



Stuart Court Residential Home

SLA 1 (Report number 1)

Date: 13 March 2023

Critical Colleague Consultancy (CCC)

This report has been compiled on behalf of Stuart Court (the service) with reference to the Service Level Agreement 1 as set out in contract dated 21 February 2023.

Reference has been made to the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 in recording evidence that relevant Standards are being met or not well met by the service.

The method used to gather all information to compile this report has been taken from primary sources and with the permission of Registered Manager (RM) or delegated staff and as set out in the contract. Further direct information received from service users if recorded will have been obtained with the permission of the person(s) although anonymised to promote and support confidentiality.

Where or if any serious issues of concern are noted in this report these would have been addressed with the RM at the time of visit and/or to delegated staff to take immediate action i.e., safeguarding alert or review any complaint made to CCC and inform relevant agencies if necessary.

Review undertaken

Three specific Standards were subject to some review process as below:

- Standard 3 – *You will be cared for and helped by the right people with right values, attitudes, understanding and training*
- Standard 4 – *You will feel safe*
- Standard 12 – *The care service will be checked and reviewed regularly to sort out any issues and make things better for you and others.*

In addition to the three chosen Standards reference was made to the last statutory inspection undertaken 22 & 27 July 2022 and noted the positive findings with no “areas for improvement” (AFI) recorded at that time.

Some scrutiny of the themes that are to be covered by the Jersey Care Commission (the Commission) in its inspection process this year was also given and which the service has been informed routinely these will be as follows:

- Management of the Service
- Care and Support
- Choice and Safety

Both the RM and Deputy Manager (DM) made themselves available to support the review undertaken and were able to readily supply any information or clarification asked. This demonstrating a sound basis for supporting any unannounced statutory inspection that may arise at any time in the absence of the RM I.e., if on leave.

There was limited direct contact with residents on this occasion with much positive feedback noted and filed in the Commissions reports for the last two inspections. Observations made during this visit nonetheless supplied a positive overview of a comfortable and apparently contented group of residents freely socialising in communal areas. A more comprehensive and detailed review with several residents will be undertaken during the next visit.

A routine probe of “core business” had some specific focus on this occasion with items 3 & 4 as below:

1. Care plans
2. Complaints
3. Safeguarding alerts
4. Staff training and development

Findings

It was noted the positive content of the last two inspection reports as posted on the Commissions website 24 March 2021 and 10 August 2022, but some out of date information relating to the most recent report found when accessing the providers own website.

The mhajersey.org website supplies some excellent information about Methodist Homes for the Aged (MHA) services, the home itself, and is easily navigable but has information and link as recorded “The 2021 Jersey Care Commission report is here” which detracts from this helpful resource. Acknowledged this is not necessarily an issue for the Commission with reference to the Standards and any statutory inspection. Nonetheless a Suggestion 1 is recorded at the conclusion of this report about this matter and with reference to the inaccurate Statement of Purpose (SOP) also found on the providers website.

It is also worthy of recognition the homes last two published reports supply a good body of evidence for all Standards being adequately and consistently met over that inspection period March 2021 to July 2022. The absence of any AFI’s on both occasions might be more boldly or prominently celebrated and recognised on the providers own website in some way if so desired?

Evidence of some best practice was proven when discussing how residents may be engaged in their care planning process and how this is helped. Descriptions of how IT is used to enable residents to access their records from a large screen made available in 1:1 session was exemplary of best practice. Engagement with EyeCan charity to investigate reader equipment detailed an excellent approach to care and support of the home's residents and with reference particularly to Standard 2.

It was confirmed the service currently supports 26 residents but with one resident in JGH at this time with a planned discharge to another service due to their changed needs. Noted the positive and compassionate culture of care promoted includes approaching this discharge process with no undue pressure for the room to be made available to any potential new client while the current resident is still in hospital.

Standard 3 *You will be cared for and helped by the right people with right values, attitudes, understanding and training*

Safe recruitment practices as discussed noted the involvement of residents within this process and which supplies a reliable source of evidence to meet the Standard 3, by *"involving people who receive care or support in the recruitment of care/support workers"*. Noted this was recorded in one of the sample staff recruitment folders but which some consideration may be given to illuminating this more boldly within the documentation, maybe literally in bold type, and where such best practice is being proven to meet this Standard.

It was also noted that in the interview questions and answers document as kept in the staff folder the section for "score" to the answers given by interviewee was blank. While the answers as recorded appeared acceptable to aid with any decision about successful interview the leaving of blank sections in any document does not create the best impression. This when formal documents are subject to scrutiny during any inspection. Suggestion 2 is recorded at the conclusion of this report about this matter.

A rigorous approach is taken with the due diligence carried out for new employees before beginning duties and with dedicated Human Resources personnel available for support. However, the RM rightly keeps all records for review and reference on site as may be needed at any time.

Induction records for recently recruited member of the team showed a comprehensive document with sign off by both employee and line manager (DM in this case) with date of induction completed. There were some anomalies in other information that was recorded in the document which calls for some review, this where ongoing training and CPD is recorded at the end of the document, but which was blank and seems irrelevant to the "induction" process. Suggestion 3 records some further observations for consideration.

The training and development plans for all staff is clearly shown from the log and which is colour coded to reflect completion or pending training needs. Therein is an effective and live register for auditable training needs and which the management team were able to articulate clear goals, aims and objectives to meet this year. Also, to note and which should be illuminated at any statutory inspection is the attention and investment given to face-to-face learning to underpin online modules and promote the best opportunities for learning. These include topics as dementia care training workshops and pressure area care to be delivered by local accredited trainer as well as medication training, first aid and safe handling. This approach supplying a good hybrid of learning style and delivery for the staff team.

The general learning culture was explored with the management team as to how this may take place both in the formal learning recorded in the training log and in the more informal opportunities which may present at handovers for example. Daily events or situations arising at any time can often supply the greatest training moments and that may include managing multiple risks which can arise within any care home setting large or small. Information sharing at handovers is therefore recognised as a key area for learning and to best inform practice on occasions.

The management team highlighted a systematic approach to developing staff and giving them opportunities to step up into senior roles, but which considers several other factors (skills) and not simply credits gained from modules. There is consideration being given to how best to invest in staff in this way but that ensures clear distinction can be made within job descriptions and any reward. This is evidence of good practice in this area of training and development of the workforce.

Investment in staff training and development is also proven by key staff undertaking the QCF level 5 that will supply further foundations to the support of the management structure. Such investment as this should be illuminated at any statutory inspection.

Supervision of staff is provided by named members of the team and which illustrates a healthy delegation of roles and responsibilities by the RM. This should be viewed as empowering and motivating for key staff who hold higher levels of responsibility at times such as when managing a shift and distributing work to colleagues. As recognised by the RM and DM the value of supervision to triangulate work performance, any challenging operational issues and ensure all staff are supported to work in the right way is a key part of how the home runs safely and effectively. Records reviewed for supervision were noted to be of a decent quality and would appear well-balanced for the type of information filed.

Good leadership, management and promotion of supervision is well proven in the home with reference to Standard 3.14 which records *"The registered person will ensure that all care/support workers are given regular opportunities to discuss their role and identify any issues through formal supervision and appraisal"*. However, framing "formal supervision" as "staff support session, 1:1 quarterly review, catch up session, manager 1:1 session "or other less authoritative terms may also be helpful to further promote staff members positive engagement with the supervision process. In summary formal supervision need not actually

be too formal in style or delivery when carried out, this to achieve the best outcomes for staff and ultimately all care receivers that they support.

Further to the above good practice Suggestion 4 records some observations as to how the supervisory process may be further underpinned by targeted supervisory sessions for key personnel. This arguably may elevate the supervision provided in the home from good practice to best practice if adding in some extra support for several staff who are involved in performance monitoring, and staff welfare checks in their roles as supervisors. If implemented this should be illuminated at time of any statutory inspection.

Suggestion 5 also records other framework that may be incorporated into current templates used. However, some caution should be given to introducing too many layers into any supervision process, either in records kept and/or templates used as potentially could become onerous and off putting to both supervisee and supervisors.

Standard 4 *You will feel safe*

Principles for safeguarding of residents appears well embedded in practice and with any incidents or concerns raised through internal systems of reporting, recording and review by named persons. Discussions around the raising of any alert, multi-agency accountability and communication with external agencies showed good systems being in place to raise alerts if or when indicated.

Systematic reviews of potential issues of safeguarding will be undertaken as routine at handover times and there is a good on-call back up for staff to request further support or advice if needed. Most recent safeguarding alert as raised by other agency would appear to relate primarily to an external agency action/involvement, and with in-house records, assessments and communication followed as best practice.

Also noted the RM engagement with the Commission as part of an open and transparent approach around issues as above, and that ensures effective communication that can and will gain support of the service if or when necessary, by the regulator.

It was confirmed an external agency (Law at Work) was currently undertaking a review of a large tranche of policy documents which have been identified as requiring updating or revision. Such documents were not therefore reviewed on this occasion with this work still in progress but with it confirmed all systems and policies are in situ to promote safety of all residents and staff. This including having relevant policy and procedures filed for fire procedures and checks, legionella and water safety (TMV) maintenance and monitoring, PAT testing etc, and subject to auditable record keeping offset by visual checks as and when needed.

It was noted the extremely helpful support that may be available during any crisis or emergency from staff living near the home, and who may be called to help. However, some caution should be applied to how this is factored into any policy or procedures (if indeed it is) when not formally in place i.e., staff not being rostered to any on-call duty or named role

and responsibility in this regard. That said, of course such opportunity and goodwill should not be ignored if an emergency scenario or circumstances arose requiring such exceptional help.

A review of small sample of care folders on this occasion found a particularly good electronic care recording system (Fusion) with informative and instructive care plans and that appeared to be person centred and needs led in content. However, from the small sample there were some indicators for the system being utilised inconsistently or with different approaches by different staff?

While observations about use of the electronic system may partly have arisen due to the readers (CCC) unfamiliarity with navigating the system it was clear one failure to record an observation in the relevant section when a care plan had been “reviewed”. The absence of any narrative record does not supply the evidence which if an untoward event happened thereafter (such as a fall at night-time and where the care plan was about sleep) this may be viewed negatively as no review would appear to have been undertaken properly and therefore any risk had failed to be shown or considered?

Further to the above in another record it was noted that for one care plan relating to “*risk of pressure sore*” as recorded 24/2/23 this had review date as 30/4/23, such a timeline as two months arguably does not meet with good practice, and despite involvement of FN&HC in this instance. Suggestion 6 highlights some potential for refinements or consolidation of how the particularly good fusion system may be best utilised by all staff. This would appear most likely to relate to different understanding and/or training of staff as to what minimum data requirements are or should be. However, it should be noted the essence of care plans from this limited review outside of these two observations were of a particularly decent quality.

Standard 12 *The care service will be checked and reviewed regularly to sort out any issues and make things better for you and others.*

Support of earlier Standards 3 & 4 is found from monthly quality assurance reports that incorporate scrutiny about such things as maintenance schedules and monitoring of working practices (staffing levels, training needs) and the home environment.

From discussion with the management team there has evolved in recent times a more distinct and helpful separation between operational roles and responsibilities within the home, and the more “corporate” ones covered by board members and representatives. This is reflected in information as found on the providers website and within the ways of working, roles undertaken as above to supply monthly reports which are carried out by someone not operationally involved daily. This evidence the Standard being very well met in terms of the “independent” level of scrutiny which occurs routinely for this service and with a decent quality of monthly reports filed.

Within the homes management structure there are systematic reviews and evaluation of ways of working occurring daily as or when events or incidents may occur and that meets

with best practice. These include audits for medication stock control and which the DM was undertaking some review of a specific matter concerning this and that showed diligence and attention that meets this Standard.

The RM benefits from monthly management meetings with the CEO that supplies further opportunities to review all aspects of the service and address any ongoing issues of concern. The use of “Dashboard” to quantify or qualify any risks shows a robust and systematic approach to quality assurance and safety that further promotes this Standard.

For residents there are clear lines of communication which will allow them to raise any issues of concern or complaints and that can be dealt with promptly. Limited engagement with residents on this occasion did not explore this in any detail but this will be reviewed and cross-checked at the next visit.

Suggestions (Actions?)

1. The providers website should be updated to reflect the most up to date and relevant information concerning the service, this to include changing the link “The 2021 Jersey Care Commission Report is here:” to either the 2022 report and/or adding the most recent one to this section. This would also supply a helpful and particularly good profile of the homes recent performance indicators recorded by the regulator! Also noted the Statement of Purpose (SOP) includes out of date and inaccurate information about personnel and information about the Commission. While this has most likely been addressed in-house with correspondence to the Commission this should also be incorporated in any public facing information supplied by MHA. (See Appendix 1 for some of the changes that may be needed or copied over from the updated information already provided to the Commission?)
2. Sections for interview records which show scores (1-10) for answers provided by applicants, but which are left blank does not reflect the best approach to this process. Arguably requiring scores to be populated into this document where such subjectivity is involved by the interviewer(s) is challenging and not that helpful. It may be advisable to replace this with a simpler rating, for example “S” for Satisfactory or “U” for Unsatisfactory?
3. Induction documentation might be revised to exclude irrelevant information to this process, this for example by removing page 36 contents “*This record is to verify what you covered as part of your CPD*”. Supporting records as already provided by a training provider and accessible by the RM and DM duplicate this record and arguably provide the more up to date training information within a live document.

4. Some consideration for incorporating a more specific Group **or** Peer Group supervision session (quarterly/six monthly) for all those key personnel who act as “supervisors” may be helpful. Group supervision would incorporate a more experienced person (RM) acting as a supervisor/facilitator to explore issues arising for other supervisors when engaging in their 1:1 sessions. Peer Group could involve meeting as a group of similar experience but with no designated or external facilitator but following the same principles for exploration of how supervisions is being provided/received.

5. An addition to the current supervision template (to be situated as first page or last page?) may be useful as a basic crib sheet for both supervisor and supervisee to refer. This may help stimulate discussions and reflections during supervision sessions (if practice issues arise) and where clarification can be found with reference to these Standards for both supervisor and supervisee. These are found on page 2 of the published Standards for Care Homes (Adults) and will simply supply helpful prompts of what all providers and staff are expected to meet in their daily practice..... but which the contents of 90 pages will always be challenging to recall or navigate! (Appendix 2 supplies a basic template for consideration and use if helpful.)

6. Some clearer identification of the minimum data to be applied in practice by all staff when completing and reviewing care plans may be helpful. This to promote consistency in what and when specific sections of the Fusion system are used and reduce risk of omission of routine information and records that otherwise may just be just shown by the dateline generated by the system (Appendix 3 supplies some suggestions for minimum data for consideration and use if helpful.)

Appendix 1

Revision or update advised to Section 10. Quality Assurance and Governance SOP document as currently found on the MHA website.

If you are still dissatisfied with the outcome and where we have exhausted our internal process, you may wish to contact:

Jersey Care Commission (the Commission) who are the independent regulator of health and social care services throughout Jersey. This can be made in writing to the address as below, by telephone or email and with further information available about complaints found on the Commissions website

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

+44 (0) 1534 445 801

Enquiries@carecommission.je

www.carecommission.je

Appendix 2

STANDARDS

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|-----------|---|
| 1 | You will be given information that is shared in a way that you understand. This will tell you and others about the service and how you will be cared for |
| 2 | You will be cared for and helped in a way which has been planned with you |
| 3 | You will be cared for and helped by the right people with the right values, attitudes, understanding and training |
| 4 | You will feel safe |
| 5 | You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences |
| 6 | Your care will be provided with consistency by competent care and support workers who have the necessary training and qualifications to meet your needs |
| 7 | The environment will enhance your quality of life and the accommodation will be a pleasant place to stay or live |
| 8 | Your meals will be varied, health and tasty and will be based around your preferences and requirements |
| 9 | You won't have to give up activities you enjoy when you live or stay in a care setting. There will be a range of things to do which will reflect your preferences and lifestyle |
| 10 | Yours and other people's thoughts, worries and complaints about how you are cared for will be listened to and taken seriously |
| 11 | The care service will be well managed |
| 12 | The care service will be checked and reviewed regularly to sort out any issues and make things better for you and others |

Appendix 3

Minimum data set for fusion care entries:

All care plan reviews undertaken should always include some narrative summary in the relevant section (review section). If no changes are recordable to the care plan a routine entry such as the following would be acceptable "Care plan xxx reviewed and no changes indicated, care plan remains current" However, if this entry is recorded consistently for a significant period of time such as 4 months? this should generate some revision as a default to "Care plan has remained unchanged for 4 months so reviewed with resident and to continue" ?

Where a risk assessment is needed and recorded on Fusion then a staged approach should be applied that promotes as a minimum weekly review for the first two weeks, then fortnightly. If risk is shown and requiring some interventions or checking on an ongoing basis e.g., risk of falls when mobilising with frame, then a minimum of monthly review of this risk assessment/plans may be applicable thereafter.