



Jersey Care
Commission

INSPECTION REPORT

St Joseph's Residential and Nursing Home

Care Home Service

**St Johns Road
St Helier
JE2 4XZ**

**Dates of inspection
5, 6 & 10 September 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 St Joseph's Residential and Nursing Home. The home is situated in St Helier surrounded by beautifully kept gardens and has a beautiful chapel. The home is divided into five units all with their own staff teams. Every unit has its own individual features to suit the needs of the care receivers. A minibus is available to take a selection of care receivers out several days a week.

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	Type of care: Nursing and personal care Category of care: Adult 60+, Dementia care (16 in Caroline Shepherd Unit and 16 in Jubilee Unit) Maximum number of care receivers: 99 (56 Nursing and 43 personal care) Age range of care receivers: 60+

Discretionary Condition of Registration	None
Dates of Inspection	5,6 & 10 September 2024
Times of Inspection	9:00-17:10, 9:15-16:45 & 13:00-16:15
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	95

The Care Home service is operated by LV Group Limited, and there is a Registered Manager in place.

The discretionary condition on the service's registration has been removed since the last inspection. This means that the Registered Manager has completed a Level 5 Diploma in Leadership in Health and Social Care.

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.

Walking into this care home, the Regulation Officer noticed it felt homely and welcoming. There are five separate units to accommodate care receivers with various needs, including care for dementia, residential and nursing care. Each unit has its own staff team. The units are:

- Caroline Shepherd Unit – nursing care for people with dementia
- Jeanne Jugan Unit – nursing care
- Jubilee Unit – residential care for people with dementia
- John of God Unit – nursing care
- John Eudes Unit – residential care

A blend of registered general nurses and healthcare assistants delivers person-centred care, and each unit has a deputy manager who oversees the day-to-day staffing and care management.

A maintenance team is on-site to respond to online requests and perform routine health and safety checks.

A range of activities are offered daily, and care receivers can have trips out in the minibus.

The organisation has a suite of regularly updated policies relevant to Jersey legislation.

Overall, recruitment is completed safely; however, the organisation must ensure that managers follow its recruitment policy.

Staff training is undertaken through a local company; however, staff report needing help accessing training online. Plans are in place to address this.

A rolling programme is in place to carry out audits. This ensures adequate oversight of the care home and encourages continual improvement.

Supervisions and appraisals are undertaken by the manager of each unit in accordance with the Care Home Standards. They follow an agenda, and all staff are signposted to a local counselling service where required.

A new fourteen-bed unit is currently under construction. The Registered Manager informed the Regulation Officer that once completed, care receivers will move across to enable some of the other units to be refurbished. On speaking with relatives and care receivers, they were aware of the plans and welcomed upgrades to some of the rooms and bathrooms.

INSPECTION PROCESS

This inspection was announced and was completed on 5, 6 and 10 September 2024. Notice of the inspection visit was given to the Registered Manager six days before the visit. This was to ensure that the Registered Manager would be available to facilitate the inspection.

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 the information held by the Commission about this service was reviewed, including the previous inspection reports.

The Regulation Officer gathered feedback from fourteen care receivers and fourteen of their representatives. They also held discussions with the service's management and 11 staff members. Additionally, feedback was requested from nine professionals external to the service: four answered.

Policies, care records, duty rotas, training matrixes, maintenance logs, incidents, and complaints were examined as part of the inspection process.

After the inspection, the Regulation Officer verbally provided feedback to the Registered Manager and later by email.

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

This report sets out our findings and includes areas of good practice identified during the inspection. There were no areas for improvement.

INSPECTION FINDINGS

At the last inspection, one area for improvement was identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how this would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that the improvement had been made. This means that there was evidence of safe transcribing practices.

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 first part of the inspection focused on reviewing the Statement of Purpose with the Registered Manager. A few minor adjustments were required, including changing to the newest template, updating the old age category to 60 plus, and adjusting the number of beds. This was done immediately and submitted to the Commission.

A total of 18 new staff have been recruited to this care home since the last inspection, covering catering and care. The Regulation Officer viewed a selection of eight recruitment files. Although these did have the relevant safety checks carried out, such as two references, Disclosure and Barring Service checks, photographic identification, application form and contract of employment and evidenced safe recruitment, the Registered Manager was advised to follow the organisation's recruitment policy and have full employment histories on the application forms as two were not complete. The Registered Manager took this on board, and it was agreed that this would not be an area for improvement as most of the histories were completed.

The maintenance team uses an online upkeep system to document and record all health and safety checks, including water management, fire maintenance, portable electrical testing, and repairs. The team have mobile phones with the app to prioritise and allocate jobs that come in. This was evidenced during the inspection and documentation viewed. An external company carries out fire drills with staff and care receivers.

Risk assessments are in place to mitigate the risk of incidents within the home. The Regulation Officer viewed these and found them relevant and up to date.

Notifications of incidents, accidents or other events that pose or may pose a risk of harm to care receivers were discussed. The Regulation Officer cross-checked the home's accident forms with copies of notifications submitted to the Commission. The care home shares all the incidents with the Compliance Manager, who will then carry out internal investigations where required. Positively, following several falls on the Jubilee unit earlier this year, the Registered Manager decided to increase the staffing level by one on the night shift and confirmed during the inspection that they had noticed a reduction in falls. A trial of a fall sensor light has been in place for a few months in two of the bedrooms on the Jubilee unit. However, they are activated when staff are kneeling and cleaning the rooms. Therefore, The Registered Manager stated the data collected is not viable or valuable.

The Regulation Officer visited each unit to check medication management, including storage, Medication Administration Record (MAR) sheets, transcribing practices, controlled drug management and disposal of transdermal patches. Each unit evidenced excellent medication management per the organisation's policy. A straightforward procedure is in place when covert medication use is required. Staff administering medications are either registered nurses or senior healthcare assistants who have completed an accredited Level 3 medication administration module.

Staffing levels on each unit meet the minimum standards, with registered nurses always on shift in the nursing units. Two deputy managers manage care delivery in the nursing units, and a deputy manager has oversight in the residential units. The Statement of Purpose clearly states that staff work in their respective units; however, occasionally, they may be deployed elsewhere. The units where care receivers with Dementia live always have specific staff who have chosen to work on these units for consistency. The Compliance Officer had recorded nights where the qualifications of the staff on duty did not meet the minimum standards, and a plan was put in place to address this. The Regulation Officer observed adequate staffing on all the units during the inspection and viewed duty rotas to evidence this.

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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During the inspection visits, it was apparent that the Registered Manager of the care home had a significant presence and was well-known to the care receivers and their relatives. This was confirmed during feedback when several relatives spoke highly of how the care home is run and how responsive the Registered Manager is when any issues are raised.

One relative said, *"It's probably the best home on the island"*, while another stated, *"The staff are lovely, caring, and always keeping us in the loop"*.

Discussions with the Registered Manager and, as documented in the Statement of Purpose, service oversight is crucial to ensuring continual improvement. The Registered and deputy managers maintain good communication and review the service daily. Furthermore, care receivers and staff are provided with anonymous questionnaires every six months. Where care receivers cannot advocate for themselves, their representatives can do this.

A rolling programme of auditing covering various topics is in place, with most audits completed six months apart and medicines audits three months apart. The audits highlight areas where further training may be required, or improvements can be made. The audits were viewed during the inspection and evidenced that actions had been taken as recommended. Audits are carried out to cover all aspects of the home's running, including kitchen, laundry, housekeeping, and care.

The Regulation Officer observed several relatives/representatives stopping at the administration office to make enquiries. The administrator made every effort to address these and was observed to be friendly and professional with everyone. Speaking with care receivers and their representatives confirmed there is excellent two-way communication.

Where capacity is in doubt, the care receiver will be referred to a capacity assessor for an assessment. A Significant Restriction of Liberty (SRoL) will be applied for and reviewed after a specified period if required. Several care receivers have an SRoL in place at St Joseph's Care Home to keep them safe. The Regulation Officer noted that any SRoL alerts were documented online on the care receivers' information page.

Feedback received during the inspection and after by email mostly confirmed that the managers respond to queries quickly and communicate well with professionals and relatives.

“The management team are responsive, approachable, professional and helpful.”

“There was an issue which I reported to management, and it was dealt with promptly and effectively.”

“The staff and management have been open with answers to our queries, and when we ask for a meeting, these have been arranged promptly; however, sometimes, communication is not delivered to all staff, so things go unchanged.”

“The Registered Manager has transformed the home, and the atmosphere is welcome and caring.”

The Regulation Officer viewed various monthly quality reports during the inspection process. Each unit is visited by the Compliance Officer, who then completes the reports each month. They each follow the commission's template, looking at staffing levels, standards, complaints, safeguarding, feedback and staff training, and actions are followed up on the next visit. These were comprehensive and focused on obtaining feedback from care receivers, staff, professionals and relatives. These ensure that standards are implemented and maintained.

Is the Service Caring

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

This care home has five units, each different and specialising in nursing care, residential care, dementia nursing care, and dementia residential care. Each unit has a staff team managed by a deputy manager or registered nurse. The staff are not moved to other units unless necessary, maintaining continuity and building strong relationships between staff and care receivers.

A full assessment is undertaken before new care receivers are accepted into the home. This ensures the home can meet their care needs. Each care receiver or their representatives spoken to confirmed that on admission, they received and signed a written agreement and a handbook about the home, including the complaints procedure.

A selection of 11 care records were scrutinised over the three days of inspection. A selection from each unit gave a good insight into the online management of care records. The care plans matched the specific care needs in each of the records. The Regulation Officer saw evidence of the care plans being updated monthly. One care plan could have had more detail in the action plan; overall, the plans were person-centred.

Updated risk assessments were in place where a risk was identified, especially falls, and every care receiver had a personal emergency evacuation plan (PEEP).

The Registered Manager has recently adopted and introduced a “home” dog that comes to the home each day and is taken to visit the care receivers twice daily for whoever wishes to see the dog. One of the relatives said, *“The dog quickly became a favourite with everyone and gives so much joy with her gentle ways”*. This appears to be of great benefit to the care receivers.

The home has various communal areas, a large room with many plants, a vegetable garden for care receivers to grow their own, and a large garden to walk around. Plans are in place for a sensory room to be created next year, which will significantly benefit many care receivers. The Regulation Officer was shown a small shop on the premises selling toiletries and confectionery.

A team of activities coordinators is employed to organise and deliver activities planned to suit the wishes of the care receivers. Each unit has a programme of activities updated weekly and displayed for care receivers to view. A range of activities are arranged to suit the care receivers. Around twenty care receivers played bingo on the first inspection day, followed by “Guess the logo” and “Guess the celebrity”. The activity coordinators on the different units were observed to be bubbly, fun, communicative and interactive. Individual activities are incorporated into the programme to accommodate care receivers who do not wish to participate in group activities. The home has introduced a “journey to where staff are from”, where staff entertain the care receivers and their relatives with an afternoon of traditional clothing, dancing and food deriving from their countries, including the Philippines, Portugal, and the next one is Poland. These were well attended according to the photographs seen during the inspection. Some feedback received from both care receivers and relatives would indicate that more activity hours or additional coordinators would be welcomed.

Feedback received regarding activities was mixed:

“At the weekend, there are fewer activities.”

“Xxx loves the boxing classes”.

“Xxx has an outing in the home's bus once a month, and it would be nice if this could be more often.”

“Activities are well planned and thought out with plenty of variety, such as the Portuguese afternoon.”

The home held a summer party for all the staff, care receivers, and relatives, which was commented on during feedback. Birthdays, Halloween, Easter, and Christmas are celebrated with homemade cakes and parties, with relatives included.

The Regulation Officer observed relaxed, friendly, and caring interactions between staff and care receivers on all units.

Formal supervisions are completed with staff every three months, and group supervisions occur regularly. The Regulation Officer viewed a sample of supervisions and was satisfied with the frequency and actions taken. Staff also confirmed they completed three monthly supervisions during feedback. All staff and families are offered access to a listening lounge counselling service.

The well-equipped kitchen has an eat-safe rating of five stars, suitable staffing, and homemade meals are prepared daily. They cater for different dietary needs, and the chefs meet with the care receivers in the dining room and ask for menu feedback. Feedback on the food was mostly positive:

“Xxx loves the food and often asks for more.”

“Some of the meat could be of better quality and warmer.”

“Good food and good variety.”

“There seems to be a good choice of meals available to suit all tastes.”

“The staff decorated Xxx's bedroom and brought him a delicious, iced cake made in the kitchens and sang happy birthday; it moved us to tears.”

Is the Service Well-Led

Evaluating the effectiveness of the service leadership and management.
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The Statement of Purpose aims to deliver “*high-quality care*”, “*treat all individuals with the utmost respect*”, and “*deliver care in a person-centred manner*”. The home demonstrated that they are achieving this through communication, care records, and consistent governance and oversight.

During the inspection, the management team at this home demonstrated a passion and a commitment to continually improving care delivery and promoting a safe, inclusive environment for the care receivers and staff.

The organisation has a suite of policies updated by the Compliance Manager and available online. The Regulation Officer was informed that the organisation is currently moving from one online management system to another. A selection of policies were viewed, and only one was found to need updating; this is being undertaken, therefore, not an area for improvement. A project was completed whereby the staff were given copies of the whistleblowing and complaints policies to read and comment on. All staff were given a “commitment to my colleagues” sheet to sign, which was put in their staff file. This document empowers staff to take responsibility for their behaviours and encourage healthy working relationships.

Staff training was discussed at length with the Registered Manager, as it has been recognised that there are issues with staff accessing online training through the organisation's training portal, Care Academy. Staff cannot open training courses themselves when they have free time; hence, they must sometimes wait days to receive permission. This issue is currently being addressed.

An online training tracker is in place and highlights staff whose training is due. The onus is on staff to make sure they complete mandatory training. All staff receive monthly emails reminding them to keep updated with training, and updates are displayed on a board for staff to view. The Regulation Officer viewed the training tracker and was reassured that over half of the care staff have achieved a Regulated Qualification Framework (RQF) level 2 or level 3 award and all other care staff have obtained a care certificate. One of the deputy managers is starting an RQF Level 5 Diploma in Leadership this year. The registered nurses have also completed training specific to the care needs of the care receivers, along with mandatory training.

Staff feedback was obtained regarding the training and working environment:

“Lots of training here, and Xxx (Registered Manager) is open to training suggestions.”

“Sometimes it's hard to get onto the online training when it suits me.”

“We do get training from external health professionals, which is useful.”

“I have worked here for over a year; there is lots of training, and our care is great.”

“I would be happy to raise any issues with any of the managers.”

The Registered Manager, deputies, and Compliance Manager have good governance and oversight of this service, which is demonstrated through regular audits, risk assessments, relevant policies, and monthly quality reports.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan is not required.

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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