



**Jersey Care
Commission**

INSPECTION REPORT

HCS 102

Care Home Service

**Government of Jersey – Health and
Community Services
3rd Floor West Wing Peter Crill House
Gloucester Street
St Helier
JE1 3QS**

**Date of inspection
5 August 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 HCS 102. At the request of the Registered Provider, the name and address of the care home have not been identified in this report to preserve the confidentiality of the individual who lives in the home.

The home is situated west of the island, with access to walks, the beach, and cafes nearby. A specially adapted vehicle is used to take the care receiver out on activities of their choice. The care receiver has a living space including a lounge, kitchen, bedroom, bathroom, activity room, laundry room and a large, enclosed garden accessed through patio doors.

There is a large driveway for staff to park their cars. Staff facilities include a separate entrance, an open-plan kitchen, an open plan lounge/bedroom, a second bedroom, an office, a toilet, and shower facilities.

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	Type of care: Personal care and personal support Category of care: Learning disability; Autism Maximum number of care receivers in receipt of combined personal care and personal support: One Age range of care receivers: 18 years and above Maximum number of care receivers that can be accommodated in the rooms: One person
Discretionary Condition of Registration	The Registered Manager must complete a Level 5 in Leadership in Health and Social Care by 17 January 2027.
Date of Inspection	5 August 2024
Time of Inspection	9:00 – 13:30
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers using the service on the day of the inspection	One

The care home is operated by Government of Jersey, Health and Community Services and there is a Registered Manager in place.

Since the last inspection on 12 October 2023, there have been changes to the managerial arrangements. A Registered Manager application was completed and approved in January 2024.

The discretionary condition on the service's registration was discussed, and the Registered Manager is due to start the course work imminently.

The Commission received an updated copy of the service's Statement of Purpose. This was submitted due to the change in Registered Manager.

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.

This home has an experienced team of healthcare assistants providing care on a 2:1 basis twenty-four hours per day. The staffing levels meet the minimum standards to keep the care receiver safe.

Care plans and risk assessments are comprehensive due to the needs of the care receiver and updated annually with full involvement of the case coordinator and the care staff.

A range of communication methods are successfully utilised by the staff when required however the care receiver uses mostly verbal communication.

The care receiver is offered choices for each meal including snacks. These options are placed on a board with images to help the care receiver make their choices throughout the day. Breakfast is selected by the care receiver the night before.

The care receiver chooses which activities they wish to do and sometimes they will choose to have a day at home with low stimulus to enjoy indoor activities such as watching television, crafts, playing games or family visits. They have a specially adapted vehicle for the care receiver to enjoy trips out in the community.

Any staff new to the team must complete a programme of shadowing existing staff to allow the care receiver to get to know and trust the new carer. This also gives new staff the opportunity to understand the care receiver's personality traits, behaviours, likes and dislikes.

A suite of organisational policies is available online; however, ones relevant to this service either need to be updated or in circulation. The organisation is responsible for this, and this is an area for improvement.

INSPECTION PROCESS

This inspection was announced and was completed on 5 August 2024. Notice of the inspection was given initially four days beforehand; however, this was extended to twelve days due to the Registered Manager being on leave.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

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

Prior to our inspection all the information held by the Commission about this service was reviewed, including the previous inspection reports, the Statement of Purpose, and email correspondence.

The Regulation Officer would normally have gathered feedback from the care receiver; however, felt it was inappropriate at this inspection. Instead, they contacted their representative and gained feedback.

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

They also had discussions with the service's management and other staff. Additionally, feedback was requested from two professionals external to the service, and one responded.

As part of the inspection process, records including policies, care records, monthly quality reports, training records and incidents were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager verbally and then later by email.

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, one area for improvement was identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how this area would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that the improvement had been made. This means that there was evidence of maintenance schedules and logs available for the Regulation Officer to view.

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.

An updated Statement of Purpose was submitted to the Commission earlier in the year to reflect the change in Registered Manager. This was examined during the inspection, and the Regulation Officer suggested some minor amendments following discussions with the Registered Manager.

The home has a physical access control (PAC) system for staff and care receiver safety. The staff use a swipe fob to access the care receiver's part of the home.

The home is privately owned, leased by Health and Community Services (HCS), and maintained by both HCS and Jersey Property Holdings. The Registered Manager and staff voiced a wish for the care receiver to have their own bespoke forever home. They explained this would remove the existing worry of being given three months' notice to find a new home. A forever home could be finished to suit the care receiver's likes, needs and complex communication needs.

Staff feedback stated:

“We would love Xxx to have his own home.”

“We recently bought new furniture including a sofa, book cabinet and curtains and try our best to keep the environment nice.”

The Registered Manager provided comprehensive evidence of maintenance checks using the online concerto system and a list of jobs requested and completed this year. The fire checks, water management, portable appliance testing (PAT), and asbestos surveys were all viewed and are up to date. The Regulation Officer observed the Registered Manager submitting a job requisition online for a repair, which was automatically assigned to an engineer. This is no longer an area for improvement.

The Regulation Officer reviewed the safety procedures for the service's specially adapted vehicle and found them to meet the required standard of practice. A risk assessment is in place that covers vehicle maintenance and service arrangements. Staff have access to this risk assessment and follow its guidelines.

Although no regular medications are administered in this home, the staff have all completed a Regulated Qualification Framework (RQF) Level 3 qualification in medication administration. They are subject to annual competency reviews undertaken by a registered nurse. As required medications are stored in a locked drawer in a locked room, and the appropriate medication administration record (MAR) sheets are with them for staff to sign when a medication is administered.

Notifications of incidents were discussed at the inspection. Only one notification has been submitted since the last inspection. This was deemed appropriate.

Although there have not been any safeguarding concerns voiced, the staff have completed level one of safeguarding training and know how to raise a concern.

Since the last inspection, no new staff have been recruited through the organisation; however, some have moved to this home from another within the same service. They shadow existing staff members until the care receiver knows and trusts them. This also allows the staff member to learn how to communicate so that the care receiver understands and responds. The Registered Manager acknowledged that there had been one communication problem; however, this has been rectified.

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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This service has demonstrated that it is complying with its mandatory conditions of registration with the Commission, as reflected in its Statement of Purpose.

The Care Receiver has a case coordinator who works with the individual and other organisations to meet their health needs. An annual health check is completed, along with regular visits to the dental department and optician. The GP attends the home when required. Visits from the positive behaviour support advisors are documented in the care plans, along with recommendations.

An on-call registered learning disability nurse service is always available should the staff have concerns about the care receiver. The staff are all aware of how to contact the on-call nurse.

The Registered Manager stated that they are looking to establish an advanced care plan and will work with the care receiver's family to ensure that all wishes are respected and documented in the care receiver's best interests.

Following a capacity assessment, the care receiver has a Significant Restriction on Liberty (SRoL). This was inspected and found to be comprehensive and proportionate. It is updated annually and is due later this year.

Visits from the care receiver's family are encouraged, especially around special occasions. The Registered Manager stated that feedback surveys are sent out annually, and the family is given the opportunity to speak to staff when they visit.

Feedback received from the family was mainly positive:

“They (the staff) seem to communicate very well with Xxx because Xxx understands what they are asking.”

“I don't remember being sent a feedback survey, but I have spoken to the manager a few times.”

“Xxx has everything he needs.”

Staff highlighted the issue of the home layout during last year's inspection, and it remains an area of concern for the Registered Manager. The staff office is next to the Care Receiver's living area and bedroom; hence, the team must speak quietly so the Care receiver is not disturbed. Both parties can hear conversations or noise.

Is the Service Caring?

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

The Regulation Officer viewed the risk assessments and care plans relating to the care receiver online through the care partner system and later read through the ‘all about me’ booklet, the ‘hospital passport’, and the ‘communication passport’. These gave an insight into the care receiver's likes, dislikes, behaviours, communication methods, and routines. They proved to be person-centred, comprehensive, reviewed regularly, and met the standards.

During the inspection, the care receiver was observed knocking on the door of the staff office when needing something. The staff then opened the door and could establish what was being asked for. The Registered Manager explained that this maintains a sense of independence for the care receiver while having care staff

nearby to attend to their needs. The relationship between the staff and the care receiver was observed to be friendly and happy whilst maintaining professional boundaries.

A behaviour support plan evidences how the staff interact with the care receiver and understand strategies to avoid reaching a crisis point.

Several communication methods work well with this care receiver. These include verbal, Makaton, whiteboards, and letters. The method of choice is verbal; however, other methods are used when this is not understood.

A range of activities are offered to the care receiver, including swimming, walking, outings in the community, eating out, shopping, accessing the gym and a variety of indoor activities. The staff will encourage the care receiver to carry out tasks around the home, such as meal preparation, putting away laundry and making easy breakfasts and lunches. During the inspection, the staff took the care receiver in the vehicle to another part of the island and then went for a walk. They came back for lunch, watched the Olympics on television and were going back out in the afternoon. A favourite activity is swimming at a local hotel every week. The staff can book private sessions to allow the Care Receiver access to the pool without the distraction of other pool users.

The staff work to explore healthier food choices with the Care Receiver. This was evident in the 'All about me' booklet. Once the care receiver has chosen from the options, they are displayed on a board on the care receiver's side of the home.

Staff well-being is discussed and documented during regular supervision. All staff have seven formal supervisions per year completed on a HCS template. The Regulation Officer viewed two supervisions and was satisfied that these met the standards and focused on the staff. Objectives are created through the online system connect, which leads to the completion of annual appraisals. The Regulation Officer was satisfied that supervisions and appraisals meet the standards. Feedback from staff confirmed that regular supervisions and meetings take place and are useful. A team meeting was scheduled for one week after the inspection.

Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.

There are clear lines of management depicted in the Statement of Purpose. The Registered Manager spoke of feeling supported by senior management and has regular one-to-one supervision with the Residential Team Leader. Meetings with other registered managers are held monthly, discussing what's working well, new initiatives, and information sharing, such as training opportunities.

Staff feedback was positive:

“We all work together to give Xxx the best life possible.”

“Managers are always there when we need them.”

“I have always felt very supported from management and the learning disability service.”

A suite of organisational policies is available online; however, ones relevant to this service either need to be updated or be in circulation. The Regulation Officer viewed seventeen policies, and only six were up to date. Although this is an organisational responsibility, it is an area for improvement as it affects this service, amongst others, within the organisation.

Staff can raise concerns with the Registered Manager; however, the organisation employs a “Freedom to Speak Up Guardian” whose role is “*to ensure the voices and concerns of colleagues are heard and acted upon*”. This is of great benefit to all staff working across the organisation.

The Regulation Officer looked through the staff training matrix with the Registered Manager, who subsequently explained that there was a disparity between the number of training sessions available and the demand for specific courses. Although the staff were mostly up to date with mandatory training, it was evident that training specific to this service was lacking through no fault of the Registered Manager. This

was found with MAYBO (which provides positive and safer approaches to behaviour), Positive Behaviour Support, and Safeguarding Level 3 training. The Registered Manager explained that an autism training called Structure, Positive Approaches and Expectations, Empathy, Low Arousal, Links (SPELL) will be rolled out on a “train the trainer” basis to ensure all staff can access this training. The Registered Manager will undertake this training. Since the inspection, senior managers have been approached and asked if this issue has been escalated to the relevant training organisations.

Ongoing disclosure and barring checks are undertaken to ensure the staff team remain suitable to work for this service, thus ensuring the safety of the care receiver.

Monitoring and oversight of this service are done through monthly quality reports and tracking of the associated action plans. As part of the inspection process, three of the reports were reviewed. These were found to be completed on the Commission template, of good quality and cover a different standard each month.

The Registered Manager was responsive to the inspection process and proficient in navigating the organisation's online systems to access all the documents the Regulation Officer requested.

Staff feedback confirmed that this is a well-managed service from the top down and they feel supported and valued.

IMPROVEMENT PLAN

There was one area 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 1.6 and Appendix 2</p> <p>To be completed by: 6 months from the date of inspection.</p>	<p>There will be policies and procedures based on current best practice which will be available and accessible to people receiving care and others written and updated by the organisation.</p>
	<p>Response of Registered Provider:</p> <p>The Quality & Safety team within HCS are currently leading a piece of work to identify outstanding corporate policies that are in need of review. Any Home Care/Social Care specific policies relating to the Learning Disability Service will be updated and ratified within the Adult Social Care Group as required and then approved through the usual HCS process.</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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