



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**HCS 104**

**Care Home Service**

**Government of Jersey – Health and  
Community Services  
3<sup>rd</sup> Floor West Wing Peter Crill House  
Gloucester Street  
St Helier  
JE1 3QS**

**Date of inspection:**

**16 October 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 HCS 104. The service is situated in St Helier and at the request of the Registered Provider, the name and address of the care home have not been identified in this report to preserve the confidentiality of the individual who lives in the home.

| Regulated Activity                   | Care Home Service   |
|--------------------------------------|---|
| Mandatory Conditions of Registration | Type of care: Personal care<br><br>Category of care: Learning Disability<br><br>Maximum number of care receivers in receipt of personal care: 1<br><br>Age range of care receivers: 18+<br><br>Maximum number of care receivers that can be accommodated in the following rooms:<br>Bedroom 1: one person |

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| Discretionary Condition of Registration                                 | The Registered Manager must complete Level 5 in Leadership in Health and Social Care by 12 August 2024 |
| Date of Inspection  | 16 October 2024  |
| Time of Inspection  | 9:10am – 2:00pm  |
| Type of Inspection  | Announced  |
| Number of areas for improvement   | None   |
| Number of care receivers using the service on the day of the inspection | One  |

This Care Home service is operated by Government of Jersey, Health and Community Services, and there is a Registered Manager in place.

Since the last inspection on 27 October 2023, the Commission received a notification of absence of the Registered Manager in June 2024. The notification included details of the Registered Provider's arrangements to ensure that the service had a suitable interim management plan.

The discretionary condition on the service's registration was discussed and will be revisited on the Registered Manager's return.

An updated copy of the service's Statement of Purpose was submitted on request of the Regulation Officer during the inspection process

## 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.

Plans are in place for the Care Receiver to move to new premises later this year under the care of a home care service. The home care service currently supplies staff familiar with this care receiver to support community activities, and a plan is in place to increase these hours to ease the transition of moving to a new property with a core staff team from the home care service.

The Deputy Manager oversees and supports the staff team, completes regular supervision, and conducts annual appraisals.

Medication management is done safely by staff with the appropriate training and qualifications.

There is a comprehensive care record for the care receiver, which contains risk assessments, health action plans, hospital passports, care plans, financial matters, restrictions on liberty information and a Disability Distress Assessment Tool.

This care receiver uses various communication methods to ensure their needs are met consistently and efficiently without causing frustration or stress.

Monthly quality reports are completed, focusing on different standards each month to ensure the service operates within the care home standards.

The care staff have completed mandatory training, and dates have been agreed upon for training specific to the care receivers needs later this year. Positively, the Interim Manager will be providing Autism training later this year.

## INSPECTION PROCESS

This inspection was announced and was completed on 16 October 2024. Notice of the inspection visit was given to the Interim Manager one week before to ensure that both the Interim Manager and Deputy Manager would be available during the visit.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

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 reports and any correspondence.

The Regulation Officer would normally have gathered feedback from the care receiver; however, felt it was inappropriate at this inspection. Instead, they contacted their representative and gained feedback. They also had discussions with the service's management and other staff. Additionally, feedback was requested from three professionals external to the service, none responded.

As part of the inspection process, records including policies, care records, incidents, training matrixes and duty rotas were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to both managers verbally and later by email. This report sets out our findings identified during the inspection. There were no areas for improvement from this inspection.

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

## 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 area would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that improvement had been made. This means that the organisation has made significant progress in identifying policies in need of review and updating them through a ratification process.

### **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.

This home provides accommodation for one care receiver. They have access to an enclosed garden, a large lounge, a bathroom, a bedroom, and a kitchen (supervised). The care receiver can access a dressing room on the first floor to choose clothes daily. The staff have two bedrooms, a shower room and an office.

During the inspection, a walk-around of the home was completed. As in the previous report, the kitchen area is too small for the care receiver and staff to occupy; therefore, the care receiver cannot assist in the kitchen, and a wooden barrier is in place. However, the care receiver can choose food from the fridge and cupboards. The Interim Manager indicated that this would be addressed in the new property, and fewer restrictions would be in place.

The Regulation Officer viewed risk assessments for the property and the vehicle and was reassured that they were up-to-date and relevant.

The organisation carries out health and safety checks along with external contractors. All checks and maintenance are requested and documented online via Concerto, which all staff can access.

In addition, the care staff carry out water flushing in the unused areas of the property. The Regulation Officer viewed the documentation and was satisfied that it met the standards.

Although the fire safety checks were documented on Concerto and mirrored the fire log requirements, the log was not fully completed. The fire service has since completed an inspection and has no concerns.

The Deputy Manager is putting together a guidance folder for all staff working in this home. This folder will include photos of where water, electricity, and gas cut-off valves are in the event of an emergency.

The inspection evidenced good medicine management in this service. All care staff who administer medications have completed a Regulated Qualification Framework (RQF) Level 3 qualification and receive annual competency checks. Medications are kept in original boxes, and the medication administration record sheets are signed appropriately. No transcribing was seen. Daily medicine audit sheets document the number of tablets in the boxes.

Although this service has a consistent team of experienced carers, the previous inspections highlighted a need for an extra staff member during the day to facilitate outings in the community out of the car, as this was inconsistent. This was addressed by ensuring a carer from a home care service attends daily for the middle shift. The care receiver has been risk assessed as needing a 2:1 staffing ratio when out in the community and 1:1 at home or inside the car.

Duty rotas reflect the middle shift, ensuring staff are always available to take the Care Receiver out in the community, not just in the car. The online rotas, seen during the inspection met the standards.

Feedback from staff was mixed:

*“I feel supported by both the managers, and they are proactive in their approach to care.”*

*“I am up to date with my training for the year; I wish there were more classroom training.”*

*“It takes years to know Xxx properly, and I am concerned that the home care team will not have spent enough time here to fully build up that trust before moving to the new service.”*

### **Is the Service Effective and Responsive**

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| Assessing the organisation of the service so that care receivers needs are respected and met. |
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The Statement of Purpose aims and objectives include *“promoting a practice where barriers to accessing healthcare are reduced or eliminated”*. To demonstrate this, a person-centred health action plan and hospital passport have been created, updated and implemented where necessary to allow checkups to be completed. The Regulation Officer was satisfied that, as far as practicable, health checks are carried out. The Care Receiver has a team of healthcare professionals involved in ensuring care is delivered holistically to support their various needs. Each professional completes an annual review, and changes are documented.

Family time is actively encouraged, and their representative attends regularly. The care receiver is also taken by car to the family home weekly. The staff team aim to ensure cultural and religious beliefs are upheld. These are well documented in the care records.

The Interim Manager felt that the recent daily notes inputted by care staff did not incorporate enough content from the care plans. Therefore, a standardised approach to completing daily notes was implemented. This includes behaviour, health, nutrition, visitors, and activities for a more rounded report.

Both managers demonstrated a good understanding of the notification process to the Commission. They stated that a notification relating to a Significant Restriction on Liberty (SROL) would be submitted later this month once authorised.



## **Is the Service Caring**

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

The care receiver's care records are stored electronically, and a hard copy is kept in a folder in the staff office. The Regulation Officer examined the records and was satisfied that the care receiver's health needs, likes and dislikes, spiritual preferences, behaviours, finances, and communication needs were adequately documented. Their representative and the Deputy Manager recently worked together to update the records in the care receiver's best interest. The allocated Case Coordinator from the Learning Disability Service regularly contacts the Care Receiver and is well-known to the family.

An advance care plan has been formulated by the care receiver's representative and the Deputy Manager, covering specific requirements for end-of-life care. This was viewed during the inspection.

Where capacity issues have been identified, this service has appropriately applied for a Significant Restriction on Liberty (SRoL) under the Capacity and Self-Determination (Jersey) Law 2016. Regular SRoL reviews are completed, and renewals are made within the required timescales.

Interactions between the Care Receiver and the staff on duty on the day of inspection were noted to be light-hearted, friendly and respectful, allowing the Care Receiver to make their own choices. All the staff clearly understood the Care Receiver's needs, likes and dislikes.

The Statement of Purpose emphasises effective communication, and the inspection findings indicate this. Verbal communication is mainly used; however, symbols, photographs, and whiteboards are utilised where needed. A Disability Distress tool is available in the care records. This tool assists healthcare staff in recognising the care receiver's communication needs when accessing hospital services.

Feedback from the care receiver's representative indicated that the move to the new property may take longer than expected due to the refurbishment work needed. A few minor issues regarding the home care staff team were also highlighted, which were brought to the Interim Manager's attention and dealt with immediately. The Regulation Officer viewed several supervisions conducted by the Deputy Manager. These focus on staff well-being, training requirements, what's going well and what's not going so well. Appraisals are completed annually through the organisation's online portal.

### **Is the Service Well-Led**

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| Evaluating the effectiveness of the service leadership and management. |
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The Regulation Officer viewed a selection of policies on request, and there was clear evidence that the organisation is progressing with updating and ratifying all of these. The policies viewed aligned with Jersey legislation and included arrangements for community settings.

The organisation employs a "speak-up guardian" for staff to access if they have issues or concerns they wish to raise. All staff are aware of this service and the whistleblowing policy.

This service has a good governance structure in place. Both managers feel supported in their roles and attend regular monthly meetings with other managers within the learning disability service. This enables managers to meet face to face, ask questions, exchange ideas, and discuss new initiatives, staffing, and any issues facing particular services.

The Regulation Officer viewed the training records for all care staff and was satisfied that this service met the minimum mandatory requirements in the Care Home Standards. All care staff hold various RQF awards at Level 2 or 3. Training specific to the needs of the Care Receiver are ongoing throughout the year.

The Regulation Officer examined a selection of monthly quality reports that evidenced consistent oversight of the service. They followed the Commission's template and examined staffing, training, incidents, feedback, health and safety, and reviews of previous actions. A different standard is explored each month to ensure compliance or determine whether actions are required.

The inspection has confirmed that the care delivery in this home appropriately reflects the aims and objectives stated in the Statement of Purpose.

## **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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