



Jersey Care
Commission

INSPECTION REPORT

02 Children's Home

Children's Care Home Service

**Liberté House
19 – 23 La Motte Street
St Helier JE2 4SY**

10 & 12 July 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 a Children's Home. The name and address of the home have not been included in this report. This is to preserve the privacy and confidentiality of the children and young people who live there.

The service is located in a residential area on a main bus route. The building is detached and situated next to other residential properties. It blends in with other houses in the area and does not stand out as a residential children's home.

The home is a two-storey house registered to provide residential care for two children and young people. It features three bedrooms and a bathroom on the first floor, with one of the bedrooms used as a staff sleeping room and office. On the ground floor, there is a kitchen, toilet, and two lounges, one of which extends to provide a dining space.

There are enclosed garden areas at the front and rear of the house, which provide private outdoor space and have direct access into the house.

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| Regulated Activity | Children's Care Home Service |
| Mandatory Conditions of Registration | Type of care: Personal support and personal support Category of care: Children and Young People (0-18 years) Maximum number of care receivers in receipt of personal support: 2 Age range of care receivers: 12-18 years |
| Discretionary Condition of Registration | No discretionary conditions |
| Dates of Inspection | 10 & 12 July 2024 |
| Times of Inspection | 09:00-15:00 & 09:00-11:30 |
| Type of Inspection | Announced |
| Number of areas for improvement | Three |
| Number of care receivers using the service on the day of the inspection | Withheld |

The Children's Care Home is operated by the Government of Jersey Children's Services. The service continues to be without a permanent Registered Manager; an interim manager has been in place since 20 February 2023. In addition to managing this service, the Interim Manager has also been responsible for overseeing two other children's homes for short periods of time at intervals during their tenure as the Interim Manager for this home. This role will be referred to as the Interim Manager throughout the report.

The Regulation Officer reviewed the Statement of Purpose and the Children's Guide for the service, which outline the home's details and objectives.

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.

Following the last inspection on 26 July and 4 August 2023, three areas requiring improvement were identified. Two of these areas have been successfully addressed, but one remains unresolved and will continue to be an area of improvement. The ongoing improvement relates to the 'management oversight of staff training compliance'.

The wider organisation has undertaken extensive work to develop a comprehensive suite of policies for Children's Homes that are closely aligned with the Standards. However, these policies still require completion and ratification before they can be implemented. This is an area of improvement.

The home is well-maintained and has a warm, homely atmosphere. This provides a welcoming environment for the young people who live there and for visitors to the home.

The young people are given options and autonomy over their nutrition, food, and drink preferences. Staff encourage them to engage in leisure and recreational activities, which helps them explore, learn, and develop relationships.

There have been recent changes within the staff team. Staff members highlighted that only a few female staff members work in the home. This decreased further after a key female staff member was recently reassigned to another residential home.

It is reassuring that there are still well-established and experienced team members within the home, which provides consistency and familiarity to the young people. The staff team demonstrates an understanding of the young people's experiences, and challenges. They actively support them in making positive decisions and healthy choices.

The organisation continues to utilise agency staff members to meet staffing level requirements. This is due to the ongoing challenges in recruiting and retaining residential care officers in local children's homes.

The Regulation Officer reviewed notifications of significant events reported to the Commission and other intelligence received before the inspection. There is a system in place within the service where a record is kept of notifications provided to the Commission.

Staff members reported receiving monthly supervision, which is pre-booked allowing for preparation. Supervisions are formally recorded and available to the staff member, the supervisor, and the Interim Manager.

The Regulation Officer reviewed records showing that support had been provided to the young people for attending essential health appointments, such as visits to the dentist and optician.

Health assessments and health care plans were not accessible for staff review, which limited their understanding of the young people's health needs. There is a need for improved communication with other agencies responsible for completing annual health assessments and health care plans for the young people living in the home.

The number of staff with a Level 3 qualification in medication administration has improved, enhancing the safety of medication management within the home. This was an area of improvement from the last inspection.

The staff team contributes to the young people's care plans, attends their multi-agency meetings, and supports their participation in future planning.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the Interim Manager two days before the first visit. This was to ensure that the Interim Manager would be available to facilitate the inspection and inform and prepare the young people for the visit. The inspection visits were completed on 10 and 12 July 2024.

The Children's 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 the home was reviewed. This included the Statement of Purpose, the Children's and Young Person's Guide, the previous inspection report, and any notifications submitted to the Commission since the last inspection.

The Interim manager and Deputy Manager were available to facilitate during the inspection. The Regulation Officer spoke with four staff members and collected feedback from three external health and social care professionals. The young people were informed of the inspection and given the opportunity to share their views on living in the home; they chose not to participate.

As part of the inspection process, records, including policies, care records, risk assessments, medication records and staff rosters, were examined.

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

At the conclusion of the inspection, the Regulation Officer 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, three areas for improvement were identified, and the Registered Provider submitted an improvement plan to the Commission setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that two areas of improvement had been made. However, insufficient progress has been made on the third identified area of improvement. Therefore, this will continue to be an area of improvement.

Evidence indicated that there needs to be more management oversight of staff training compliance. During the inspection, a staff training matrix which should provide comprehensive oversight of mandatory training requirements, was not available for review. Additionally, the Interim Manager could not demonstrate an understanding of the staff team's training compliance.

Areas of improvement achieved:

Medication administration training- most staff members were not previously trained in Level 3 medication administration have now completed this required qualification. However, three team members still lack this qualification. They are registered for the next available course, scheduled for September 2024.

Safe use of medication administration records (MAR):

The service has collaborated with a local pharmacy provider, which now supplies medication administration records (MAR) for any medications prescribed by the General Practitioner (GP), Child and Adolescent Mental Health Service (CAMHS), or the hospital. As a result, staff no longer need to transcribe pre-prescribed medications onto MAR sheets. This change has enhanced the safety and accuracy of medication administration within the home.

Is the Service Safe?

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| Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures. |
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The home continues to receive a monthly visit from an independent visitor who completes a quality assurance report. This is provided to the Interim Manager and the organisation's senior leadership team. The purpose of these visits is to ensure that the home remains a safe environment for children and young people. The Regulation Officer reviewed the previous month's positive report, which highlighted good practices within the home.

Care requirements for some young people living in the home can be complex. Staff reported that there is no formal process in place for them to receive supportive debriefs following challenging and highly stressful incidents. While Supervision sessions may address these incidents, they often occur weeks after the events have occurred. The Interim Manager and Registered Provider must ensure that care staff have opportunities for debriefs and group supervision that provides a reflective space conducted by a suitably qualified individual following incidents that affect staff welfare. This is an area of improvement.

Most of the staff team have completed Level 3 medication training, marking an improvement from last year, when some team members had not yet completed this training. However, the Interim Manager must continue to ensure that the ongoing annual competency requirements are met for all staff members who administer medication to the care receivers within the home.

The Regulation Officer reviewed the young people's records, including care plans and risk assessments. Appropriate risk assessments and safety plans provided by other services involved in the care management of some of the young people were available for review. The records included detailed outlines of the young people's daily routines, which supported the staff team in providing structure and consistency for the young people.

The staffing rotas are overseen by the Interim Manager. The rotas demonstrate that the home has been adequately staffed for the number of young people and their individual needs. The Interim Manager recognised that this has been challenging, particularly when the needs of the young people change, which may require higher ratios of staff to be on duty. The Interim Manager will utilise bank staff and offer overtime to the permanent staff members in these circumstances.

Is the Service Effective and Responsive?

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| Assessing the organisation of the service so that care receiver's needs are respected and met. |
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The home is well-maintained and has a warm, homely atmosphere. There are two living rooms, allowing young people to have their own communal space outside of their bedrooms. One lounge is enclosed, providing a private area for any of the young people who wish to have visitors in a quiet and private space.

The staff team is knowledgeable about the advocacy services available to the young people. They actively encourage and support young people's engagement with these services, helping them understand their rights and express their wishes and feelings about their experiences.

Some of the feedback received from staff raised concerns that there are a limited number of female staff on the team. They noted that this could make it challenging to ensure sufficient availability to provide personal care support for female young people living in the home. Ensuring a gender-diverse team is essential in providing sensitive and appropriate care for all individuals.

Staff reported that some young people have expressed dissatisfaction with the frequent changes in the staff team. They explained that these changes are due to staff members being reassigned to support other children's homes.

Staff have expressed concerns about financial challenges stemming from the limited team access to corporate purchase cards. They described experiencing long delays in processing their applications and noted that agency staff, including the Interim Manager, do not have the authority to obtain a purchase card. The staff expressed that this, at times, has prevented them from booking activities, trips, and purchasing items online for the young people. They described instances where staff only had access to cash for payments while supporting young people on holidays, which has sometimes limited the experiences and opportunities available to the young people.

The staff demonstrated good knowledge regarding the fundamental health needs of the young people living in the home. Health appointments were documented, and there was an understanding of when the last health assessments were completed by designated health professionals outside the service. However, no health assessments or health care plans were available for staff to reference, which hindered their ability to fully understand and support the young people in meeting their health needs. Copies of the most recent health assessments were requested from the health professionals during the inspection; therefore, this will not be an area of improvement.

Is the Service Caring?

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| Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff. |
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The Regulation Officer observed from discussions with staff members and their interactions with the young people that they perform their roles with commitment and consideration. It is evident from the discussions, the written care plans, and risk assessments that there is a focus on safeguarding and promoting the individuality and choices of the young people.

Individual members of the staff team build positive relationships with the young people living in the home. This allows them to support and advise them to make positive choices. Some team members have been consistent features in some of the young people's journeys since moving into the home, and they have been vital in recognising the bespoke and individual needs of the young people.

Staff asked the young people if they wanted to participate in the inspection process and provide feedback to the Regulation Officer; this was declined by the young people living in the home. However, interactions observed between one of the young people and staff members were warm and humorous, reflecting an established relationship where the young person felt comfortable and at ease.

Staff members confirmed that they received an induction when they started their employment. They reported that their induction period was completed before they directly supported young people without supervision. One staff member mentioned that they were given the opportunity to review all available information about the young people, including risk assessments and historical data, to understand better the individuals they were supporting.

Agency staff members confirmed that they also receive an induction period, which allows them to familiarise themselves with procedures, complete the necessary training, and obtain information about the young people they will support.

Some of the feedback received from professionals who work directly with the young people and visit the home included:

"The staff team are well represented at multi-agency meetings for the young people. They will attend with the young people or on their behalf."

"I have observed healthy, supportive relationships between staff members and the young people, particularly with their key workers."

"The home is small, which is much better, more homely."

Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.

The Interim Manager has been in the position for over a year, demonstrating a good understanding of the home and familiarity with the staff team. Staff have reported that the manager is readily available when needed and maintains a regular presence in the home during their working hours.

The management oversight to ensure compliance with the staff teams' mandatory and role-specific training continues to be in progress. The Interim Manager explained that the organisation has recently recruited a position dedicated to managing residential staff training and development. Once this role is fully established, the Interim Manager will collaborate with this facility to ensure effective oversight and compliance with ongoing training requirements. However, there continues to be insufficient management oversight of training compliance for the staff team. Therefore, this remains an area of improvement.

Recruitment and staff retention remain ongoing concerns for the residential children's service. This issue is worsened by staff being reassigned to support other children's homes and the reliance on agency staff, resulting in inconsistent support for the young people. A service improvement plan has been developed, including a recruitment and staff retention strategy. It is crucial that this plan receives strong leadership support and is prioritised by the Registered Provider.

The Interim Manager and staff team maintain ongoing communication and transparency with the Commission regarding notifications and the reporting of any significant changes within the home that could affect compliance with the standards.

The staff team is recruited safely, with the Interim Manager maintaining complete oversight of the team's recruitment documents, including those for agency staff sourced through United Kingdom (UK) based recruitment agencies.

During the inspection, staff members confirmed receiving monthly supervision from a senior team member. Furthermore, the Regulation Officer reviewed the annual supervision schedule and records, which demonstrated that the standards for this requirement are being met through compliance. Staff members additionally reported that they found supervision supportive.

As part of the inspection process, the Regulation Officer reviewed a selection of policies available to the service. It was noted that essential policies relating to daily procedures, health and safety, and governance require revision to ensure they are suitable for use in a children's home, regularly reviewed, and formally ratified. The Interim Manager informed the Regulation Officer that policies for children's homes are currently under review, but they could not provide a timeline for when these policies would be operational. This is an area of improvement.

In support of staff development, the Interim Manager has identified the potential for senior staff members to undergo leadership and management training. This initiative aims to assist their progression and ensure effective succession planning for the service. This is an area of good practice.

During feedback, a professional who works with the service noted that the Interim Manager is easily accessible and collaborates effectively. They provided an example of when they worked together to develop a risk assessment for a young person travelling off the island.

IMPROVEMENT PLAN

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

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| <p>Area for Improvement 1</p> <p>Ref: Standard 3.10</p> <p>To be completed by: January 2025 Within 6 months from the date of inspection.</p> | <p>There is insufficient oversight of training compliance for the staff team. A system needs to be implemented to ensure that the training needs of the staff are adequately met.</p> |
| | <p>Response of Registered Provider:</p> <p>The training matrix reflects mandatory and refresher training that has been completed for core staff who work at the home, this is inline with standard 3.10.</p> <p>Staff will receive adequate support within 1:1 supervisions and through goals set within their appraisal to ensure, that all refresher training has been completed within timescale.</p> <p>The organisation has also employed a learning and development officer for children's residential service. To strengthen training needs and and ensure compliance is met going forward.</p> |

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| <p>Area for Improvement 2</p> <p>Ref: Standard 1</p> | <p>The Registered Provider must ensure that the home's policies are adapted to the specific needs of the service, regularly reviewed, and go through a formal ratification process.</p> |
| <p>To be completed by:</p> <p>January 2025</p> <p>Within 6 months from the inspection.</p> | <p>Response of Registered Provider:</p> <p>It is recognised that the Policies and Procedures within this Home and others in the sector requires work to bring them up to a higher standard. For that reason we will be introducing a full refreshed suite of Policies and Procedures which are Residential Child Care specific using tri-X, a company recognised as the leader in the field.</p> <p>Tri.x has been producing web-enabled information, procedures and guidance across the social care sector for over 18 years. We are working tri-x to produce online procedures which are in harmony with the newly introduced Children and Young People (Jersey) Law 2022, statutory requirements and reflect best practice in social care and safeguarding, This web based resource is expected to go live in October this year and will further support our delivery of the best possible outcomes for children.</p> <p>At present the residential homes adhere to current policies within the GOJ. These are accessible on line. Each home has a bespoke Drive allocated for Home team and policies are stored there in each home.</p> <p>We have ensured that all linked policies are printed off and held on hard copy file in each home. The organisation are working with an external provider to</p> |

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| | replace and and develop residential policies and procedures for all residential homes. |
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| <p>Area for Improvement 3</p> <p>Ref: Standard 2.7</p> <p>To be completed by: With immediate effect.</p> | <p>The Designated Manager and Registered Provider must ensure that care staff are provided with debriefs and group supervision opportunities. These sessions should offer a reflective space and be facilitated by a suitably qualified individual, particularly after incidents that impact staff welfare.</p> |
| | <p>Response of Registered Provider:</p> <p>The management team at the home, will provide individual and group reflective debriefs post incidents. This is to ensure that any learning outcomes, training needs are identified and actioned. All dedriefs will be recorded.</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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