



Jersey Care
Commission

INSPECTION REPORT

St Ewolds Residential Care Home

Care Home Service

**Balmoral Drive
La Route de la Trinite
St Helier JE2 4NJ**

Dates of Inspection:

**20, 27 and 29
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

The Commission registered this care home service to accommodate up to 66 care receivers, including up to five with nursing care needs. This provision enables care receivers to remain in the home if they develop nursing care needs (if there is a vacancy).

The care home is approached via a driveway that encircles the building. Parking is provided in front of the main entrance and to the rear. The home benefits from impressive views of St Helier and a recently remodelled large garden.

The main lounge area is located near the entrance on the first floor. It is equipped with a variety of comfortable seating and can promote both social activities and relaxation. A small shop is located opposite this lounge area, providing care receivers with opportunities to purchase various items, such as snacks and greeting cards.

In addition, each of the three floors provides bedroom accommodation, seating areas, and a kitchenette with good-sized dining facilities at one end of each of these floors. The main dining room is located on the ground floor next to the main kitchen. All bedrooms have an ensuite shower and toilet, with care receivers able to furnish their rooms to their personal taste.

Regulated Activity	Care Home
Mandatory Conditions of Registration	<p>Type of care: nursing care and personal care</p> <p>Category of care: Adults 60+</p> <p>Maximum number of care receivers: 66</p> <p>Number in receipt of personal care: 61</p> <p>The maximum number in receipt of nursing care: 5</p> <p>The age range of care receivers: 65 years and above</p> <p>The maximum number of care receivers that can be accommodated in the following rooms:</p> <p>First Floor: 22 bedrooms – 1 person to 1 bedroom 100A, 100B, 101 to 20</p> <p>Second Floor: 22 bedrooms – 1 person to 1 bedroom 200A, 200B, 201 to 220</p> <p>Third Floor: 22 bedrooms – 1 person to 1 bedroom 300A, 300B, 301 to 320</p>
Discretionary Conditions of Registration	None
Dates of Inspection	20, 27 and 29 September 2024
Times of Inspection	9.40am to 3.50pm, 8.30am to 1.30pm, and 1.00pm 1.40pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	60

The Parish of St Helier operates this service, and a registered manager is in place.

Since the last inspection on 27 February and 3 March 2023, the Registered Manager has achieved their Level 5 Diploma in Leadership qualification, so the discretionary condition on this service's registration has been removed.

On 24 April 2024, the Registered Provider advised of changes to the registered partners of this service, which resulted in the Commission's register being updated.

On 12 September 2024, the Commission received an application to vary the mandatory conditions on the service's registration. This application reduced the age range for one care receiver and was approved on the same day by the Commission.

The Commission received an updated copy of the service's Statement of Purpose on 24 September 2024. This was submitted on request to reflect the changes in the service's mandatory condition concerning the variation application made earlier in September 2024.

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. The main body of this report contains further information about our findings.

This service has successfully addressed the four areas for improvement identified at the last inspection, which was carried out on 27 February and 3 March 2023. These were related to fire safety, the appointment of a health and safety lead, policy development, and staff personnel records.

Staff retention has been stable, although some night shifts were understaffed due to sickness. Safer recruitment and induction processes for new staff remain strong. The service has improved staff supervision, the training offer, and its wellbeing program, including a health plan and access to a mental health first aider. The wider organisation is developing a new appraisal system.

Fire safety practices and equipment maintenance meet best practices. A health and safety lead has been appointed and a new policy is in place. Staff have received relevant safety training, and monthly meetings are held to review health and safety incidents. The service achieved a five-star rating for food safety. A recent infection control audit showed improved compliance at 94.6%, with most recommendations being acted upon.

Medication storage and administration meet Standards, although minor inconsistencies in 'Pro Re Nata' (PRN) medication (that is needed as and when) record keeping were noted and fed back to the Registered Manager. Medication audits are undertaken regularly, and the management of care receivers who use Oxygen is in line with best practices.

Complaints were managed according to policy; however, complaints were not recorded on a central log. This was rectified during the inspection. Notifiable events to the Commission and safeguarding referrals were reviewed. These were found to be appropriate, with the service taking prompt and proper action, including learning for the service.

Care planning and the use of risk assessments were adequate and person-centred. However, increased use of the service's digital care management platform could provide further improvement. In the vast majority of cases, care plans were regularly reviewed. Person-centred care is promoted, including dietary needs, social engagement, and daily living choices.

A development plan for 2024-2025 focuses on investing in staff, improving safety, and enhancing the delivery of care. This includes refurbishing care receivers rooms to strengthen safety and their lived experience.

Overall, this service has made significant improvements since the last inspection. Care delivery is compassionate and person-centred. Robust operational systems are in place, and there is a commitment to continuous improvement. Care receivers, their representatives, care staff, and professionals provided positive feedback on the service and management team.

INSPECTION PROCESS

This inspection was announced on 4 September 2024 to ensure the Registered Manager would be available and a pre-inspection information request could be supplied to the Commission before the on-site inspection. The inspection was completed on 20, 27 and 29 September 2024.

Two regulation officers conducted the initial inspection on 20 September 2024; however, one regulation officer completed the other two days. Depending on who gathered the evidence and information during the inspection, this report may refer to the Regulation Officer or regulation officers differently.

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.**

Before our inspection, we reviewed all of the information held by the Commission about this service, including the previous inspection reports.

The Regulation Officer gathered feedback from seven care receivers and two of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by two professionals external to the service.

Records, including policies, care records, incidents and complaints, were examined as part of the inspection process.

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 feedback to the Registered Manager.

This report outlines our findings and includes areas of good practice identified during the inspection.

INSPECTION FINDINGS

Four areas for improvement were identified at the last inspection, 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 all improvements had been made. This means that there was evidence of the following:

- Fire safety testing and the maintenance of fire protection equipment was taking place in line with best practice
- A health and safety lead is now in place alongside a revised health and safety policy
- A suite of policies is now in place and accessible to care staff
- The personnel files of staff were comprehensive and stored electronically.

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 Registered Manager reported no current vacancies in this service and a stable period in terms of staff retention. In addition, the service has access to several bank staff to support staff illness or annual leave. There have been a few occasions when the night shift has been understaffed. The Registered Manager reported that this was in relation to staff sickness, which could not be covered at short notice.

The Regulation Officer examined safer recruitment processes for seven care staff. This provided assurance that all the necessary checks and references were in place before the start date of these care staff. There was also evidence of satisfactory induction processes, including a checklist signed off by the staff member and their supervisor. In addition, probation procedures were adhered to for new staff to evidence the necessary skills and aptitude for their role.

The regulation officers reviewed notifiable events and safeguarding referrals. They found them appropriate and reflected a service that promotes the safety of care receivers. They also reviewed audits and other quality assurance measures to mitigate the risk of further notifiable incidents.

The Regulation Officer reviewed complaints about this service and was satisfied that these were managed within the service's policy. There was also evidence that the Registered Manager has sought to meet with complainants in order to promote a successful resolution for the complainant. In addition, the service engaged an external investigator to review a complaint, resulting in an impartial and constructive outcome that has improved staff harmony and stability. The regulation officers identified that there was no complaint log in place; however, this was rectified during the inspection period.

The Government of Jersey's Environmental Health Department recently completed a food safety and hygiene inspection. This service achieved a five-star 'Eat Safe' rating, which equates to being fully compliant with best practices and the law. This service was recently subject to an external Infection control audit and achieved 94.6% compliance, which has built on an 89% compliance in the 2023 audit. The majority of recommendations from this audit have been acted upon. However, one recommendation will be rectified as part of a major refurbishment plan, which will start soon. The Regulation Officer reviewed housekeeping records and was satisfied that adequate cleaning routines and appropriate cleaning materials were in place to manage infection control.

Health and safety measures in this service have improved significantly since the last inspection. A specialist external company has been engaged to support this development and provide additional oversight. A revised health and safety procedure is now in place alongside these additional improvements:

- The Registered Manager and other senior staff have undertaken training through the Institute of Safety and Health (IOSH)
- There is now a health and safety lead in place
- A new health and safety reporting system
- Regular monthly health and safety meetings are held to review incidents and consider any resulting actions.

The regulation officers noted some small health and safety issues during their inspection of the premises. These were rectified during the inspection period.

The regulation officers were satisfied that appropriate checks were in place for legionella testing and water temperatures. In addition, the water tanks are serviced annually, and other testing, such as portable appliance testing (PAT), has been undertaken since the last inspection. It was noted by one of the regulation officers that cold water checks were not undertaken on a regular basis. The Registered Manager commented that they would engage their engineer to look into this matter.

This service has revised its fire safety training since the last inspection, which includes the fire safety plan and equipment used to evacuate those care receivers with significant mobility challenges. A revised and improved fire safety policy is currently being developed.

All fire safety testing has been carried out per best practices recommended by the States of Jersey Fire Service (SoJFS). The SoJFS has completed the annual fire safety inspection, and all fire equipment has been serviced. As part of a recent health and safety inspection, the service has adopted new Ski pads to facilitate safer evacuation in the event of a fire. Personal Emergency Evacuation Plans (PEEP) were present in all care receiver files examined by the Regulation Officer.

The management and administration of medicines meet standards in this service, and 80% of care staff have the required Level 3 medication administration module. Most medicines are stored in care receivers rooms along with medication administration records. Some inconsistencies were noted in the recording of PRN medication, which was shared with the Registered Manager. Controlled drugs are stored and administered in line with best practice.

This service has a robust procedure for medication errors and was able to demonstrate compliance with it. In addition, senior care staff complete regular medication audits under a drug audit procedure.

For those care receivers requiring Oxygen, care staff have received the appropriate training, risk assessments are in place, and signage is in place to alert people of the risks. A care plan is in place to safely manage and maintain the equipment.

Is the Service Effective and Responsive?

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

All care receivers are provided with an extensive welcome pack upon their reception into this service. Copies were readily available in the home's reception area, alongside brochures outlining what the service can offer prospective care receivers.

The Registered Manager has full oversight of admissions and manages them in accordance with the principles set out in the service statement of purpose. Admissions assessments are completed by the Registered Manager or by one of the senior care staff team.

There have been occasions when the changing needs of care receivers result in them receiving nursing care and the service going over their conditions of registration for nursing beds. However, the Registered Manager has demonstrated person-centred decision-making for care receivers in these situations. Additionally, regular contact has been maintained with the Commission to update on plans to reduce the nursing bed provision back to the conditions of registration.

The regulation officers reviewed care planning for care receivers in this service. This was mostly adequate; however, it could be improved by increased use of risk assessments and the development of more care plans, for example, a dedicated oral hygiene plan or all care receivers being subject to an evaluation of the risk of developing pressure ulcers. In most cases, care plans were subject to regular review. The regulation officers provided advice to the Registered Manager on how care planning and the use of risk assessments could be improved, which was well received and acknowledged.

As part of the pre-inspection activity, the regulation officers paid particular attention to care receiver falls in this service. Care planning and falls risk assessments were examined for four care receivers with several recorded falls. The regulation officers were satisfied that risks had been responded to and a falls care plan was in place. In addition, the Registered Manager and senior care team discuss care receiver falls in their daily flash meetings and undertake a quality assurance audit on a monthly basis to review their falls responses. Following a care receiver falling, carers initiate and follow a protocol to risk assess harm and increase monitoring to ensure care receiver wellbeing.

Advanced care planning discussions are undertaken with all care receivers and/or their representatives, dependent on their capacity. There was evidence of Do Not Attempt Cardiopulmonary Resuscitation care plans in place, which were easily accessible to care staff and other professionals.

For those care receivers at risk of malnutrition due to poor appetite or illness, the appropriate risk assessment was in place, alongside a care plan, which includes the use of dietary supplements (as directed and assessed by a dietician) and weekly weight checks to monitor progress or deterioration.

The regulation officers reviewed the monthly monitoring reports for this service. These were found to be comprehensive and would provide the Registered Manager and Provider with good oversight of the operation of this service.

This service operates a 'Resident of the day' review, where all care receivers have a full review of their care plans. Senior care staff can ensure that any changing needs of care receivers are identified, and care plans modified to reflect these needs.

Supporting people to live healthier lives is promoted in this service through person-centred care planning, providing a nutritious diet, preventative care and a range of activities that support social and community engagement, mental stimulation and physical movement. This offer is led by an activities coordinator who provides a weekly activities plan for the care receivers.

The Regulation Officer sourced feedback from professionals who have had regular contact with the Registered Manager and care staff. A sample of the comments received were:

"If I have to live in a residential home in the future, I would choose St Ewolds; the staff are amazing."

"I have not observed any concerns. I have been impressed by the caring and professional staff. Care staff share their concerns appropriately and follow the management plans I put in place."

Care receivers "express how happy and well cared for they are at St Ewolds; they feel like being part of a bigger family, and most of all, they feel safe. Care staff understand the importance of being led by the residents in how and when they need medical intervention, involving families when appropriate and necessary. For the many years I have been working with St Ewolds, I have always had a positive experience."

Is the Service Caring?

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

The regulation officers noted that throughout the building, on several walls, the following statement was present, *“Our residents do not live in our workplace; we live in their home”*. The regulation officers observed care delivery during this inspection and evidenced that care staff provided care with compassion, dignity, respect, and humour. The interaction from the care staff was warm and sincere, often with a hug or physical touch. The privacy of care receivers was promoted alongside choice and control for care receivers regarding how their care was delivered to them.

Care receivers are given choices, such as when they wish to get up, when they receive personal care, what clothing they wear or the food they consume. Care receivers are offered the opportunity to provide feedback on the food and menu planning. The regulation officers noted that if care receivers did not like the food on offer, they could request an alternative meal. Care receivers also have the choice to eat in the dining area or in their rooms.

Consent was respected in the care delivery observed by the regulation officers, for example, when knocking on the door and requesting entry, asking if the care receiver wanted their medication, or requesting permission from a care receiver before providing care.

This service values feedback on the care that is delivered to care receivers. Surveys are undertaken with care receivers every six weeks, and relative meetings happen every six months. This service also produces quarterly newsletters to update care receivers and relatives on significant developments, such as staffing or refurbishment plans. The Registered Manager has also demonstrated that they operate an open-door policy and seek to resolve issues as they arise from care receivers and their relatives.

The Registered Manager provided examples of using supervision to address and improve care delivery and general care practice. Supervision agreements were in place, and the regulation officers evidenced that supervision was provided to care staff in line with the requirements of the Care Home Standards. In addition, the Registered Manager receives clinical supervision from an external consultant.

Appraisals are currently on hold in this service due to the development of a set of core values in the wider organisation. These values will be launched in the next few months alongside a new appraisal document that reflects these values and how staff can be measured against these. The Registered Manager has agreed to keep the Commission updated on progress. The organisation also conducts an annual survey for all staff where they can provide feedback on their experience of working in this service.

Since the last inspection, all staff in this service have been provided with an improved wellbeing offer. Central to this offer is a health plan, regular staff activities, and access to mental health first aiders. The Registered Manager reported that several staff members have already accessed the health plan benefits, which has improved staff morale and reduced sickness.

Further discussion with the Registered Manager regarding care staff wellbeing centred on recognising the loss they suffer during their work. The Registered Manager reported that an improved management structure has been developed to provide greater oversight of staff wellbeing, which is central in supervision discussions, and training has been delivered to staff from Jersey Hospice in this regard. In addition, senior staff have or are in the process of completing clinical supervision training, and staffing matters are discussed by the senior team every day during their flash meeting.

The regulation officers sought feedback from care receivers and their relatives during this inspection; a sample of the comments were:

“This is a lovely place.”

"If I had to choose a place for myself, I would definitely choose St Ewolds."

"Staff are so nice and kind, and I am very happy here."

"I was one of the lucky ones that could come to St Ewolds."

"I would recommend St Ewolds. The staff is lovely and attentive to my needs."

"I cannot fault the care my Xxx receives at St Ewolds, and when I have an issue, they listen and sort it quickly."

"I would be lost without these guys; they cannot do enough for my Xxx."

"St Ewolds is like a home from home; the manager is fantastic, and there is always good communication."

Regulation officers also sought the views of care staff; a sample of the comments gathered were:

"In the last few years, things have really improved regarding staff happiness and team cohesion. If I have any issues, I can raise them with the manager, and they will get resolved."

"The Registered Manager is lovely. we feel very much involved in care, and I know we can count on her."

"I love working here; it is really rewarding."

Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.

The Registered Provider supplied a comprehensive service development plan for 2024 and 2025. The plan covered three main areas for development, these were:

- Investing in people
- Improving health and safety
- Improving the standard of care.

Part of the service development plan is to undertake an extensive programme of refurbishment of St Ewolds that will improve the experience and safety of care receivers who access this service, which includes easy access walk-in showers. The service has appointed a project manager with a primary responsibility of minimising the impact on care receivers. The Commission will monitor progress and the impact on care receivers as part of its regulatory function.

This service is led by a respected and competent Registered Manager who strives for continuous improvement in the standard of care delivery. Since the last inspection, the senior staff team has been restructured and strengthened, which has improved management oversight and quality assurance activity.

During the last inspection, it was noted that the service did not have sufficient policies in place. However, a specialist provider had been commissioned to produce these. The regulation officers were assured that this has now been rectified and there was evidence of an annual review process taking place by the service. As part of the new HR platform, there is an electronic sign-off for all policies to ensure that care staff have read and understood their role and responsibility in relation to each policy.

Training records have improved since the last inspection, with most training now recorded on an online specialist platform. The Regulation Officer reviewed these records and was satisfied that the service was compliant with the mandatory training requirements set out in the Care Home Standards. Importantly, key mandatory training such as first aid and moving and handling is carried out face-to-face, which has been added to the training portal.

The Registered Manager has recognised the need for specialist de-escalation training for care staff. This training, which will be delivered before the end of 2024, will help staff better manage conflict.

The Regulation Officer who reviewed the training record was assured that at least 50% of care staff on duty at any time are suitably qualified to at least a level 2 Diploma in adult social care (or equivalent). The Registered Manager also advised that some senior care staff are also undertaking a Level 5 Diploma in management and leadership, which is a positive development for the service.

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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