



**Jersey Care
Commission**

INSPECTION REPORT

Young Adults Service 01

Date of Inspection:

27 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 on the inspection of a care home for semi-independent supported accommodation to 18 to 21-year-old care-experienced young adults.

This service aims to *“support and prepare young people who cannot live in their own homes and who do not necessarily have the skills, or the experience of semi-independent living, that will enable them to cope ahead of transitioning onto independence”*.

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	Type of care: personal care, personal support Category of care: young adults Maximum number of care receivers: 4 Maximum number in receipt of personal care/personal support: 4 Age range of care receivers: 18-21

	Maximum number of care receivers that can be accommodated in the following rooms: Bedrooms 1, 2, 3 and 4 = 1 person
Discretionary Condition of Registration	18 June 2024 - To increase the age range from 18-21 years to 17-21 years (until 2 August 2024)
Date of Inspection	27 June 2024
Time of Inspection	9.35am to 5pm
Type of Inspection	Announced
Number of areas for improvement	Four
Number of care receivers using the service on the day of the inspection	Withheld to protect the identity of the care receivers in this service

This service is operated by the Government of Jersey under the Children, Young People, Education and Skills (CYPES) Department. The service does not have a Registered Manager; however, an Interim Manager is in place.

Since the last inspection on 25 May 2023, the Commission has received two applications from the Registered Provider to vary a condition on the service's registration. The initial application received on 22 April 2024 was to decrease bedroom capacity from five to four bedrooms, which remains in place. The second application received on 17 June 2024 was to increase the age range to 17 to 21 years old, which expired on 2 August 2024.

The Commission also received a notification of the absence of the Registered Manager in June 2023. The notification included details of the Registered Provider's arrangements to ensure the service had a suitable interim management plan.

The Commission received an updated copy of the service's Statement of Purpose (SOP) on 15 February 2024 to reflect that a variation that was no longer required. On 2 July 2024, the Commission received a further revised SOP to reflect the reduction in capacity from five to four bedrooms.

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.

The regulation officers examined the Government of Jersey's policies on managing violence, aggression, and incident reporting. These policies detail incident reporting, investigation procedures, and the 'minimum standard' response from the employer where risks have been identified to employee safety and well-being. These policies were not consistently followed by this service, leading to a lack of a coordinated response and appropriate risk management. There has been learning from this situation. New processes and procedures have since been implemented to provide a greater 'line of sight' for senior leaders of the Children's Social Care Service.

The ability to appropriately manage this service alongside staffing pressures and the management of risks has compromised some management functions, such as staff induction and the formal supervision of care staff.

Fire safety management has been appropriate and in line with best practice recommended by the States of Jersey Fire Service.

Collaborative working, with the consent of care receivers, is a strength of this service. It promotes better outcomes in terms of working with and alongside care receivers to increase their independence skills.

The support delivered in this service is person-centred and relationship-based, and it respects the rights of care receivers as young adults.

The referral process, assessment, and induction of new care receivers are strengths of this service. For example, initial assessments include a matching process with the needs of existing care receivers in this service being considered. However, historical matching of care receivers and decision-making have not been sufficient.

Care staff training complies with the requirements set out in the Children's Home Standards and also evidenced supplementary training essential to delivering care in this service.

Feedback from care staff has been mainly positive. While confirming historic staffing pressures experienced in this service, they expressed that the current interim management arrangements and staff changes have improved access to management support and stabilised the staffing numbers.

Feedback from a professional who has regular contact with this service reported that inconsistent support was provided to care receivers and while complaints from care receivers were handled within policy and procedure, they often did not result with the desired outcome being met.

While regulation officers could not ascertain feedback from care receivers on the day of the inspection, written feedback from a previous care receiver who had transitioned to independent living was positive about their experience of this service. This is a credit to the staff team.

This inspection resulted in four areas for improvement being identified. These are detailed in the improvement plan at the end of this report.

INSPECTION PROCESS

This inspection was announced and completed on 27 June 2024. Two weeks' notice of the inspection was given to ensure that the Interim Manager would be available during the visit. Two regulation officers carried out this inspection.

The Children's Care Home Standards were referenced throughout the inspection.¹

¹ The Children's Care Home Standards and all other Care Standards can be accessed on the Commission's website at [Children's Standards | Jersey Care Commission](#)

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 the inspection, regulation officers reviewed all of the information held by the Commission about this service, including the previous inspection reports.

The regulation officers could not gather feedback from care receivers or their representatives on the day of the inspection. However, they were given access to written feedback from a previous care receiver. They had discussions with the service's management and other staff. Additionally, feedback was provided by one professional external to the service.

Records, including policies, care records, incidents, and complaints, were examined during the inspection process.

At the conclusion of the inspection, the regulation officers 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, no areas for improvement were identified.

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 SOP for this service reflects the current age range and available bedroom capacity.

The regulation officers reviewed the notifications made by this service as part of this inspection. This resulted in discussions with the Interim Manager and a senior leader regarding the historical safety of care receivers and care staff over an extended period. The regulation officers were provided with further context about the lack of suitable options to mitigate risk. Although this context was understood by the regulation officers, the service response and management of risk during this period was insufficient, leaving those working or residing in this home at risk. Feedback from care staff reflected the findings of the regulation officers that care staff and care receivers were placed at risk of harm.

The regulation officers were assured from discussions on the day of inspection that learning from this situation had improved processes. There is now a clearer escalation procedure that will result in improved senior leadership oversight and response. In addition, the service has also implemented the following to provide an enhanced 'line of sight' for senior leadership, with:

- Two Service Leads to strengthen management oversight of all children's homes and supported accommodation
- A strengthened escalation procedure involving weekly exception reporting to the Assistant Director
- The development of a new 'Need To Knows' (NTK) process, which goes to the Director of Children's Services immediately

- The development of the dashboard of metrics to include reportable health and safety incidents
- A new process for overseeing and signing off Regulation 31 visits (independent visitor) and action planning.

The Commission welcomes these new developments, which should reduce the risk of such situations from occurring again and aid senior leadership in making timely decisions and regular risk management review to mitigate and reduce risk to other care receivers and care staff.

There was evidence of some support being provided to care staff during this period, such as debriefs following significant incidents. The regulation officers understand that additional wellbeing support has also been offered to care staff.

The regulation officers examined the Government of Jersey's Prevention and Management of Violence and Aggression and the Incident Reporting and Investigation policies. These policies outline how incidents should be reported, how they are investigated and what the minimum standard of response from the employer should be to protect the safety and wellbeing of employees. These policies were not consistently followed by this service; consequently, the response from senior leadership in the wider organisation was inconsistent and there was no evidence of a regularly reviewed risk management plan. In addition, there are no service-specific policies for care staff to access and follow, with the most of the policies examined on-site not being fit for purpose, for example being too generic and not being service-specific or requiring review. This is an area for improvement.

The current interim management arrangements have been in place since 21 February 2024. The Interim Manager accepted that oversight of this home has been compromised as they also have responsibility for another regulated service. Additionally, the Interim Manager explained that the risk management issues described earlier in this report required significant input and support to staff, so other management duties have had less oversight or review.

In addition, a senior carer would normally provide general support to the manager with day-to-day oversight of the home; however, this was unavailable to the Interim Manager for significant periods since the interim management arrangements were put in place. The Registered Provider must ensure that this service has an assigned Registered Manager, and this is an area for improvement.

The Regulation officer is aware that a recruitment process and plan are in place and interviews will be completed soon to recruit to the Registered Manager role. If required, there is also a plan to provide the successful applicant with mentorship from an experienced Registered Manager.

This service has and is currently experiencing staffing pressures. However, with the supplement of agency care staff, they have been able to meet the minimum staffing requirements set out in the service's SOP, and there is currently consistency for care receivers. For the majority of shifts, the Interim Manager reported that 50% of staff on duty have the required Level Three Diploma in Residential Care. Newly recruited staff members are ready to start their Diplomas in September 2024, and there is an ongoing recruitment drive for new staff.

Care staff confirmed the pressures they experienced due to historic staff absences and lack of permanent colleagues. One staff member provided the following comment:

"Staffing has been an issue for some time now, but since the agency staff have come, we are now able to have rest days, which are needed in this role, but permanent staff remains an issue within the service as the agency staff are only here for a certain amount of time. Continuity of Care has always been my biggest issue, and as with any home, all young people in the system deserve this as it is so important to their growth and relationship building."

Feedback from a professional who has regular contact with some care receivers reported that *“care receiver complaints were not always responded to and did not result in any lasting positive change.”* The Interim manager provided assurance that all complaints were handled in line with the complaints policy and procedure after reviewing them on the feedback management system. However, they accepted complaints from care receivers may not have been resolved according to the desired outcome of the care receiver.

The Interim Manager reported that measures are implemented to rectify health and safety issues as they are identified. Jersey Property Holdings undertakes annual health and safety testing, such as water checks, and is also responsible for the property's maintenance. Regular water flushing is carried out internally on a weekly basis to reduce the risk of Legionella and other bacterial growth. The regulation officers were provided with assurance that there were central management systems in place to ensure that any identified health and safety issues were logged, tracked and resolved.

The regulation officers noted completed contractor induction checklists and sign-in sheets that are thoroughly utilised in this home. This process ensures that contractors meet minimum safeguarding requirements and allows for tracking their entry into this service, thereby ensuring the safety of care receivers.

The management of fire safety in this service was appropriate and in line with best practice recommended by the States of Jersey Fire Service. Firefighting equipment has been regularly serviced, and staff have undertaken fire safety training. In addition, Personal Emergency Evacuation Plans (PEEPs) were also present on care receivers' files, and there was evidence of regular review.

The regulation officers noted comprehensive and regularly reviewed risk assessments on care receivers' records. Importantly, these only related to identified risks and did not impeach the rights of the care receivers for a private life.

Infection control measures are in place, with daily checklists (night, morning, and afternoon) for care staff to complete various tasks, such as cleaning surfaces in the kitchen. Domestic staff support care staff three times per week. The Control of substances hazardous to health (COSHH) policy and information were comprehensive, although this is currently under review to ensure that all products used in the home have COSHH risk assessments.

The home has a five-star 'Eat Safe' rating, awarded in May 2024, due to the Environmental Health Department's comprehensive food safety and hygiene standards assessments. All staff have also completed food hygiene as part of their mandatory training offer. Fridge/freezer temperatures are also recorded weekly.

Care receivers are encouraged to hold and manage their own medications. Where care staff know that care receivers take medication, they may provide prompts but do not dispense or administer medicines.

Is the Service Effective and Responsive?

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

As part of care planning, all care receivers are assigned a Personal Advisor from the Leaving Care Team of Children's Social Care Service. This is part of the leaving care offer. This advisor is responsible for building a positive relationship with the care receiver and creating a strengths-based Pathway Plan that identifies their future support needs. Pathway Plans were present in the care receivers' files. These were comprehensive and helped inform residential risk assessments and safety plans.

The Interim Manager explained the process for non-urgent referrals. The Registered Manager would receive a referral from the care receiver's social worker or personal advisor. Based on the documentation supplied, the Registered Manager would then complete an impact risk assessment to aid decision-making regarding the referral's acceptance. The Registered Manager can refuse the referral at this stage or request that mitigation measures be implemented to reduce any risks identified.

A transition plan is then developed with the care receiver, their social worker, and personal advisor to ensure that the proposed move suits the care receiver and the home. This transition plan is monitored and tailored to the individual needs of the care receiver.

Before the care receiver moves into their home, they meet with the Registered Manager to discuss responsibilities and expectations as part of signing a residency agreement. The SOP for this home details the process for emergency admissions to this home.

There is an induction procedure for new care receivers, and they are assigned a key worker responsible for working alongside and supporting them to build on their strengths and identify where they need to develop their independence skills for when it is the right time for them to live independently.

The Government of Jersey provides a care leavers offer alongside this supported accommodation offer in the following areas:

- Health and wellbeing
- Education and training
- Finance
- Housing
- Employment
- Relationships.

The Interim Manager shared examples of the service's creativity in using the care leavers' offer to meet individual care receiver needs and improve outcomes.

This service provides support to young care experienced adults (the care receivers), and as such, they recognise their rights to make decisions about their everyday lives. This includes care receivers not staying overnight in the accommodation.

The Interim Manager expressed that they take care receivers' confidentiality and data protection seriously and would only divulge personal information where there is an identified safeguarding issue.

Examples of where personal information was shared with other agencies were income support, and this was with the care receivers' consent.

The service is reviewing the practice model regarding trauma-informed approaches and how they can be embedded in this home to provide the care staff with the necessary support, knowledge, and experience in delivering high-quality care.

Registered Managers meet as a group on Wednesday mornings to discuss issues within individual homes or the wider organisation that impact care home provision. They also check in on Mondays and Fridays to ensure adequate staffing levels across the various provisions.

Daily handover meetings occur between shifts, during which care staff share important information regarding the support needs of care receivers and other matters, such as the safe running of the home. Full staff team meetings are held monthly or more often if required.

Relationships with the leaving care team have strengthened since the last inspection in May 2023, with the Interim Manager commenting, *“Working together has improved, which is providing better communication and outcomes for care receivers”*.

The service is subject to monthly independent person's visits, which also provide independent oversight of the care delivered and the safe running of children's home services. Senior social care and political leaders have oversight of these reports, and any recommendations are placed on a tracker to ensure that they are actioned and remedied, for example the report in June 2024 identifying that formal supervision was not taking place per the Standards.

Is the Service Caring?

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

This service provides support to care receivers as and when needed, using a person-centred approach that acknowledges individual needs and strengths, personality traits, and cultural requirements. There is a strong emphasis on recognising the rights of care receivers as young adults by respecting their privacy, capacity, and dignity.

The Interim Manager commented key to positive outcomes for care receivers are the development of “positive relationships between care staff and care receivers, which are fostered through respect, unconditional positive regard, and nonjudgmental approaches.

The Interim Manager described how care staff work with and alongside care receivers when they require support, with the longer-term goal of equipping them with the skills they will need to live independently successfully.

The regulation officers reviewed care receiver records, finding them well-kept and regularly updated, and followed a set index of contents. It was noted that no unnecessary records were kept, and where necessary, consent from the care receiver had been obtained to maintain certain documents in their records.

Care receiver records contained the following:

- General info (including emergency contact details)
- Individual Support Needs Profile
- Targets set and achieved document
- Residential risk assessments
- Behaviour management and safety plans
- Quarterly reviews
- Pathway plans
- Independent skills checklists

- Records of access to their GP, Optician, Dentist, and other services (as part of the care leavers offer)
- Documents important to the care receiver (with consent).

The ongoing assessment of competence skills for independent living was evident in care receivers' files, where they are rated as not confident, confident, and very confident, and this was evidenced. Care receivers can choose to engage in this process or opt out. However, their allocated keyworker will update the document either way. The service is currently looking at other evidence-based models, such as 'The Passport to Independence,' developed to support young people transitioning to independent living.

All care receivers in this service have dedicated pathway plans that outline their strengths and support needs. The pathway plans reviewed by the regulation officers were comprehensive, reviewed every six months, and written with the care receiver if they wish to engage in the process.

Keyworkers complete quarterly reviews for care receivers. These are well set out and written directly to the care receiver rather than a historical account of what has happened during that period. The review document details achievements, what still needs to be done, and a clear and concise action plan.

Care receivers are offered opportunities to personalise their bedrooms as part of their transition into this service. Care receivers were also consulted as part of refurbishing the home's kitchen and had some choice over the meals provided twice weekly.

The service offers some basic food and provisions for care receivers; however, they are expected to cook for themselves for the rest of the week and manage their finances within a budget.

The Interim Manager provided examples of care receiver transitions since the last inspection in May 2023. These transitions to independent living were mostly successful, well-planned, and at the right time for the care receiver.

The provision of formal supervision of care staff has been compromised by the Interim Manager's and senior carers availability. However, this has improved over the last month as the home has become more stable and the Interim Manager's availability has increased. The Registered Provider must ensure that formal supervision occurs monthly per the Standards. This is integral to workforce wellbeing and promotes a continuous learning culture. This is an area for improvement.

Unfortunately, the regulation officers could not ascertain feedback from care receivers on the day of the inspection. However, the Interim Manager shared some written feedback from a care receiver who had recently transitioned to live independently. This was positive, and they appreciated the support they had received while they accessed this service. There was evidence that the staff team had provided effective care and support to this care leaver.

Feedback from one professional who has regular contact with this service informed the Regulation Officer that they felt care was inconsistent and that the safety of care receivers could be improved. In addition, they reported that *"the service would benefit from having transport available and a programme of activities and support that could be offered to care receivers to help them build trusting relationships with care staff"*.

Care staff provided positive written feedback to the regulation officers regarding the care and support they provide; some comments were:

"I now feel that I am listened to, and I have made a positive difference in my years with the service due to always putting the young people in my care at the centre of everything I do. I have met several of them over the years who have left care when in town, etc., and they always approach me and stop for a chat – it is lovely that they remember me."

"We contribute to good outcomes for young people by building a relationship with them, putting them first, listening to them, involving them in choices, supporting them, and helping them with their independence."

Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.

The CYPES department acknowledges that the existing policies and procedures for residential services require updating or reviewing. Many policies are generic and do not directly relate to the uniqueness of supported accommodation. The Commission understands that a service-specific suite of policies is currently being written. The Commission welcomes this positive development; however, this is an area for improvement.

Written feedback from care staff was mainly positive regarding their experience of working in this service. A selection of comments is detailed below:

"The Interim Manager has also made it very clear that we can call her for support and advice."

"I am well supported by my manager and feel Xxx is very approachable and understanding when I need to speak to them about issues within work."

"I feel like my opinions are listened to and that my experience and relationship-building skills have made a difference in the service, especially when a young person or adult has been in crisis."

"Personally, staff do not always feel listened to, and staff have suggested things to make a difference to the service, but it is often ignored, or barriers are put in the way."

"I feel fully supported by my manager and can speak openly and honestly to them about any issues that arise."

Regulation officers examined the care staff training matrix, which evidenced compliance with the mandatory training requirements set out in the Standards. In addition, the matrix evidenced supplementary training completed by staff, such as positive approaches to behaviour and safer lone working.

The Interim Manager reported that the induction of new staff has been compromised due to the availability of permanent management oversight and support. Now that the service is more stable, the Interim Manager can prioritise staff inductions.

Care staff comments provided to the regulation officers regarding their induction were as follows:

"I had a good induction over three days working supernumerary to the staffing ratio, which allowed me to complete relevant training."

"I would value having a professional or resource available that could help new staff understand young adults in our care."

"Because of a lack of a permanent full-time manager at Field View, there is a lack of leadership that can help facilitate learning for new members of staff."

"I had staff members who ran me through the inductions and daily tasks on both the am and pm shifts. This was repeated a number of times until I felt fully competent on this."

IMPROVEMENT PLAN

Four areas for improvement were identified during this inspection. The table below shows the Registered Provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 10.1 and 10.7</p> <p>To be completed by: Immediate</p>	<p>The Registered Provider must ensure that the Government of Jersey's Prevention and Management of Violence and Aggression and Incident Reporting and Investigation policies are adequately followed in this service when it is identified that risks are posed to care receivers and care staff to ensure that robust arrangements are in place to manage and mitigate risk.</p>
	<p>Response of Registered Provider:</p> <p>The Government of Jersey's Prevention and Management of Violence and Aggression and Incident Reporting and Investigation policies are followed in the management and mitigation of risks. As referenced within this report, risk assessments are in place that are subject to ongoing review and are up to date.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 2</p> <p>To be completed by: 27 September 2024, three months from the date of inspection.</p>	<p>The Registered Provider must ensure that this service has a dedicated Registered Manager who can oversee care delivery, ensure the safe running of this service, and provide good outcomes for care receivers.</p> <hr/> <p>Response of Registered Provider:</p> <p>The Interim Manager that was appointed in February 2024 has previously consistently covered management responsibilities for the home when the previous manager of the home was on leave. The Interim Manager was appointed to allow for standardisation of good practice across both supported accommodation homes whilst the Registered Manager for this service was required to manage another home.</p> <p>There have been significant positive outcomes during this period as reflected within the report, for the young people and staff. This has included the introduction and matching of new staff to residents, modelling of approach with improved positive engagement and inclusion, opening up of the environment and positive transitions out of the home to independent living. The staff have welcomed the support of the Interim Manager as reflected within the report.</p> <p>The Home is currently closed for refurbishment, a dedicated Registered Manager will be identified by the end of the year to be in post when the Home reopens in January 2025.</p>
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<p>Area for Improvement 3</p> <p>Ref: Standard 2.10</p> <p>To be completed by: 27 September 2024, three months from the date of inspection.</p>	<p>The Registered Provider must ensure that all care staff receive reflective supervision per the Standards.</p>
	<p>Response of Registered Provider:</p> <p>It is accepted that reflective supervision did not happen consistently in May 2024 due to unforeseen sickness. Reflective supervision has been delivered consistently since the new Manager has been in post since February 2024. The previous Manager holds the records predating this which were not reviewed as part of the inspection.</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 1.5 and Appendix 2</p> <p>To be completed by: 27 December 2024, six months from the date of inspection.</p>	<p>The Registered Provider must ensure that this service's policies are service-specific and are regularly reviewed and updated.</p>
	<p>Response of Registered Provider:</p> <p>The Home adheres to all available policies within Government of Jersey. These policies are accessible online, and a hard copy of essential policies is available within the Home. The GOJ have purchased TRI-X Residential Policies for the Children's Residential service, these are in the process of being amended to reflect local legislation and meet the Commission's Regulations and Standards.</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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