



**Jersey Care
Commission**

INSPECTION REPORT

Strathmore

**Care Home Service
(Supported Accommodation)**

**80 Marks Road
St Saviour
JE2 7LD**

Dates of inspection:

11, 12 & 19 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

The Care Home service is operated by The Shelter Trust, and a registered manager is in place.

For the purpose of this report, people who receive personal care and support will be referred to as residents.

Regulated Activity	Care Home Service (supported accommodation) for young people and young adults
Mandatory Conditions of Registration	Type of care: Personal Care and Personal Support Category of care: Homelessness, Children Maximum number of care receivers: 16 Age range of care receivers: 16-25 years Maximum number of care receivers who can be accommodated in the following rooms:

	Rooms 1-3, 6, 7, 10-13, 17 & 18 – One person Rooms 8, 9 & 14-16 – Two people
Discretionary Condition of Registration	None
Dates of Inspection	11, 12 and 19 November 2024
Times of Inspection	9.30am – 2.30pm, 11.30am – 1.00pm and 5.45pm to 6.30pm
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers using the service on the day of the inspection	Nine

Since the last inspection of 5 and 22 September and 4 October 2024, the Commission has received no applications to vary the registration conditions of this service or received any updated Statement of Purpose.

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.

Staffing in this home remains stable, supported by relief workers and the impending recruitment of a housekeeper. The staff rota provides a positive work/life balance. Comprehensive lone working policies with on-call managerial support ensure safety. Safer recruitment processes align with best practice, and personnel files are well-maintained.

Since the last inspection, no formal resident complaints have been registered, and any resident grievances have been resolved promptly. A complaints policy and suggestions box are accessible to residents. Significant incident reporting mostly met the required Standards; however, this does require better management oversight to ensure compliance.

Medication management includes appropriately trained staff and adherence to best practices, although annual competency assessments require attention and are an area for improvement. Infection control and food hygiene measures are robust. Other safety measures like regular maintenance checks, fire safety management, and CCTV meet standards and enhance resident and staff protection.

Resident referrals are accepted based on comprehensive initial assessments, focusing on risks, needs, and strengths. Resident engagement in the support programme is mandatory. The programme uses evidence-based tools, such as a risk reader and Outcomes Star, to track progress quarterly, help set goals and address the barriers of residents to achieving independent living.

Policies and procedures are regularly reviewed to ensure compliance with laws and the home's Statement of Purpose. Staff training, including a specifically tailored RQF Level 3 Diploma, meets the Standards. Inductions for new care staff follow best practices and this home's policy.

Resident feedback was consistently positive regarding their experience of support in this home. Feedback from care staff was positive and the personal reward this can provide. In addition, feedback from a professional provided assurance of the value of the support the home offers people who access it.

A service development plan and data-sharing initiatives with the Jersey Homelessness Cluster underscore the home's role in addressing homelessness on the Island.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the Registered Manager two weeks before the visit to ensure that the Registered Manager would be available during the visit.

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 of the information held by the Commission about this home was reviewed, including the previous inspection reports. Records, including policies, care records, incidents and complaints, were examined as part of the inspection process.

The Regulation Officer gathered feedback from five care receivers. They also had discussions with the home's management and other staff. Additionally, feedback was provided by one professional external to the service.

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

This report outlines our findings during this 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.

¹ 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 these areas 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 there was evidence of staff supervision taking place in line with the Care Home Standards.

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.

Staffing in this service has been relatively stable since the last inspection in September and October 2023. Several relief workers support the main staff team, and the recruitment of a housekeeper is well-advanced. The rota in operation is well-liked by care staff, provides a positive work/life balance and is known for up to a year in advance. There are always two care staff in the home during the day, and they are supported by the Registered Manager. A comprehensive lone working policy is in place alongside on-call support from a manager for night care staff. Work practices are designed to enhance professional boundaries and keep residents and care staff safe.

The Regulation Officer reviewed safer recruitment practices and examined the personnel files of all permanent staff, including two new staff. This evidenced that staff had been recruited in line with best practice, and where necessary, pre-employment risk assessments were completed. All the personnel files were noted to be in good order.

Upon inspection of the complaints register, no formal complaints have been made by residents since the last inspection. The Registered Manager reported that any grievances or concerns from residents are dealt with promptly to prevent issues from escalating, which appears to work well for the residents. A complaints policy was visible on the resident's notice board alongside a suggestions box, which is emptied regularly.

The Regulation Officer reviewed the notifiable events and incidents reported to the Commission from this home since the last inspection. During discussions with the Registered Manager and care staff, the Regulation Officer noted that one incident should have resulted in a notification to the Commission. The service's actions in this instance are to be commended. However, the Registered Manager was asked to review significant incident reporting in the future.

All staff who administer medication have the required level 3 module in medicines administration and additional training through a local Pharmacy to enhance knowledge in this area. The home was experiencing a change of pharmacy provider during this inspection, which meant that temporary transcribing of medication administration records was taking place. The Regulation Officer was satisfied this was undertaken in accordance with best practice guidance. Overall, the management of medicines on site, which included audit, was mostly adequate. However, annual competency assessments of qualified care staff have not been taking place in line with the Care Home Standards. This is an area for improvement.

The Regulation Officer examined infection control and food hygiene measures, which included ensuring staff had the appropriate training. There is a daily chore checklist for staff to maintain adequate levels of infection control, which is supported by a cleaner who undertakes a deep clean every week. The Environmental Health Department recently awarded the home a four-star 'Eat Safe' rating. The Registered Manager reported that steps have been taken to address the recommendations made.

Health and safety are prioritised in this home, and maintenance issues are acted upon quickly; however, the landlord's response can occasionally delay this. A building survey was planned during the inspection period to assess the structural integrity and ongoing maintenance needs. A programme of safety testing is in place, such as testing portable appliances and the water for legionella.

All bedrooms are checked twice daily to ensure health and safety compliance, observance of house rules, and to check occupancy in case of a fire. This is always completed by two staff members to ensure residents and care staff are safeguarded. In addition, CCTV is present in the communal areas, which supports safety for lone working arrangements.

The Regulation Officer examined fire safety management in this home, including the fire precautions logbook, fire certification and equipment servicing. This was found to be in order and complied with best practice guidance. The Regulation Officer noted that fire drills were completed regularly. There are processes in place that have been used where residents have not complied with the fire evacuation procedure.

Is the Service Effective and Responsive?

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

Referrals to this home are made by multi-agency partners or directly from prospective residents. Referring agencies provide an overview of prospective residents' circumstances, strengths, and needs; however, with self-referrals, the service relies on prospective residents' self-reporting.

An initial discussion will occur between the care staff and the prospective resident to explain what the home can offer and what the residency expectations are. Prospective residents must commit to engaging with the staff to achieve this objective.

At this stage, some prospective residents decline the opportunity for various reasons; however, those who wish to proceed understand the need to engage in a support programme to help them achieve independent living and more successful outcomes.

Once a referral has been accepted, an initial assessment is completed to help understand the risk profile of residents, who often face many challenges and adversities at the time of their referral. This translates into a 'risk reader' star that can be used to monitor and track progress every three months. The risk reader is visual and reflects risk as red (high), amber (medium) and green (low).

Care staff collaborate with several multi-agency partners, such as Jersey Employment Trust, Children's Social Care Service, Alcohol and Drug Service, work advisors through the Back to Work scheme, and Skills Jersey. Relevant consent is sought from residents before sharing any information with these multi-agency partners.

A professional who has regular contact with this home provided the following feedback:

“Strathmore has been a fantastic resource for me to refer to over the years. I like that there is 24-hour support available to young people living in the facility, as these young people are often vulnerable and struggle with mental health and emotional well-being. Overall, I have always been impressed with the service and think it is a great offering for the young people of Jersey.”

The Registered Manager produces monthly reports for the management team, providing information such as current occupancy, referrals, and leavers. In addition, more comprehensive monthly management reports are completed to a high standard, with reviews of staff training, health and safety, feedback, and attention given to evidence one of the Care Home Standards. The resulting action plans are clear and followed up in subsequent reports.

Is the Service Caring?

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

The opportunity to observe care staff interaction with residents was limited during the inspection, with many residents either in work or full-time education. However, the Regulation Officer met with several residents, and they were consistently positive regarding the support they receive from care staff and their experience of living in this home. The residents appeared comfortable and confident and expressed they would know how to make a complaint or raise an issue with the care staff or the Registered Manager.

Residents sign a comprehensive licence agreement that details the responsibilities of the home, the expectations of residency, and how the licence might be ended. There is a process of warning letters in place if residents are not complying with the conditions of the licence agreement, for example, not engaging in the programme of support or breaching certain conditions. On occasion, the Registered Manager has been required to end a licence agreement. However, residents are provided with a written notice period of two weeks. Serious violence or aggression will often result in immediate termination of the licence agreement. All former residents can reapply or be referred to this home after 28 days.

All residents are allocated a keyworker, who plays a crucial role in providing personalised support and guidance to help individuals move from homelessness to stability and opportunities to live independently.

Keyworkers will work alongside residents to complete an Outcomes Star designed to focus discussion on and measure eight critical areas of their lives, such as work and learning, health, choices and behaviour and practical life skills. This process provides a base evaluation of independence skills and the barriers that residents are experiencing which prevent them from living independently, as well as identifying their strengths.

The Outcome Star provides a visual way of demonstrating and reinforcing progress, helps set goals as part of an agreed plan, and is a systematic and consistent model of change. The eight key areas are rated at one of five stages, ranging from stuck to independent, and are reviewed every three months. Residents are expected to engage in this programme; however, this can be personalised to ensure the process is genuine and collaborative for the resident.

The Regulation Officer was provided with several examples of significant achievements, such as stopping substance misuse or becoming ready for successful independent living, but also much smaller accomplishments, such as adopting a routine and improving self-care skills on a journey of progress.

Where necessary, the home supports residents with managing their finances, often where the resident does not have access to a bank account. The Regulation Officer reviewed the cash handling policy and record keeping and was satisfied that this was safe and effective for residents.

Residents are offered additional support where necessary, such as appointments with professionals or help with independent living skills.

This home offers breakfast, lunch, and dinner seven days a week, with the option of a packed lunch for residents who are either working or in full-time education. Menus are prepared in consultation with residents from a range of choices. In addition, residents can request an alternative meal if required. Residents' allergens are known as part of their initial assessments, and allergen information is provided as part of all meals.

Activities for residents in this home are limited, with a weekly offer of football and gym passes supported by a local charity. The Registered Manager reported that they are seeking to increase this offer, consult with residents for ideas, and seek additional funding if required.

The Regulation Officer was provided with evidence that staff supervision has taken place in line with the Care Home Standards and is no longer an area for improvement from the last inspection. Care staff's personal development is part of supervision and is linked to the home's broader objectives. In addition, supervision provides care staff with an opportunity to reflect on practice and consider the influences of their personal lives on their caring role. The Registered Manager provided examples of challenging poor practice and record-keeping in this respect.

Social events outside of work and team-building opportunities, such as an away day, are promoted for care staff. This encourages closer working relationships, boosts morale, and creates a more supportive environment.

The Regulation Officer gained the following feedback from care staff during the inspection:

"We are a learning team, and personally, I have recognised when I could have done something differently for a better outcome."

"I love working in this home; it is so rewarding as I have lots of interaction with the residents to support them. I have seen positive outcomes, but also times where I have to temper my expectations on what residents can achieve."

"I enjoy supporting this cohort of young people, helping them negotiate challenges and seeing them grow. This is a great place to work."

Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.

The Regulation Officer enquired about data collection and how this informs the development of the service and raises awareness of homelessness on the Island. A service development plan is produced on a yearly basis, which sets out the priorities for the organisation and areas for development. In addition, data from this home and the wider organisation feeds into the Jersey Homelessness Cluster, which unites over 30 providers and agencies who work in the sector. The cluster aims to work together to eradicate homelessness on the Island.

The Registered Manager shared that they have prioritised engaging with night staff in recent months by arriving an hour earlier for the day shift. This has resulted in a better understanding of their experiences and an opportunity to listen to their ideas, which has led to a significant reduction in the tensions that existed between night and day staff.

The Regulation Officer examined the policies and procedures for this home. These were found to be regularly reviewed and provided clear guidance and expectations in line with this home's Statement of Purpose. They ensured compliance with laws and regulations and the management of health and safety, for example, lone working, food safety, and safeguarding.

Staff training is now recorded electronically and is much more easily mapped to ensure compliance with the training needs of the staff team. Where necessary, for example, first aid training is face-to-face. However, all online training has a learning assessment with a 75% pass mark. All care staff undertake an RQF Level 3 Diploma that has been specifically designed in conjunction with Highlands College for the profile of the people who access this home. The Regulation Officer was satisfied that the mandatory training needs of this home meet the Standards.

One staff member commented, *“I have access to lots of training, and if I want to specialise in a specific area, I can request this training, for example, on self-harm”*.

The induction of new care staff follows two set processes. Initially, new care staff are provided with information, documentation, and initial training to ensure their smooth transition into the wider service. New staff are then given time to familiarise themselves with the home, policy and procedures and work alongside experienced care staff until they are confident and ready. Records of inductions carried out since the last inspection in September and October 2023 assured the Regulation Officer that induction processes had been followed.

IMPROVEMENT PLAN

One area for improvement was identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 6.8, Appendix 9</p> <p>To be completed by: 3 months from the date of inspection (11 February 2025)</p>	<p>The administration of medicines will be carried out by trained and competent support workers who have completed an Accredited Level 3 Medication Administration Module (Vocational Qualification). Systems must be in place to review the competency of support workers in managing medicines at least once a year.</p> <hr/> <p>Response of Registered Provider:</p> <p>With reference to the area for improvement, we have sourced a provider (Government of Jersey) for the Level 3 Medication Administration Module. We await confirmation from the training provider of the next available enrolment dates.</p> <p>Management observations continue to take place for staff administering medication. In addition, an audit of medication administration takes place twice daily.</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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je