and changes in needs were discussed and acted upon promptly. Staff training emphasised respecting individual choices, understanding the legal aspects of consent and capacity, and strategies for better communication with care receivers to understand their wishes. The workforce confirmed this evidence:

“All staff are supported to receive training relevant to the area.”

“The team provides holistic and person-centred approach. We do not only focus on physical well-being of the clients but more so of the emotional, social, psychological and even spiritual aspects of the care receiver.”

The commitment to these principles was evident not only in the care practices observed but also in the positive feedback received from healthcare professionals: *“As far as I am aware, all staff are trained to the required level. On visiting Pine Ridge, my observations on the care being provided is of high-level care and responsive to any care needs the residents have”.*

Additionally, the Regulation Officer discussed Significant Restriction of Liberty (SRoL) assessments. The Registered Manager showed awareness and knowledge of this process based on feedback received. Furthermore, staff training in capacity and self-determination law emphasised respecting individual choices and understanding the legal aspects of consent and capacity. The commitment to these principles was evident in the care practices observed.

The Regulation Officer's access to care receivers' care plans gave a clear view of the care provider's commitment to incorporating personal care plans with recommendations from health and social care professionals. Moreover, the careful handling and communication of sensitive matters, such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders, during the inspection showed that the service is dedicated to ethical and respectful care practices.

The Regulation Officer discussed care provision arrangements regarding the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) processes. The service showed careful handling and communication of these sensitive matters, reflecting its dedication to ethical and respectful care practices. The Registered Manager explained that the team recently underwent end-of-life training provided by the hospice. This specialised training aims to be applied to care receivers to create individualised and tailored care plans, prioritising the care receivers' preferences and minimising potential stress during a time of difficult decision making. However, further discussions need to take place, and the family's wishes would need to be considered before proceeding with this. The Regulation Officer noted the service's effort and understood that this is a very sensitive subject, requiring some time to address.

Is the Service Caring

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

In reviewing a sample of care plans, it was evident that the service closely monitors the effectiveness of the care received. The service's system focuses on several key areas crucial for providing baseline care to the care receivers. It was also encouraging to see that staff members record daily notes reflecting the care provided in each care plan.

The staff demonstrated awareness of the care plans and their involvement on a day-to-day basis. Additionally, a relative confirmed that they feel very much involved in the care and that the staff always take into consideration their needs and wishes.

During the inspection, the Regulation Officer reviewed a sample of care plans and found that the service closely monitors the well-being of the care receiver. The service's system focuses on several key areas crucial for providing baseline care, including "all about me," hospital passport, disability distress tool, care plans, safe handling, SRoL, positive behavioural support plan, reports, and an observation chart folder separately.

The care plans are carefully created with ongoing input from healthcare professionals, and there is evidence of continuous development. Additionally, staff members record daily entries reflecting the care provided.

During the inspection, the Regulation Officer observed that the service has set up a structured approach to engage support workers in ongoing discussions about their responsibilities. This includes identifying and addressing any challenges they encounter, as well as soliciting their feedback through regular supervision and appraisal sessions. This approach shows the service's commitment to continuous improvement and promotes overall well-being, as noted by feedback received from healthcare professionals: "*The staff and patients seem happy*". Additionally, staff feedback corroborated these meetings as positive: "*We know we can always be open and honest with our management*".

Is the Service Well-Led

Evaluating the effectiveness of the service leadership and management.
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The Regulation Officer noted that systems in use by the service aimed to capture and address feedback. This approach was supported by a robust complaints policy, where clear pathways are established, and escalation procedures are explained. The service conducts regular surveys, and the feedback received is taken seriously and acted upon as needed. Positive feedback from relatives indicates a culture of openness and responsiveness within the service. These findings highlight the care provider's successful implementation of a feedback and complaints procedure.

"If something is not right, I know that I can speak straight away, and I know it will be dealt with there and then. They are brilliant in all sorts. I know they will listen to me."

The Regulation Officer focused on the equality, diversity, and inclusion of care receivers and workforce. During the inspection process, it was evident that the service provided opportunities to celebrate a variety of cultural and religious holidays and encouraged the sharing of different cultural practices among the care receiver and staff.

The feedback received from the staff members highlights that this effort contributes to a more fulfilling and respectful workplace, demonstrating the service's commitment to diversity and inclusion.

"We make it a priority to involve everyone and respect each person's wishes and preferences. Whether it's celebrating different cultural holidays or listening to individual needs, we aim to create an inclusive environment where everyone feels valued and heard."

During the inspection, it was clear that the service celebrates different cultural and religious holidays, like Liberation Day, Christmas, Easter, Valentine's Day, and activities organised by MENCAP. This helps care receivers and staff share their cultural practices. Feedback from relatives shows that these efforts make the service more enjoyable and respectful, showing its commitment to include everyone.

"I feel like this is my home too. The team here feels like family, and we all respect each other equally."

The inspection showed that the service has a strong framework and guidelines in place. This was proven by various documents available to the Regulation Officer. The Registered Manager made sure that staff can easily find important information by creating a folder for them, which includes all the relevant policies and procedures for this service. When asked, staff knew who to talk to if they had concerns and how to get help. They also felt well-informed and part of what was happening day-to-day in the service, which was confirmed by feedback received: *"The policies, procedures are always updated, and will guide us through each steps"*.

The service showed evidence of thorough training for the staff, meeting the Care Home Standards and showing the importance of learning and staff improvement. Monthly reports showed that staff training and support are carefully monitored. The Registered Manager showed evidence of the service's dedication to keeping training up-to-date and getting additional training to improve care and staff contentment.

This was confirmed by feedback received: *“We are very lucky, we have access to a number of training, and we feel that if there is something that is not available, this will be looked at and addressed”*.

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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