INSPECTION REPORT

Jersey Cheshire Home

Care Home Service

Eric Young House
Rope Walk
St Helier
JE2 4UU

25 and 27 November 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 Jersey Cheshire Home. The service is situated in St Helier and provides personal and nursing care for up to 32 residents in single rooms, most with en-suite bathrooms. Communal facilities include a lounge, dining room, gym, hydrotherapy pool, and shared areas. A team of registered nurses, led by a newly appointed registered manager, delivers 24/7 nursing care, supported by a care team, catering, housekeeping, laundry, and administrative staff. The home is conveniently located near local amenities, with transport available for residents' outings.

Regulated Activity	Care Home Service
Conditions of Registration	<u>Mandatory</u> Type of care: Personal care, personal support, nursing care Category of care: physical disability and/or sensory impairment Maximum number of care receivers: 32 Maximum number in receipt of personal care / personal support: 2 Maximum number in receipt of nursing care 30 Age range of care receivers:18 years and above Maximum number of care receivers that can be accommodated in the following rooms: 1-12, 14-32; Room 1A - respite care only for one person for a max period of three months <u>Discretionary</u> The Registered Manager must complete Level 5 in Leadership in Health and Social Care by 23 September 2027.
Dates of Inspection	25 and 27 November 2024
Times of Inspection	09.00am – 4.30pm on 25 November 09.00am – 4.30pm on 27 November
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers using the service on the day of the inspection	32 Two in receipt of personal care and twenty-six in receipt of nursing care

The Jersey Cheshire Home Foundation operates the Care Home service, with a Registered Manager in place.

The service's registration includes a discretionary condition requiring the Registered Manager to complete a leadership qualification within three years, which was acknowledged and discussed.

Since the last inspection on 20 and 21 December 2023, the Commission has received an application to amend the registration, increasing the number of care receivers from 31 to 32. Additionally, an application to register a new manager was submitted in September 2024. The new Registered Manager has extensive experience within Jersey Cheshire Homes, having held managerial roles for several years, and this transition is seen as a positive change for the service, which was confirmed by the feedback received by staff and care receivers.

An updated Statement of Purpose was also submitted, as requested, following the variation application and management change.

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 service is committed to creating a safe environment, with risk assessments in place to identify and manage potential risks. These assessments are regularly reviewed to ensure they remain relevant and are easily accessible to staff to support effective care delivery.

The recruitment process is thorough, ensuring only qualified candidates are hired and new staff undergo a comprehensive induction. However, concerns were raised about staffing levels, by staff and care receivers, particularly during afternoon shifts, where reduced staff availability may impact care delivery. Increased staffing during these times is an area for improvement.

Medication management requires improvements in key security, documentation, and protocols. Recommendations were made to update policies, align with legislation, and enhance staff training and audit systems. The manager was receptive, with guidance provided to support compliance. Developing a service-specific oxygen policy was also advised.

The service works collaboratively with healthcare professionals to meet care receivers' evolving needs. Regular reviews and person-centred care plans are in place, ensuring responsive and effective care. The service also demonstrates good practices in pressure relief management, wound care, and regular equipment maintenance.

The service fosters a positive and open environment, encouraging staff to raise concerns and ensuring they feel supported. Initiatives promoting staff wellbeing, such as 'kind mugs' and mental health first aiders, contribute to a positive working culture.

In conclusion, the service demonstrates commitment to ongoing improvement, with a focus on maintaining high standards of care quality and enhancing staff support.

INSPECTION PROCESS

The inspection was scheduled in advance and took place on 25 and 27 November 2024. The service was notified of the inspection a week prior to the visit. At the service's request, the visit was postponed by one week to accommodate the Registered Manager's annual leave. On the first day of the visit, the Pharmacist Inspector accompanied the Regulation Officer to conduct a medication audit.

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**
- **Is the service effectively providing pressure relief management**

Prior to our inspection all of the information held by the Commission about this service was reviewed, including the previous inspection report.

The Regulation Officer gathered feedback from four care receivers, as well as from two of their representatives via email and one additional representative in person during the inspection visit. They also had discussions with the service's management and other staff, through a combination of emails and face to face meetings. Additionally, feedback was provided by three professionals external to the service.

As part of the inspection process, records including policies, care records, medication, incidents and safeguarding notes were examined.

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

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager and Registered Provider.

This report outlines our findings and includes areas of good practice 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, one area for improvement was identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas 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 recording of fire drills and training has been improved by implementing a new fire logbook and a training matrix, to ensure all staff are provided with fire safety training in a timeframe that meets the requirements set by the Fire and Rescue Service.

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.

Risk assessments are implemented across all areas of care, ensuring that potential risks are consistently identified, evaluated, and addressed. These assessments are completed and reviewed regularly to maintain their relevance and accuracy, allowing the home to respond effectively to any changes in the care receiver's condition or environment. The risk assessments are bespoke and specifically person-centred, focusing on each individual's unique needs and circumstances. They are readily accessible to the team at all times to support safe and effective care delivery.

Recruitment processes were observed to be robust, with systems in place to ensure compliance with Care Home Standards. These processes, which apply to all staff and volunteers, ensure that only suitable candidates are selected. Before employment begins, all required recruitment checks are completed, including identification verification, references, and background checks. To support new team members, a comprehensive induction process is in place. Human Resources (HR) has developed staff workbooks and induction booklets that provide an in-depth understanding of the organisation's policies, care standards, and safety protocols. This process equips new staff to transition smoothly and contribute effectively and confidently to the care team.

Duty rotas were examined, confirming that adequate numbers of competent and experienced support workers are available during morning and night shifts to meet care receivers' needs in accordance with Care Home Standards. However, there are regular occasions where staffing levels during the afternoon shift fall short, impacting the quality of care provided. Examples include the inability to support with various activities, limited assistance during mealtimes, reduced emotional support for care receivers, and increased stress levels for the staff on duty. Feedback from staff highlighted this concern:

"*We try our best at all times, but we feel that we do not have enough quality time with our residents*."

"*Sometimes can be challenging, as staff is extremely busy. Although we try our best it is not always possible to achieve what is required*."

Care receivers also expressed similar concerns:

"*I feel that they try so hard, bless them, but they cannot reach everywhere. We used to have more time with them*."

Although the minimum staffing levels are met during the morning and night shifts, increasing staffing levels during the afternoon shift has been identified as an area for improvement.

Medication management at the service has identified areas for improvement, including the security of keys, the accuracy and completeness of MAR chart documentation, appropriate disposal practices, and effective stock management. Recommendations were provided to update the medicines policy, enhance protocols for transdermal patches, PRN medication, and self-administration storage, and ensure alignment with Jersey-specific legislation. While staff training was noted, the need for developing competency frameworks and robust audit systems was highlighted.

The manager demonstrated receptiveness to feedback, with guidance offered to address identified inconsistencies and strengthen compliance with care standards. It was encouraging to note that the service had already begun implementing some of these suggestions during the inspection process, showing a proactive approach to improving practices.

Fire drills are conducted regularly, documentation has been enhanced to ensure staff awareness and compliance with these standards. The fire logbook is consistently updated, and maintenance records for equipment and systems are thorough, up to date, and complete, ensuring that all safety measures are effectively supported and in compliance with regulatory expectations.

Is the Service Effective and Responsive

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

The Home is compliant with the mandatory conditions required for its registration, demonstrating adherence to regulatory standards. The inspection confirmed that the service effectively meets these requirements by providing personal care, support, and nursing care to care receivers.

The service demonstrates evidence of effective collaborative practices throughout its operations. Discussions with the Regulation Manager and a review of care plans revealed that the service seeks external support to address the evolving needs of care receivers. In cases requiring specialised assistance, such as managing pressure sores, adapting for changes in mobility, or conducting essential assessments, the team engages proactively with other healthcare professionals.

Key partners in this collaborative approach include Social Services, Physiotherapists (PTs), and Occupational Therapists (OTs). This collaboration ensures the service can deliver responsive care adapted to the specific rehabilitation and support needs of care receivers. Given the rehabilitation focus of the service, this level of cooperation is crucial to achieving positive outcomes.

Processes regarding Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) were found to be in place. However, it was recommended that the service improve its documentation related to advance care planning. While the service has end-of-life training available for staff, further documentation to better reflect these practices is advised. Training in this area and staff understanding of DNACPR processes were assessed as satisfactory, though enhancements in record-keeping would further strengthen the service's approach.

During the inspection, discussions took place with the Provider and focused on the financial viability of the service. While reassurance was provided that the service operates effectively, it was noted that the care provider was of the view that current long-term care (LTC) fees do not fully account for the complexity of their care receivers' needs. The provider has sought additional government support to address these challenges. Regulation 24 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 refers to the requirement for providers' accounts to be available to the commission. The provider's published accounts were made available as part of the inspection.

Is the Service Caring

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

Each care plan is tailored to meet the individual needs and preferences of the care receiver. The documentation process involves systematic entries into the care platform, with each interaction recorded as a distinct entry. This creates a clear and chronological record of the care provided. However, it was identified that certain areas of documentation require improvement to improve clarity and consistency. These include Significant Restriction of Liberty; Capacity and communication details; 'All About Me' section; Advanced care planning; Medical assessments, including Malnutrition Universal Screening Tool.

Although these documents are present, they would benefit from further improvement to ensure they are clearer and more easily accessible to all relevant staff. While the documents are technically accessible, they are not easily located by the care team, as they are primarily accessed by the nursing team. Additionally, there are inconsistencies in the assessments, with some residents' assessments showing gaps, despite the expectation that they be completed regularly. Providing further training for all staff on how to access and use the system effectively could address these issues and ensure care plans are more comprehensive, consistent, and clearly aligned with the standards of care being delivered.

Supervisions and appraisals adopt a strengths-based approach, fostering the professional development of staff. HR closely monitors compliance with the Care Home Standards, and relevant training has been completed with ongoing improvements in place to enhance workforce support.

Several initiatives promote staff wellbeing and a positive working environment, including: ‘kind mugs’, a monthly initiative where one staff member passes a special mug to another, expressing gratitude and kindness filled with treats; colleague of the month, recognising excellence based on the 6 C’s (care, compassion, competence, communication, courage, and commitment), with the awardee receiving two cinema tickets and a thank-you card; mental health first aiders, a team of 10 staff members designated as trained mental health first aiders, with their names displayed on posters to ensure accessibility for staff in need; simply health counselling, a qualified counselling service offered to staff; wellbeing newsletter, regular updates focused on staff wellbeing and support.

These initiatives collectively create a supportive, nurturing environment that prioritises the mental and emotional health of the workforce while fostering a culture of appreciation and collaboration.

Is the Service Well-Led

Evaluating the effectiveness of the service leadership and management.

Staff demonstrated an awareness of whistleblowing procedures and expressed confidence in raising concerns. Feedback indicated that the service fosters a positive, open atmosphere, enabling staff to feel supported and valued:

“*I know that I can count on management, they have been so supportive and always accommodated my needs. I can rely on them professionally and personally; I am really lucky to belong in this team*.”

The whistleblowing policy is accessible both digitally, via email sent to all staff, and physically in the office, ensuring all staff have access to guidance on reporting concerns safely and confidently.

The service promotes a culture of inclusivity and collaboration, with clear efforts to celebrate diversity. Cultural celebrations involving care receivers include Portuguese Day, Romanian Day, Polish Day, Philippine Day, Christmas, Halloween, and St. Patrick’s Day, fostering a sense of community and respect for different backgrounds.

The service's statement of purpose articulates its vision, strategy, and commitment to delivering high-quality care. This vision was evident during the inspection and was corroborated by care receiver's feedback:

"*Cheshire Homes has helped me feel valuable once more. I've regained my independence and feel connected to the community again. I have a purpose, and my voice is heard*."

Policies are in place and accessible to staff. However, some require further localisation to ensure alignment with Jersey legislation. This has been noted as an area for improvement.

The service provides a comprehensive and well-structured training programme that aligns with its objectives. A detailed spreadsheet monitored by HR, tracks all mandatory, additional, and management training, ensuring that staff training needs are met effectively. New starters are required to complete the Care Certificate, reinforcing a foundational understanding of care standards from the outset.

Is the service effectively providing pressure relief management

Assessing the service's adherence to good practices and its compliance with the Island-Wide Pressure Ulcer Prevention and Management guidelines to prevent and address pressure ulcers effectively.

The service has put in place safe and effective use of moving and handling equipment through comprehensive staff training. This ensures that staff are equipped with the necessary skills to use equipment such as air mattresses, beds and cushions confidently and safely.

Regular maintenance and routine checks are conducted on all equipment to ensure it remains in good working order and meets safety standards. Additionally, staff handovers include relevant updates on equipment use and upkeep, ensuring continuity and consistency in service delivery.

The team demonstrates the ability to deliver effective care in wound management, supported by in-house training provided to all staff. This training is complemented by effective collaboration with Tissue Viability Nurses, ensuring adherence to best practices and evidence-based care approaches.

Risk assessments related to wound care are regularly reviewed and updated. Staff feedback is actively sought to identify opportunities for improvement, fostering a proactive approach to wound management. The Registered Manager further explained that the nursing team is considering a different approach, recognising each nurse's unique strengths and interests. One of the nurses will be nominated as the wound care champion to lead in this area.

The service maintains compliance with notifiable event reporting requirements, including providing regular updates on wound management to the Commission. When incidents occur, a ‘Root Cause Analysis’ is carried out as needed to identify contributing factors, and the outcomes are discussed during staff meetings to improve learning and prevention strategies.

Measures to monitor and manage pressure relief are well-documented, with clear actions taken to mitigate risks and improve care quality. This structured approach ensures transparency and accountability in addressing notifiable events.

IMPROVEMENT PLAN

There were three areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

Area for Improvement 1 **Ref:** Standard 1.6; Appendix 2 **To be completed by:** Three months from the date of inspection (25 February 2025).	The service needs to adjust current operational policies to ensure they are based upon local legislation.
	Response of Registered Provider: We are committed to aligning our operational policies with local legislation and continuing to ensure best practices are consistently followed to meet both regulatory standards, local legislation and the needs of those we serve.

Area for Improvement 2 **Ref:** Standard 3.9; Appendix 5 **To be completed by:** Four months from the date of inspection (25 March 2025).	The service needs to adjust staffing levels to meet the standards at all times.
	Response of Registered Provider: Our current staffing levels are fully meeting the required standards. We continue to monitor this closely to ensure we provide the best care for our residents and comply with all regulatory requirements.

Area for Improvement 3 **Ref:** Standard 6.7; 6.8; Appendix 9 **To be completed by:** Three months from the date of inspection (25 February 2025).	The service must improve medication management by establishing and adhering to robust policies, procedures, and best practice guidelines. **Response of Registered Provider:** We will proactively review our procedures to ensure they are robust and aligned with best practices. Additionally, enhanced administrative measures will be implemented to ensure consistency and continued compliance.

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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