



**Jersey Care
Commission**

Summary Report

Fig Tree House

Care Home Service

**14 – 16 Parade Road
St Helier
JE2 3PL**

24, 27 June and 4 July 2024

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

The inspection of Fig Tree House evaluated safety protocols, focusing on risk assessments for care receivers and staff. The manager ensures risk assessments are updated, shared, and acknowledged by staff. New admissions undergo risk assessments and trial visits. Staff assessments for health issues need formal documentation. The facility faced a COVID-19 outbreak, affecting staffing, but it was managed well.

Training includes incentives, and the medication policy now aligns with local legislation.

The inspection also focused on assessing needs, collaborative working, consent to care, and care provision. Senior staff conduct pre-assessments and update them regularly. Care plans cover all aspects of care, including end-of-life and religious needs. Collaborative efforts involve various professionals, and staff receive training on the Capacity and Self-Determination Law.

Do not attempt cardiopulmonary resuscitation (DNACPR) orders are managed systematically, ensuring care receivers' wishes are respected. The facility supports the psychological and spiritual needs of care receivers.

There is a dedication to personalised care, creating a supportive environment. Each care-receiver has a personalised bedroom and autonomy in daily activities, including community engagement. Meals can be customised to individual preferences, and support for family visits is provided. Staff well-being is emphasised through three-monthly appraisals focusing on recognition and support. There are plans to delegate responsibility for supervision to senior staff. Staff whose first language is not English receive tailored support, enhancing inclusivity. A structured appraisal ensures comprehensive feedback and development, tracked via a detailed spreadsheet.

The effectiveness of the home's leadership was assessed, focusing on the freedom to raise concerns and the whistleblowing policy. No problems have been reported since the last inspection, suggesting a positive environment where issues are promptly addressed. The whistleblowing policy empowers staff to raise concerns without fear. Conflict resolution is swift, fostering a supportive and respectful team dynamic.

The culture promotes equality, diversity, and inclusion, with practices like flexible time off. Staff successes are recognised, and an open-door policy encourages discussing personal or cultural needs.

Roles and responsibilities are clearly defined, and policies are regularly updated and communicated. Key policies reviewed included Hospital Discharge, Safeguarding, and Pressure Ulcers, with recommendations to align the latter with local legislation.

IMPROVEMENT PLAN

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

<p>Area for Improvement 1</p> <p>Ref: Regulation 9 (4)</p> <p>To be completed by: with immediate effect</p>	<p>A registered person must prepare and maintain a care record that is sufficiently detailed, contemporaneous and relevant to ensure that a service user's health, safety and welfare needs, and circumstances, are properly documented, and this record must include –</p> <p>(a) the personal plan together with the documentation relating to the assessment of the service user's needs; and</p> <p>(b) a record of the care or treatment actually provided or delivered to the service user.</p>
	<p>Response of Registered Provider:</p> <p>We recognize the importance of maintaining detailed and accurate care records to ensure the health, safety, and welfare needs of our service users are properly documented. To clarify, we understand that this also pertains to our daily record notes.</p> <p>Our care plans are comprehensive and cross-referenced with daily notes, ensuring that all significant data is accurately transferred and recorded legibly. All important, relevant information along with their assessment of needs is transferred from our Daily Notes to our Residents Individual Plans of Care which has been documented in our report as being highly detailed.</p>

	<p>Effective immediately, we have incorporated more detailed daily written reports from both day staff and night staff. We have also implemented the necessary changes to enhance our system in line with your requirements."</p>
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<p>Area for Improvement 2</p> <p>Ref: Standard 11.1 and Appendix 5, Regulation 5(2)</p> <p>To be completed by: with immediate effect</p>	<p>The Registered Provider must ensure that the Registered Manager has adequate periods of supernumerary time and not be regularly rostered as a care staff member to enable them to carry out their managerial duties.</p>
	<p>Response of Registered Provider:</p> <p>We are fully committed to complying with the requirement to allocate adequate supernumerary time for the Registered Manager.</p> <p>We will ensure that the Registered Manager is provided with sufficient time to focus on their managerial responsibilities, recognizing the importance of this directive. To support the Registered Manager in their role, we are prepared to make the necessary adjustments to our staffing and scheduling.</p> <p>At our home, the Manager values being visible and available on the floor, as it's a key part of their role to ensure that both residents and staff are well cared for, supported, and personally seen by the person in charge."</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 3.5, Appendix 4</p> <p>To be completed by: with immediate effect</p>	<p>Safer recruitment checks, the Registered Manager must request additional information pertaining to Safeguarding concerns and allegations when gathering references.</p>
	<p>Response of Registered Provider:</p> <p>In our reference requests, we explicitly ask whether the candidate is suitable for a position that involves contact with vulnerable elderly people and whether there are any safeguarding concerns or allegations. We understand that some organizations may choose to provide only factual information, such as employment dates, citing company policies. In response to the requirement for additional safeguarding checks, we have taken immediate action to ensure full compliance. Our reference request forms have been updated to emphasize the importance of sharing safeguarding information. We are committed to promptly implementing this measure and ensuring that our recruitment processes uphold the highest standards of safety and diligence.</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 3.11</p> <p>To be completed by: with immediate effect</p>	<p>The registered person will ensure that all care/support workers complete and remain up to date with statutory and mandatory training requirements.</p>
	<p>Response of Registered Provider:</p> <p>Our organization acknowledges the critical importance of ensuring that all care and support</p>

	<p>workers complete and stay current with statutory and mandatory training requirements. This training is essential not only for the safety and well-being of our service users but also for maintaining the highest standards of care and regulatory compliance.</p> <p>We also deliver additional training through a combination of online learning platforms and in-person sessions. Given that our home is registered for Mental Health, we ensure that in-house training is supplemented by external professional bodies to keep all staff updated with the latest developments and best practices.</p> <p>Furthermore, we are committed to continuous improvement. We regularly review our training programs to ensure they align with any updates in statutory or mandatory requirements. We also seek feedback from our staff to evaluate the effectiveness of the training and make necessary adjustments. This approach guarantees that our care and support workers remain compliant, competent, and confident in their roles.</p>
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The full report can be accessed from [here](#).