



**Jersey Care
Commission**

INSPECTION REPORT

Ronceray

Adult Care Home

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

**Dates of inspection:
11 and 18 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 Ronceray Care Home. The home is located in the parish of St Martin. It enjoys a tranquil rural environment, surrounded by several neighbouring residential properties.

Regulated Activity	Care Home
Mandatory Conditions of Registration	Type of care: Personal care and personal support Category of care: Dementia Maximum number of care receivers in receipt of combined personal care and support: 22 Age range of care receivers: 55 years and above Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1-23 (no number thirteen), with one ensuite toilet in each

Discretionary Condition of Registration	As the Registered Manager, Clare Burchell must complete a Level 5 Diploma in Leadership in Health and Social Care Module by 19 November 2027
Dates of Inspection	11 & 18 November 2024
Times of Inspection	09:00-11:30 and 09:00-12:00
Type of Inspection	Announced
Number of areas for improvement	Three
Number of care receivers using the service on the day of the inspection	13

The Care Home service is operated by Ronceray Care Home Ltd, and there is a Registered Manager in place.

A discretionary condition has been placed on the service's registration following the recent appointment of the manager. They are required to complete a Level 5 Diploma in Leadership and Management within three years.

An updated Statement of Purpose was provided earlier this year following the completion of the home's renovations.

INSPECTION PROCESS

This was a focused inspection prompted by a safeguarding concern regarding the management of medication within the home. Additionally, the inspection reviewed all the areas of improvement identified during the annual inspection conducted on 29 and 31 July 2024.

The inspection was announced to the Registered Manager three days prior to the visit to ensure their availability during the inspection. The Commission's pharmacist inspector accompanied the Regulation Officer on the second day of the inspection to provide additional guidance on medication management.

This inspection focussed on medication management, staff supervision, staff training and qualifications, and the maintenance and overall decorative condition of the home environment.

Prior to the inspection, all information held by the Commission about this service was reviewed. This included the annual inspection report, notifications, communications between the service and the Commission, details from the safeguarding referral, and any additional correspondence from external sources.

The Regulation Officer had discussions with the services' Registered Manager, other staff members, and the relative of a care receiver.

During the inspection process, records including policies, supervision records, training and development matrix, policies, Medication Administration Records (MAR), and other documentation relating to care receivers and the home environment were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager regarding the findings. This report outlines our findings. 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

Four areas of 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 from the annual inspection was reviewed and discussed during this inspection, and it was positive to see that some progress had been made. However, two specific areas of improvement remain outstanding: ensuring that at least 50% of the care/support staff on duty at any given time have completed a minimum of a Level 2 Diploma in Adult Health and Social Care, and the Interim Manager must ensure that all staff members complete and remain up to date with mandatory and essential training relevant to their roles.

In addition to reviewing the four areas of improvement identified during the annual inspection, during the inspection focus was given to medication administration practices.

Inconsistencies were identified in the administration of medications prescribed to a care receiver. It was therefore recommended that the Registered Manager must ensure that medication reviews are conducted regularly in collaboration with the care receiver's General Practitioner (GP). If a review is needed outside the agreed schedule, a formal request should be made to the GP. During the inspection medication practice was discussed and it was recommended that any changes to the Medication Administration Record (MAR) sheet instructions must only be made by the prescribing professional.

Staff within the home should not review or make changes to medication without explicit written and signed instructions from the prescriber. This ensures that any adjustments to medication meets care receivers' clinical needs, prioritising their safety and overall well-being. In addition, if a variable dose is prescribed for the medication, the person administering the medication must clearly document the specific dose given on the MAR.

Support should be provided to staff members administering medication who may face challenges with accurately recording on the MAR after administration of the medication, ensuring their individual learning requirements are considered.

Following a medication review for a care receiver, the Registered Manager must ensure that any necessary changes are communicated and documented with clear instructions in line with prescription guidelines. Any updates to the MAR must be signed and dated by the prescriber to be considered valid.

When medication is administered on an as needed (PRN) basis, the staff member responsible must document the reason for its administration in the designated section of the MAR.

When new medications are delivered to the home, staff members responsible for checking them in must follow the home's protocol to ensure the instructions on the medication packaging match those recorded on the MAR. If there are discrepancies, the Registered Manager or senior staff should promptly contact the pharmacy to clarify the correct dose and administration instructions.

The prescription for each medication listed on a MAR sheet should be readily available for review.

The Registered Manager must ensure that all care staff responsible for administering medications in the home complete an annual medication competency assessment and possess a minimum qualification in Level 3 Medication Management.

Area for improvement 1:

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.

Evidence showed that all care staff members were supervised during the last three months. A schedule has been established to support ongoing compliance with quarterly supervision requirements. This will no longer be an area of improvement; compliance with supervision will continue to be reviewed at the annual inspection for 2025.

Area for improvement 2:

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.

There has been no progress in addressing this area of improvement. The qualification is only partially funded by the provider, which poses a significant challenge for care staff to enrol due to the associated costs. These financial barriers continue to hinder the home from meeting the required standard. This will continue to be identified as an area of improvement.

Area for improvement 3:

The Interim Manager must ensure that all staff members complete and remain up to date with mandatory and essential training relevant to their roles.

While there have been improvements in the recording and evidence of staff mandatory training, this will remain an area for improvement. Challenges were reported in sourcing or booking essential training for the home, as funding is not always readily available to secure the necessary training when required.

Area for improvement 4:

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.

Essential decoration to enhance the home's presentation has been completed in some of the communal areas identified during the annual inspection. The Registered Manager has also added soft furnishings and decorative touches, creating a more welcoming and homely environment. While this will no longer be identified as an area for improvement, it is noted that one of the two baths available to the care receivers in the home is currently out of service. This essential maintenance issue requires prompt attention for repair or replacement.

IMPROVEMENT PLAN

Three areas of improvement were identified during this inspection. The table below shows the Registered Provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 3.9</p> <p>To be completed by: 6 months from the date of inspection, May 2024</p>	<p>The Registered Provider and Registered Manager 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>
	<p>Response of Registered Provider:</p> <p>To date I have x 2 HCA registered to commenced the RQF level 2 in March 2025.</p> <p>With a further 2 more to be registered for the summer intake.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 3.11</p> <p>To be completed by: 6 months from the date of inspection, May 2024</p>	<p>The Registered Provider and Registered Manager must ensure that all staff members complete and remain up to date with mandatory and essential training relevant to their roles.</p>
	<p>Response of Registered Provider:</p> <p>The on line training is being encouraged and is gradually being completed by all employees, they now have access to a second PC terminal. EFAW has been booked for 22nd January and 3rd February. Fire areness do not have their 2025 dates as yet, I have provider visitng next week and I will be asking if I can send an employee to attend Manual handling train the trainer course. I have completed a Demenita diploma course and am studying for train the trainer for Dementia</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 6.7, Appendix 9</p>	<p>The Registered Provider and Registered Manager must implement improvements in medication management practices. Recommendations have been provided to the Registered Manager to support progress in this area.</p>
<p>To be completed by: Immediate</p>	<p>Response of Registered Provider:</p> <p>A protocol for the scheduling of care receivers medication review has been implemented and will take place every 6 months unless required sooner. All PRN medication protocols have been updated and in conjunction with JCC pharmacist the medication policy for administering PRN medication has been reviewed updated and implemented, as has the covert medication administration.</p> <p>Individual care receivers care plans have been reviewed and contain all relevant medication detail information.</p> <p>Medication assessments have been completed on all staff who administer medication, to a standard of level 3 RQF in medication.</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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