



**Jersey Care
Commission**

INSPECTION REPORT

The Diner

Adult Day Care Service

St James Lane

St Helier

JE2 4QQ

Inspection dates:

4 & 5 July 2024

Published:

22 August 2024

1. THE JERSEY CARE COMMISSION

This inspection was carried out in accordance with Regulation 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

2. ABOUT THE SERVICE

This is a report of the inspection of The Diner which is operated by the Government of Jersey and there is an Interim Manager in place.

For the purpose of this report and in line with their Statement of Purpose, the people who use The Diner are referred to as 'service users'.

Registration Details	Detail
Regulated Activity	Day Care Service
Mandatory Conditions of Registration	
Type of care	Personal care / personal support
Category of care	Mental Health
Maximum number of care receivers per day	35 per day
Age range of service users	18 years and above
Discretionary Conditions of Registration	
None	
Additional information:	
The Commission received an application for the Interim Manager to become the Registered Manager. This was in progress at the time of the inspection.	

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Interim Registered Manager five days before the visit. This was to ensure that the Interim Registered Manager would be available.

Previous areas for improvement will now be identified as areas for development.

Inspection information	Detail
Dates and times of this inspection	4 July 2024 9.00am – 2.00pm 5 July 2024 9.00am – 11.15am
Number of areas for development from this inspection	None
Number of care receivers accommodated on day of the inspection	25
Date of previous inspection: Areas for development noted in 2023: Link to previous inspection report:	12 September 2023 1. The Registered Provider must provide the Commission with details of the arrangements that have been made to appoint a new Registered Manager and the proposed date by which the appointment is expected to have been made. IR-The-Diner-2023.09.12-complete.pdf (carecommission.je)

3.2 Focus for this inspection

This inspection included a focus on the areas for development identified at the previous inspection on 12 September 2023, as well as these specific new lines of enquiry:

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

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for development identified at the last inspection

At the last inspection, one area for development was identified, and a development plan was submitted to the Commission by the Registered Provider, setting out how this area would be addressed.

The development plan was discussed during this inspection, and it was positive to note that the development had been made. This means that there has now been an application submitted to the Commission from the Interim Manager to become the Registered Manager.

4.2 Observations and overall findings from this inspection

The Diner is based in an open plan building in St Helier. It has a staff office, a large room for recreational activities, a kitchen, a large dining area, a lounge area, and toilet facilities. Unfortunately, there is very minimal outside space for service users to enjoy, as there is a busy car park on site.

This vital service receives approximately two referrals per week and currently has 82 registered service users, although the maximum number of service users that can attend at any one time is 35.

Previous reports have acknowledged that the building's fabric needs substantial work. Some work has been completed to improve the facility; however, the need for new premises has been recognised, which is in progress. Some minor repairs to the inside of the building have been made since the last inspection, and some of the furniture is new.

There is a good selection of resources available in the Diner for service users to take away promoting health and wellbeing.

Staff training is up to date except for one person who is on extended leave.

The service offers physical health support with various exercise options each day and workshops on healthy eating, and the mental health service are currently recruiting a dietician and physiotherapist to implement new initiatives whom the Diner will have access too.

Several service users provided valuable feedback regarding the service, the staff, the facilities, what works well and what improvements could be introduced.

The staff consulted provided positive feedback on the changes in the Diner since the last inspection, especially regarding leadership, staff availability to cover shifts and the peer support network.

No staff have been recruited to this service since the last inspection.

Overall, the Regulation Officers were impressed by the Registered Provider's and Interim Registered Manager's response to the last inspection and how they have introduced new initiatives to this service.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Day Care (Adults) Standards were referenced throughout the inspection.¹

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report from 12 September 2023, the Statement of Purpose, and organisational policies.

The Regulation Officer gathered feedback from five service users. They also had discussions with the service's management and other staff. Additionally, feedback was requested from three professionals external to the service. One was received.

As part of the inspection process, records including policies, care records, training records, staff duty rotas were examined.

At the conclusion of the inspection, the Regulation Officers provided feedback to the Interim Manager verbally and later by email.

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

5.2 Sources of evidence

The sources of evidence reviewed as part of this inspection are listed in Appendix 1.

¹ The Day Care (Adults) Standards and all other Care Standards can be accessed on the Commission's website at <https://carecommission.je/Standards/>

6. INSPECTION FINDINGS

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 Statement of Purpose for this service states that it aims to “*enhance quality of life, improve independent living skills and to support progress in the individual’s recovery journey*”. This is done by providing a mental health day service which offers a variety of activities, educational sessions, hot meals, person centred care plans and support from experienced staff on site. Feedback from service users verifies that the service follows the aims in the statement of purpose.

Feedback from a service user:

“The staff are helping me to hopefully get a job. It’s incredible and makes me want to be a peer support worker in the future.”

This facility has been described as a ‘safe space’ by service users during the inspection visits and the staff, peer support workers and the Interim Manager certainly strive to provide a calm, inclusive, supportive, and safe environment. There are risk assessments in place which are reviewed and updated regularly.

The Interim Manager advised that they attend the Diner each day for a short period of time and every Friday morning. As they manage another two services a post is in development for a Deputy Manager for the Diner and another service.

Organisational Health and Safety policies are referred to, and maintenance checks are carried out through an online service called Concerto. The fire logbook was inspected and although the allocated fire warden for the Diner has completed their drills and checks, the emergency lighting section has not been signed since April 2024.

The Interim Manager agreed to follow this up with the maintenance department to get this completed and they will inform the Commission of the outcome.

A core group of three staff work in the Diner to ensure consistency for the service users. These staff have obtained their Regulated Qualifications Framework (RQF) Level 3 certificates in Health and Social Care. A benefit to the service is the peer support workers of which some are volunteers, one is employed through MIND Jersey, and others are employed through the organisations nurse bank department. They assist the core group of staff a few days a week in offering support and activities to the service users. The Interim Manager proposes to have a fourth member of staff on each day and will be advertising this post soon.

Feedback from a peer support worker:

“We have that lived-in experience which service users identify with. All the activities help to keep people engaged and aid their recovery.”

Although the staff have the required RQF qualification to administer medications the Diner does not undertake any medicines management. All the service users either manage their own medications or they have a separate package of care in place to administer medications. No medicines are kept on the premises.

The communal areas, toilets and especially the kitchen was found to be cleaned to a high standard with appropriate cleaning schedules in place. Monthly audits are completed to ensure a high standard of cleaning.

Previous reports have acknowledged that the building's fabric needs substantial work. Some work has been completed to improve the facility; however, the need for new premises has been recognised, which is in progress. Feedback from staff reiterated that that new premises would be of great benefit in terms of bigger facilities to accommodate growing demand for the service, rooms for private discussions, and outdoor areas.

The Diner was found to be safe by adhering to their Statement of Purpose, the use of risk assessments, consistent staffing and manager presence, and continuous monitoring of the service through audits.

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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In accordance with the Statement of Purpose, potential service users are referred to the service through various teams. All new referrals are discussed at the staff teams weekly meeting. Risk assessments and care plans are viewed on the organisations online care planning system Care Partner. This was evidenced during the inspection where the regulation officers viewed a new referral form.

The Interim Manager advised the regulation officers that care partner is on the organisations risk register as the system has been identified as not meeting service requirements. Care plans are not coordinated, and service users may have several care plans across several services within the directorate. Reassuringly, it was noted that all service users have up to date care plans through their care coordinators which meets the standards, and the Diner are currently uploading specific care plans to meet the goals and objectives of the service users. This was demonstrated at the time of the inspection.

A variety of resources are available next to the entrance of the Diner for the service users to take away with them. These include a mental health day services information booklet, health and wellbeing leaflets, safeguarding forms and information, Community Adult Mental Health Crisis number, alcohol and drugs advice number and leaflets along with food bank information.

A recent feedback survey undertaken by the service users identified that they would like to be offered activities some evenings and at weekends. Although the cohort of staff is relatively small, they have managed to organise some evening and weekend events. The Interim Manager advised that staff can either take time back during the week or have authorised overtime to support this. Every group activity has a pathway out for service users to do this on their own should they wish to. There are opportunities to volunteer and a back to work team support service users to get employment. Some of the activities offered include:

- Swimming
- Running
- Walking
- Walking Football
- Fishing
- Art and crafts
- Participating in community clubs
- Assisting in the kitchen (with food hygiene training)
- Playing pool

Feedback from a service user:

"I come here most days and take part in a variety of activities. I have my lunch which is always made from scratch. It's the only meal I have each day."

Feedback from a professional:

"I see the staff team offer activities/sessions in a variety of topics. I always find the team welcoming, and they appear to know their service users well."

The staff provide interventions through group sessions, and one to one sessions on health education, sleep hygiene, wellness and recovery action plans and assertiveness skills. Weekly psychoeducation sessions are conducted by the Interim Manager. This aligns with the service's Statement of Purpose.

A feedback box in the Diner encourages service users to comment on the services provided and make suggestions on how to improve it.

There have been no complaints submitted since the last inspection however, both service users and staff are aware of the complaints form and process.

A selection of monthly quality reports were viewed prior to the inspection. The Interim Manager uses the Commission template and covers one standard per report along with an action plan section. The Interim Manager completes one report per month and has it reviewed and signed by another service lead who adds feedback from service users. The monthly reports comply with the standards.

There have been no safeguarding referrals related to the Diner since the previous inspection, however the safeguarding policy and process was discussed, and the Interim Manager and staff demonstrated good awareness of the process.

A review of the service's accident reporting system 'Datix' verified that notifications to the Commission were appropriate. However, one discussion revealed that a death notification had not been received. The Interim Manager took immediate steps to rectify the situation and submitted the notification within 24 hours of the inspection visit.

In summary, this service uses feedback from service users and staff to actively implement new activities and initiatives. Complaints, safeguarding concerns and incidents are taken seriously and acted upon, and the staff have a good awareness of each of these.

*Feedback from a
service user:
"Putting it bluntly I
would have been dead
if it wasn't for this
place."*

Is the service caring?

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

The regulation officers observed effective communication between the staff, peer support workers and the service users. The general atmosphere was relaxed, friendly and caring. Due to the open-plan layout of the Diner there is a lack of rooms for private conversations, therefore service users are given the opportunity to attend the Diner before 9am if they wish to talk in private.

The weekly staff meeting takes place every Friday morning. An agenda keeps the meetings fluid to discuss a variety of topics including new referrals, concerns, improvement ideas, and questions. Minutes are taken each week and circulated to staff. This was confirmed by staff.

*Feedback from a staff member:
“We have a staff meeting every Friday with an agenda and minutes. I find it very useful to get together and I feel safe to discuss any concerns.”*

The complement of staff including peer support workers participate in regular formal supervisions with the Interim Manager. Supervisions follow a specific format including health, wellbeing, actions from previous supervision, reflections, caseload, safeguarding, service development amongst other topics. This was evidenced during the inspection, confirmed by staff during feedback, and meets the standards. The service makes referrals to other health and social care professionals to assist in supporting service users in their recovery journey as documented in the Statement of Purpose. The regulation officers were advised that a dietitian will be attending the Diner once a month to offer support and advice and deliver workshops on nutrition.

At the time of the inspection, although all service users had care plans through their care coordinators on Care Partner, the Diner staff were completing further care plans specific to service users' goals and wishes at the Diner. Every service user has a crisis care plan which is updated regularly by the care coordinator and available for the Diner staff to refer to when needed.

The Interim Manager has developed and submitted a Standard Operating Procedure (SOP) for the Diner to the organisation's senior leadership team for approval. Once approved a copy will be sent to the Commission.

Feedback from a professional:

"The staff team are supportive of offering a drop-in clinic to give more structure in the future."

There was evidence of care receivers feedback being listened too and acted upon by the Interim Manager.

This service has demonstrated that it is caring by encouraging all the service users to participate in updating their care plans. Weekly meetings empower staff to discuss a variety of topics. Staff supervisions take place regularly and appraisals are done annually. Collaborative working with others to meet the needs of the service users.

Is the service well led?

Evaluating the effectiveness of the service leadership and management.

This is a service which is continually developing thanks to the leadership of the Interim Manager and a staff team who are encouraged to bring new ideas to the weekly meetings.

Policies were discussed in detail and viewed on the organisations intranet site. The policies relevant for this service have been updated recently. The regulation officers suggested that the service would benefit from having a Standard Operating Procedure or short policy on 'Absence of the registered manager' to ensure all staff know who to contact when the manager is not available for an extended period of absence.

At the time of the last inspection an escalation flow chart had been newly created and introduced for staff to use. This gives a clear process of how to escalate any

concerns regarding a service user. Feedback from the staff confirms that this is a very useful tool and has been used on several occasions.

Staff training records were viewed and evidence up to date training for all staff except for one. This is due to an extended absence.

Additional mental health training which has been completed by the staff include

Feedback from a staff member:

“Our manager has an open-door policy, and the training is great.”

Reinforce Appropriate, Implode Disruptive (RAID), (promoting a positive psychological approach when working with challenging behaviour); motivational interviewing, solution focussed therapy training and

hearing voices training. The Drug and Alcohol service have supplied training on substance misuse, and there is a plan for all staff to complete Acceptance and Commitment Therapy (ACT) training this September. Mental Health Law training will be booked once available for the staff. The Commission were given a list of other additional training specific to the service which will be offered to staff this year. The monthly quality reports were discussed in detail during the inspection. The Interim Manager advised that although they complete the reports, they are examined by another service lead to ensure appropriate governance of the service. The manager was advised to ensure that these are completed monthly (four had been completed in one month), they are also signed by the other service lead, and they include feedback from service users and capacity information. This was agreed moving forward.

In conclusion this inspection has evidenced that this is a well led service with enthusiastic and compassionate staff who understand their professional boundaries and are continually looking to develop the service. They do this by following policies, completing training, and providing a person-centred service.

Feedback from a service user:

This place is incredible, the staff are kind and understanding. I want to be a peer support worker in the future.”

DEVELOPMENT PLAN

There were no areas for development identified during this inspection and a development plan is not required.

Appendix 1 – Sources of Evidence

Follow up on previous areas for development	
Focus	Evidence Reviewed
Registered Manager appointment	An application has been received.
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Statement of Purpose Health & Safety Policies Maintenance/Fire logs Risk assessments Staffing Audits Feedback
Is the service effective and responsive	Goals/objectives Health promotion resources Activities Monthly reports Professional feedback Service User feedback
Is the service caring	Care plans Supervisions and appraisals Meetings and surveys

	Feedback
Is the service well-led	Policies Staff training Governance Feedback

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for development 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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