



Jersey Care
Commission

INSPECTION REPORT

Glanville Care Home

Care Home Service

**70-74 St Mark's Road
St Saviour
JE2 7LD**

**18,19 July &
1 August 2024**

**Published:
10 October 2024**

1. 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 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 Glanville Care Home. The service is situated in the parish of St Saviour, in a residential area opposite a primary school, near a bus stop, and near the town centre. The home is a two-storey building with accommodation provided on both floors, and refurbishment of some areas is in progress. There is a communal dining room, three lounges on the ground floor and a large garden with two allotments providing an array of fresh fruits and vegetables for care receivers to enjoy.

Registration Details	Detail
Regulated Activity	Care Home
Mandatory Conditions of Registration	
Type of care	Personal care, personal support
Category of care	Adults 60+
Maximum number of care receivers	25
Maximum number in receipt of personal care/personal support	25
Age range of care receivers	60 years and above
Maximum number of care receivers that can be accommodated in each room	Rooms 3-8 1 person Rooms 10-12 1 person Rooms 14-25 1 person Rooms 27-30 1 person
Discretionary Conditions of Registration	
Bedrooms 17 and 18 (have sinks but no toilets) are to be used to provide respite care only to ambulant care receivers.	
Additional information:	
Jersey Care Commission requested an application from the Board of Glanville Care Home to register the new partners in May 2024. This was raised during the inspection as the application remains outstanding.	

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager six days prior to the visit. This was to ensure that the Registered Manager would be available during the visit. Two regulation officers were present for the initial two days of inspection, and one regulation officer obtained feedback on the third day. Any additional information requested was provided following the inspection.

Inspection information	Detail
Dates and times of this inspection	18 July, 09:30-16:00 19 July, 13:30-18:00 1 August, 09:15-12:30
Number of areas for development from this inspection	One
Number of care receivers accommodated on day of the inspection	23
Date of previous inspection: Areas for development noted in 2023 Link to previous inspection report	14 and 21 December 2023 None IR-Glanville-20231221-Final.pdf (carecommission.je)

3.2 Focus for this inspection

This inspection focused on 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

No previous areas for improvement were identified in the 2023 inspection (areas for improvement will now be identified as areas for development).

4.2 Observations and overall findings from this inspection

There is a clear management structure within the home. Staff members are divided into four teams that work together and train together. Staff expressed satisfaction with working in these teams and being supported by the Registered Manager. This was evident as no staff members have left their employment since the last inspection. The Registered Manager encourages and supports the career development of their staff.

A person-centred approach is evident within the home, treating the care receivers with respect, compassion and dignity. The care receivers that the regulation officers spoke with appeared happy and content and commented, 'The staff are lovely.'

Feedback from a member of staff:

"Registered Manager is very good and if I need something I can go to her. She engages with the ladies."

An entry for the Garden of the Year 2024 was submitted, and Glanville won prizes for its beautiful garden and impressive vegetable allotment. Care receivers who enjoy gardening can do so; one care receiver has their own identified area. Within the garden are ornaments care receivers brought to the home and a banana tree to represent diverse cultures.

Preparations are being made for the annual garden party which will be attended by the patron of Glanville Care Home, care receivers, their families and staff members.

The staff induction process was reviewed, and staff competency assessments were unavailable. Competency checks are to be established including safe moving and handling and infection prevention and control. This is an area for development.

Overall, the regulation officers were impressed by the Registered Manager's co-ordination of the Care Home and the immediate response to action suggestions made during the inspection process.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care Home 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, reviews of the Statement of Purpose, and notification of incidents.

The regulation officers gathered feedback from five care receivers and three of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by five professionals external to the service.

Records, including policies, care records and staff files, were examined during the inspection.

At the conclusion of the inspection, the regulation officers gave verbal feedback to the Registered Manager, which was followed up with an email.

This report outlines our findings and includes areas of good practice identified during the inspection. Where areas for development have been identified, these are described in the report, and a development plan is attached at the end of the report.

5.2 Sources of evidence

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

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

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 service's Statement of Purpose was reviewed during the inspection and found to accurately reflect its aims by ensuring a safe and comfortable environment (home from home) for ladies who can no longer look after themselves in their own homes. Much work is done to promote independence. Care receivers are encouraged to see to their personal care needs and pursue activities they enjoy, such as shopping trips.

This was highlighted during feedback. The home is well staffed enabling the carers to provide activities while maintaining the ratio of carers to provide personal support and care.

Feedback from a care receiver:
"Staff are very nice and approachable."

The service maintains robust procedures for medication management, ensuring correct storage, administration, and compliance with infection control protocols. The Regulation Officer was assured that medications are managed in accordance with the Care Home standards and best practice guidelines. There was evidence of medication audits conducted by the Deputy Manager and recommendations disseminated to improve practice, such as recording the opening date on a box of drugs. On the inspection day, medication boxes were written on them with the opening date. The staff handbook states that the medicines record should contain the care receiver's full name and date of birth, but this was not always the case, and this was feedback to the Registered Manager, who will clarify requirements with the pharmacist.

A board member of Glanville Care Home is a pharmacist and has been approached to support training in medicine management, the assessment of medicines competency, and explore the possible transition from medication blister packs to boxes of medicines.

Evidence of monthly independent inspection reports has been provided, and a separate monthly report aligned to a different Care Home Standard each month is also being completed.

The regulation officers looked at a selection of staff files to review safe recruitment practices. There was incomplete information within some personnel files, which was feedback to the Registered Manager. The Standards for Care Homes (Adults) states that Criminal Records and Barring Lists checks (DBS) should be undertaken at least every three years, and it was evident this had not been completed. DBS checks will be conducted and completed within four weeks of the inspection.

In the interim, all staff will be asked to sign a self-disclosure regarding any convictions over the last year and asked about any new convictions at their quarterly supervisions. Disclaimer forms signed by all staff were provided on the third day of inspection. Given the immediate response, this is not an area for improvement. It is commendable that Glanville Care Home does not have a recruitment and retention problem and that a care receiver sits on the interview panel when new staff are recruited.

An area for improvement is the development of competency checks. The staff handbook states, "A new staff member shadows a trained staff member for a minimum of five shifts, and the first week will consist of... while you are observed under supervision plus assessed". There was no evidence of completed competency checks within the personnel files. In Some instances, the comprehensive staff induction needed to be signed off as completed. The staff induction booklet includes copies of policies, and staff could share how they access guidelines and policies.

Carer feedback:
"I feel happy to raise any problems and have access to all the equipment and policies I require."

Reviewing and updating some policies, including complaints, suggestions, and compliments, are ongoing. While obtaining feedback from care receivers and their relatives, it was apparent that they all knew how to raise a complaint.

A Legionella Risk Assessment was conducted in March 2024, and monthly water quality checks were implemented. The Health and Safety Policy is currently being updated to include Legionella.

The hoist and slings have received a maintenance check this year.

A suggestion made by the regulation officers was to collate a Control Of Substances Hazardous to Health Regulations (COSHH) inventory so that all staff would have access to information to inform what to do in the event of a spill or splash to their body with hazardous substances in the workplace. It was apparent that liquids were stored safely. It was also suggested during the inspection that a cleaning schedule be documented, which would be helpful for staff in the absence of a housekeeper. The Registered Manager supported housekeeping in formalising the rota and this was available during the final day of inspection.

The training matrix was provided and included all mandatory training and the Registered Manager tailors additional training to the needs of the care receivers. Training is being conducted face-to-face this year, and during the inspection, staff fed back that they were enjoying face-to-face training delivered by partner agencies. The Regulation Officer suggested that the staff training matrix be expanded to include training attended and booked. All staff, including the chef, attended 'End of Life' training, demonstrating inclusivity and promoting continuing professional development and support.

Staff appraisal is merged with the quarterly supervision, and the staff handbook identifies the difference between an appraisal and supervision. A staff member said she had received two supervisions so far this year, and a different policy is discussed to embed the learning at each supervision.

Earlier this year, all staff were asked to complete a questionnaire related to the Code of Practice for Health and Social Care Support Workers in Jersey to ensure familiarity with the code, and this was evident in all staff files.

Four staff members drive a company car, which care receivers can use to enjoy outings and attend appointments. Copies of staff driving licenses are kept on file.

While reviewing the written daily records of the care receivers, it was evident that not all carers made at least one entry in the records every twelve hours. The Regulation Officer recommended that all carers undertake a record keeping audit of randomly selected care records as this facilitates self-learning and drives improvement. Given prompt action taken by the Registered Manager to implement this, it will not be an area for development. By the last day of inspection, a record keeping audit tool had been devised and actioned by two members of staff which the Registered Manager described as a “useful exercise”.

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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There are plans to continue decorating the home, including the piano lounge. The shower room has almost been completed. The regulation officers were shown several bedrooms, and it was suggested that the finish of some paint work should be completed to a better standard (Standard 7, Regulation 18). This work was completed by the final day of inspection. The home continues to demonstrate investment in refurbishing and maintaining the premises. All doors are to be changed to fire doors to meet with Fire Regulations. It is an area of good practice that partner charities have been liaised with regarding furnishings best suited for care receivers with impaired vision and at risk of falls.

A resident's meeting is held twice a year, where care receivers are updated on home plans and opportunities for feedback and suggestions. Not all the family members the Regulation Officer spoke to were aware of the meetings, however there is a residents notice board at the entrance of the home where information is placed for the care receivers and their families. A survey was conducted last year to gauge care receivers' opinions of the quality and varieties of food provided, and the menus provided during the inspection demonstrated a variety of meals available. All care receivers spoken to were happy with the food. Before the second inspection visit, the home successfully maintained five stars for their certificate of registration for food hygiene from Eat Safe.

Care plans are reviewed every six months unless required earlier, and one care receiver's care plan is additionally reviewed each month during the monthly independent inspection reports. This has highlighted where elements of a care plan have not been reviewed and subsequently addressed. Since the last inspection, all care receiver observations have been recorded on one amalgamated chart, and the rationale for completing the observations is now clearly written at the top of the observation chart. There was evidence of risk assessed personal care planning in

collaboration with a care receiver and their family. An example is the regularly updated Waterlow scores and personal emergency evacuation plans.

The Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) status of all care receivers is discussed with them and their families, and documentation of this status is held in the office. The Registered Manager was asked to consider an additional system to promote a timely response by carers.

Is the service caring?

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

It was evident that various activities were offered to suit diverse interests, including quizzes and card games, which the carers facilitated. Care receivers recently requested to watch the Euro football matches and tennis at Wimbledon. Both the Registered Manager and deputy managers have completed Yoga Laugh training and deliver it on occasion, which the care receivers enjoy. One relative said her parent would like more regular active activities such as yoga. Musicians attend the home as well as visiting performers at the Art Centre. There is a hairdressing facility within the home for care receivers to have their hair done and nails painted.

Feedback from a family member:

“More movement classes would be good.”

Is the service well led?

Evaluating the effectiveness of the service leadership and management.

The Registered Manager advocates for care recipients and is involved with discharge planning from Jersey General Hospital back to Glanville to ensure that their needs can be met.

Feedback from a professional:

“In my opinion the Registered Manager is one of the best home managers in Jersey. She demonstrates professionalism, compassion and strong value – based approach.”

The Registered Manager reported that she is well supported by the Chair of the Board of Glanville and provides the Board with a monthly report that includes any pressures the staff is experiencing and any incidents within the home. The Registered Manager and the Chair of the Board are proactively preparing a Disaster Recovery Plan.

The Annual General Meeting was publicised in the May newsletter, inviting care recipients and their families to attend and raise any questions they may have. A new resident handbook and leaflet for care receivers are in progress.

Minutes were provided of a general care team meeting held in March 2024; however, feedback from staff was that staff meetings are rarely held.

Feedback from a member of staff:

“Carers aren’t listened to as much as seniors.”

The regulation officers were informed that domestic staff sometimes assist the chef with kitchen duties, which is evident in their job description. Adherence to infection prevention control measures in this situation is followed as explained by a carer to the Regulation Officer.

DEVELOPMENT PLAN

One area for development was identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p>Area for Development 1</p> <p>Ref: Standard 3.10, Appendix 6</p>	<p>An appropriate induction competency assessment tool is to be designed and implemented. This will assess staff competence to work in the accommodation and identify further training needs.</p>
<p>To be completed: Within 6 weeks of the date of this inspection (15/09/2024)</p>	<p>Response by registered provider:</p> <p>Glanville proactively responded to this area of development, devising and implementing a new staff practical assessment which is to be added into the already existing Glanville induction and declarations booklet. The new Practical assessment has been aligned with the residents' care plans and needs.</p>

Appendix 1 – Sources of Evidence

Follow up on previous areas for development	
Focus	Evidence Reviewed
No Previous areas	Not Applicable
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Feedback from professionals, carers, care receivers and relatives Various job descriptions
Is the service effective and responsive	Feedback from professionals, carers, care receivers and relatives Audit tool Independent inspection reports
Is the service caring	Feedback from professionals, carers, care receivers and relatives Observation chart
Is the service well-led	Feedback from professionals, carers, care receivers and relatives Staff induction book Staff handbook including policies

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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