



**Jersey Care
Commission**

INSPECTION REPORT

Ronceray Care Home

**Rue du Huquet
St Martin
JE3 6HE**

29 & 31 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 Ronceray Care Home. The home is located in the parish of St Martin, in the northeast part of the island. It is set in a quiet rural area, surrounded by agricultural land and several nearby residential properties.

The building consists of an old traditional cottage and a newer extension, spanning two floors with lift access to the first floor. At the rear of the home, there is a secure garden, which can be accessed through the two main lounges.

On the ground floor, there are two large lounges, and a third, smaller area is used as a quiet dining space for care receivers who require additional support during mealtimes and benefit from a calmer environment. The main communal dining room is adjacent to the kitchen, with a serving hatch that allows staff easy access to the prepared meals.

Residential bedrooms are primarily located on the first floor, though a few are situated on the ground floor. Additionally, there is a communal bathroom available on each floor.

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	<p>Type of care: Personal care and personal support</p> <p>Category of care: Dementia</p> <p>Maximum number of care receivers: 22</p> <p>Maximum number of care receivers in receipt of combined personal care and support: 22</p> <p>Age range of care receivers: 55 years and above</p> <p>Rooms 1-23 (no room 13)- One person in each room</p>
Discretionary Condition of Registration	<ol style="list-style-type: none"> 1) Proposed alterations to the premises to continue in accordance with revised drawings submitted by Gallagher Architects are to be completed no later than 31 May 2024. 2) The Commission proposes to suspend admissions to the home. Ronceray Care Home may not provide support to any additional care receivers other than those who already reside within the home at the time that this proposal is received. This condition is to remain active until such time as the Commission is satisfied that it need no longer apply.
Dates of Inspection	29 & 31 July 2024
Times of Inspection	09:00-12:30 & 09:00-15:00
Type of Inspection	Announced

Number of areas for improvement	Four
Number of care receivers using the service on the day of the inspection	Ten

The Care Home service is operated by Ronceray Care Home Ltd. At the time of the inspection, the Area Manager was providing interim management cover alongside their substantive registered manager role at the sister care home, as the previous Interim Manager had stepped down from the position. The manager will be referred to as the Interim Manager throughout the report.

The discretionary condition on the service's registration was discussed. This relates to the refurbishment of the home to bring the internal rooms into line with the requirements for care home environments as determined by the Regulation of Care (Jersey) Law 2014.

Since the last inspection on 14 and 18 July 2023, the Commission imposed a further discretionary condition on the home's registration. This was following several breaches of the Regulations made by the Registered Provider. This included the conduct of regulated activity, health and safety, and premises and equipment breaches. The Commission applied discretionary conditions of registration to limit the number of care receivers to whom the care home provides support by suspending admissions until such time that the refurbishment work was completed.

At the time of this inspection, the Registered Provider was in the process of requesting that the discretionary condition be lifted from the home as the specified refurbishment had been completed.

Since the last inspection on 14 and 18 July 2023, the Commission received a notification of the Registered Manager absence on 12 September 2023.

The notification included the details of the Registered Providers arrangements to ensure the service had a suitable interim management plan. An internal candidate was appointed as the Interim Manager.

The Commission received further notification of the Interim Manager's absence on 18 June 2024. This detailed the management arrangements, with the area manager becoming the Interim Manager until a time that a permanent Registered Manager is appointed.

The Regulation Officer requested an updated copy of the home's Statement of Purpose, reflecting the changes to the management arrangements, the reduction in beds since the refurbishment, the changes in staffing and their qualifications. This was received on 27 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 Interim Manager and staff team engaged fully in the inspection process. They ensured that any requests for information and records were met. Where there were requests for additional information to be submitted electronically following the inspection visits, these were provided.

Feedback from the care receivers' close relatives and friends was overwhelmingly positive regarding the staff. They stated that the staff were responsive, kind, and focused on their family member's needs.

The home has experienced multiple changes in management throughout the year, contributing to disruption and destabilisation of the staff team. There has been no permanent registered manager since March 2023.

The longstanding building alterations and refurbishment of several residential bedrooms and communal bathrooms have been completed. These upgrades have significantly improved the home and brought the rooms up to the Care Home standards.

Quarterly staff supervision, a requirement under the Care Home Standards, has not been taking place for some members of the staffing team. Supervision is critical to ensure that staff are supported in their roles.

Monthly quality assurance reports are consistently completed by an independent representative, ensuring impartial and objective oversight. This independent review provides valuable critical analysis, alongside practical and achievable recommendations for the Interim Manager and Registered Provider to implement.

The staff induction process is being effectively followed, as confirmed by feedback from newly appointed staff members. This approach ensures that new staff are well-prepared and supported in their roles.

INSPECTION PROCESS

This inspection was announced, and three days' notice was given to the Interim Manager to ensure their availability. The inspection was completed on 29 and 31 July 2024.

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 of the information held by the Commission about this service was reviewed, including the previous inspection report, notifications, correspondence between the service and the Commission, and any correspondence received from external sources.

The Regulation Officer gathered feedback from one care receiver and three relatives of the care receivers in the home. They also had discussions with the service's Interim Manager and other members of the staff team. Additionally, feedback was provided by two professionals external to the service.

As part of the inspection process, various records were reviewed, including policies, staff appraisal and supervision records, care records, the training and professional development matrix, and other documentation related to the care receivers and the overall operations of the home.

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

At the conclusion of the inspection, the Regulation Officer provided verbal and written feedback to the Interim Manager.

This report outlines our findings 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 there were no areas of improvement 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 Interim Manager could not provide evidence that quarterly supervision had been completed for relevant staff members, which was also a concern noted in the monthly quality assurance report. The focused inspection in January 2024 had recognised the successful implementation of a system to ensure quarterly supervision took place and was documented at that time. Supervision is essential for promoting, safe, and best practices by facilitating communication between the Interim Manager and the staff member. This is an area for improvement.

Newly recruited staff undergo an induction process that includes completing role-specific competencies, documented and signed off by a senior staff member. Several team members recruited in the past few months confirmed to the Regulation Officer that they received a two-week induction, incorporating shadow shifts, training, and supervision.

Infection control protocols and procedures continue to be well-established within the home, with the housekeeping team following daily cleaning schedules that support the home's cleanliness. During feedback, a staff member emphasised that infection control practices within the home had significantly improved. They noted the implementation of cleaning rotas and the increased availability of infection control equipment, which have contributed to a higher hygiene and safety standard. However, monthly quality assurance reports have consistently highlighted the need for an infection control audit. The Interim Manager reassured the Regulation Officer that an audit has been scheduled with the Community Infection Control Nurse within the next few weeks.

The Regulation Officer reviewed nine newly employed staff members' human resource (HR) files to assess whether safe recruitment practices are being maintained. The review confirmed that all necessary documentation was present, demonstrating adherence to safe recruitment procedures. Each file contained two references, Disclosure and Barring Service (DBS) certificates, and appropriate proof of identification. In addition, the files included employment contracts and detailed job descriptions outlining the roles and responsibilities of each staff member.

Fire safety procedures within the care home are being diligently followed. Staff members comply with fire training, ensuring that they are well-prepared to respond in an emergency. Additionally, the daily allocation sheet identifies the designated fire marshal for each day, reinforcing accountability for following fire procedures in the event of a fire.

Is the Service Effective and Responsive?

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

It was encouraging to note that an independent representative continues to complete the monthly quality assurance reports, offering practical recommendations for the service. However, some ongoing recommendations have yet to be addressed. Specifically, implementing of an infection control audit and completing essential training for the staff team remain outstanding. These issues must be promptly resolved to prioritise the safety and well-being of the care receivers.

Not all of the current care support team hold a Level 2 Diploma in Health and Social Care. However, the home care standards require that at least 50% of the care staff on each shift have this minimum qualification; the service is not currently compliant with this standard. The Registered Provider is responsible for ensuring that the care staff receive the necessary training to meet this standard. While the provider currently offers partial financial support for obtaining these essential qualifications, fully covering the training costs would serve as a valuable incentive and significantly benefit both the employees and the service; this was highlighted in the focused inspection report in January 2024. Ensuring a sufficient number of staff have a level 2 Diploma in Health and Social Care is an area for improvement.

Staff feedback overwhelmingly indicated that communication within the team has significantly improved. They reported greater transparency and noted that daily procedures are running more smoothly. The introduction of the daily allocation sheet earlier in the year was highlighted as a key factor in this improvement, as it clearly outlines who is responsible for additional duties each day, such as administering medications and serving as the fire marshal. This has helped the team operate more efficiently and with better coordination.

The Regulation Officer viewed several care records and found that they contained all necessary documentation. These included care plans, risk assessments, advanced care planning directives, and Significant Restriction on Liberty (SRoL) authorisations.

Feedback from some external professionals who work with the service included positive remarks about the quality of care and the *“warmth and compassion of staff”*.

One professional remarked that they were *“heartened to see staff dynamically assessing care receivers and responding effectively to changes in their presentation”*.

Is the Service Caring?

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

Feedback from the care receivers’ close relatives was overwhelmingly positive about the staff. They consistently highlighted that the staff were responsive, kind, and attentive to their family members’ needs, which significantly contributed to their overall satisfaction with the care provided by the home.

The Regulation Officer was not assured that the Interim Manager had clear oversight of the staff team's training compliance. While an electronic online training system provides a compliance matrix, it does not include essential training completed in a classroom setting. Furthermore, the monthly quality assurance reports have consistently highlighted gaps in essential training. This is an area for improvement.

There have been gaps in essential roles within the home, notably the absence of a permanent chef and kitchen assistant. This was addressed by bringing in a temporary chef and utilising a staff member with chef experience. Additionally, the lack of an activity coordinator has impacted the availability of activities for care receivers. Despite this, visiting entertainers have continued to provide some engagement. The Interim Manager has confirmed that an activities coordinator and kitchen assistant have been appointed and will start their roles soon. A permanent chef is now in place.

The service maintains robust processes for medication management, ensuring correct storage, administration, and adherence to infection control practices. A comprehensive medication policy is available for reference.

The Regulation Officer confirmed that medications are managed in accordance with professional standards and best practice guidelines, ensuring that care receivers receive their medications safely and effectively.

Some members of the care support team remarked that they had been given greater autonomy in completing clinical charts, such as bowel and urinary output charts. This, combined with the introduction of water jugs in the bedrooms, has improved hydration among care receivers. It was also felt that these clinical tools enable them to provide timely and appropriate care, contributing to the overall well-being of those they support.

During the inspection, care receivers and their family members were consulted. While it was challenging to gauge the views of the care receivers due to their dementia diagnosis, feedback from family members remained mostly positive. A few comments are detailed below:

“There have been lots of staff changes; however, this doesn’t appear to have affected my father.”

“The staff give good care; they are always nice to me when I visit.”

“Xxxx likes some staff better than others; she tells us that she likes her room, as she has lovely views.”

“I feel that the care is good and personalised and that my Xxxx needs are met.”

Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.

The home has been without a permanent registered manager for over a year, causing disruptions to the staff team and overall operations of the home.

Recruitment of new staff has been challenging, and there are still several vacancies for essential roles within the staff team. During the inspection, the Interim Manager and the Registered Provider confirmed that the vacant registered manager position had been filled, and the selected candidate would be starting the role in the next few weeks.

The Interim Manager has acknowledged the significant challenges of maintaining operational oversight of two care homes during the period without a permanent registered manager. They also noted that in the brief intervals when other interim managers stepped in, they were required to continue providing oversight and supervision while managing and leading the sister home.

The long-term refurbishment plan to meet care home environment standards has been completed, resulting in enhanced residential bedrooms and improved communal bathrooms. Although the building works are complete, the rooms still require essential features to be installed before they can be used for care receivers. These include patient call bells, shelves and storage in the bathrooms, and other necessary room accessories.

Several communal areas throughout the home still require outstanding decorative and maintenance work. These areas appear unkempt and in poor decorative order, pose hazards, and present as an infection control risk. It is the Registered Providers' responsibility to ensure that the home is well maintained and in good decorative order. This is an area for improvement.

During the last annual inspection, it was noted that the home lacked a designated Human Resource (HR) role, leaving the Interim Manager responsible for workforce planning, recruitment, training, performance management, and job analysis in addition to managing the home. It was recognised that this placed a strain on operations and prevented essential governance tasks being completed. The provider agreed to introduce a consultant HR role to support the organisation's efficiency. However, this role has since been discontinued, and the associated responsibilities have been reassigned to the Interim Manager. It is advisable to have a designated Human Resource (HR) personnel available to ensure the management team receives adequate support in delivering effective HR procedures for the workforce.

IMPROVEMENT PLAN

Four areas for improvement were 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 3.14</p> <p>To be completed by: 1 month from the date of inspection (31 August 2024).</p>	<p>The Interim Manager must ensure that staff members receive supervision at least quarterly, in accordance with the Care Home Standards. This regular supervision is crucial for supporting staff development, addressing any issues, and maintaining high standards of care.</p> <hr/> <p>Response of Registered Provider:</p> <p>Following the appointment of a permanent Manager, there are scheduled plans in place to conduct regular appraisals and supervisions as per care regulations.</p>
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<p>Area for Improvement 2</p> <p>Ref: Standard 3.9</p> <p>To be completed by: 6 months from the date of inspection (31 January 2025).</p>	<p>The Interim Manager and Provider must ensure that at least 50% of care/support workers on duty at any time have completed, as a minimum, a relevant Level 2 Diploma (or equivalent) in adult health and social care.</p> <hr/> <p>Response of Registered Provider:</p> <p>The Company will endeavour to have the current staff force complete a Level 2 Qualification as a minimum qualification.</p>
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<p>Area for Improvement 3</p> <p>Ref: Standard 3.11</p>	<p>The Interim Manager must ensure that all staff members complete and remain up to date with mandatory and essential training relevant to their roles.</p>
<p>To be completed by: 3 months from the date of inspection. 31 October 2024</p>	<p>Response of Registered Provider:</p> <p>The newly appointed Home Manager will ensure that all staff complete their mandatory trainings in a timely manner and a Training Matrix will be maintained to monitor compliance on an yealy basis.</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 7.1</p>	<p>The Registered Provider and Interim Manager must ensure that the home provides a comfortable and homely environment and will be well maintained and decorated. The inspection identified several essential decorative and maintenance issues that must be addressed to meet the Care Home Standards.</p>
<p>To be completed by: 3 months from the date of inspection (31 October 2024).</p>	<p>Response of Registered Provider:</p> <p>The Company has recently invested in refurbishing the care home thus making vast improvements to the environment which is pleasant, homely and welcoming. This process remains on-going.</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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