From: Becky Sherrington < B.Sherrington@carecommission.je>

Sent: 06 June 2022 11:13
To: Anuschka Muller

Cc: ; Rose Naylor; Patrick Armstrong; Claire Thompson; Andy Weir;

Caroline Landon; ; Cheryl Power

Subject: RE: JCC - Picker survey presentation - follow up **Attachments:** 2020 - Picker Survey Activity Summary.xlsx

Hi Anushka, thank you for inviting me. I hope you have the presentation for your mins.

- I've attached the list of services which identify service areas; this is for the survey and not inspection.
- I am going to discuss further re; free text with Picker when I meet with them on Wednesday- and will advise
- Private pts are excluded

Hope this assists. Kind regards

Becky

From: Anuschka Muller < A. Muller@health.gov.je>

Sent: 31 May 2022 18:31

To: Becky Sherrington < B. Sherrington@carecommission.je>

Cc: @gov.je>; Rose Naylor <R.Naylor@health.gov.je>; Patrick Armstrong

<P.Armstrong@health.gov.je>; Claire Thompson <C.Thompson@health.gov.je>; Andy Weir <A.Weir@health.gov.je>;

Caroline Landon < C. Landon@health.gov.je >;

@gov.je>; Cheryl Power

<C.Power@health.gov.je>

Subject: JCC - Picker survey presentation - follow up

Hi Becky

Thank you for your time last week, it was very useful to hear the details of the survey.

I was wondering whether you would be so kind and share the full list of services to be inspected, please.

We also had a question on whether private patients will be contacted for the survey.

And we asked whether free text answer options will be included in the survey and if, whether the answers will be published in full or be retracted to avoid names being published.

Thank you

Anuschka

Dr Anuschka Muller

Director Improvement and Innovation (Health)

Email a.muller@health.gov.je

Mobile

Direct +44 (0)1534 440769

Government of Jersey

Health and Community Services

3rd Floor West Wing| Peter Crill House | Gloucester Street | St Helier | Jersey | JE1 3QS

From: Rose Naylor <R.Naylor@health.gov.je>

Sent: 06 June 2022 11:21

To:

Cc: Adrian Noon; (Health); Caroline Landon; Claire Thompson;

Subject: Well done - Sandybrook Day Centre inspection report

Attachments: R Sandybrook Day Centre 2022 LM.pdf

Hi

Just a note to congratulate you and your team for the significant progress made, a great report reflecting the experience of your clients, with no improvement recommendation.

Well done, some really lovely examples of good practice as well

Kind regards

Rose

Rose Naylor Chief Nurse

From: @health.gov.je>

Sent: 06 June 2022 10:41

To: (Health) @health.gov.je>; Rose Naylor <R.Naylor@health.gov.je>

Subject: Sandybrook Day Centre inspection report

From: @carecommission.je>

Sent: 01 June 2022 15:43

To: @health.gov.je; Caroline Landon < C.Landon@health.gov.je;

<a>@health.gov.je>

Cc: @health.gov.je>

Subject: RE: Sandybrook Day Centre inspection report

Good afternoon.

Further to an earlier telephone call with ______, please be advised that I have changed the wording slightly in the paragraph commencing 'since the last inspection... on page 7.

Please can you advise if this is now accurate and if so, I can arrange for the report to be finalised and published.

Kind regards

Regulation Officer
Jersey Care Commission
1st Floor, Capital House
8 Church Street
St Helier
JE2 3NN

From: @gov.je>

Sent: 06 June 2022 19:29

To: Rose Naylor;

Cc: Adrian Noon; (Health); Caroline Landon; Claire Thompson

Subject: RE: Well done - Sandybrook Day Centre inspection report

Thank you, we will be happy to do some internal comms on this for colleagues, and a link to the report, when it is published.

Fantastic news

From: Rose Naylor < R. Naylor@health.gov.je>

Sent: 06 June 2022 11:21

To: @health.gov.je>

Cc: Adrian Noon <A.Noon@health.gov.je>; (Health) < @health.gov.je>; Caroline Landon

<C.Landon@health.gov.je>; Claire Thompson <C.Thompson@health.gov.je>;

< @gov.je>

Subject: Well done - Sandybrook Day Centre inspection report

Hi

Just a note to congratulate you and your team for the significant progress made, a great report reflecting the experience of your clients, with no improvement recommendation.

Well done, some really lovely examples of good practice as well

Kind regards

Rose

Rose Naylor Chief Nurse

From: @health.gov.je>

Sent: 06 June 2022 10:41

To: @health.gov.je>; Rose Naylor < R.Naylor@health.gov.je>

Subject: Sandybrook Day Centre inspection report

From: @health.gov.je>

Sent: 10 June 2022 09:31

To: ; Caroline Landon;

Cc:

Subject: RE: Sandybrook Day Centre inspection report

Thanks all for your hard work great report a real reflection of all your hard work.

Kindest Regards

Health & Community Services I DAY SERVICES AND SHORT BREAKS MANAGER

Eagle House I 2 Don Road, St Helier I Jersey I JE2 4QD



Customer focus - Constantly improving - Better together - Always respectful - We deliver

From: @health.gov.je>

Sent: 06 June 2022 09:18

To: @carecommission.je>; Caroline Landon <C.Landon@health.gov.je>;

@health.gov.je>

Cc: @health.gov.je>; @health.gov.je>

Subject: RE: Sandybrook Day Centre inspection report

Hi

I hope you had a lovely long weekend,

Thank you for the amendment, we as a team at Sandybrook are really pleased with the report and are happy for it to be published,

Many thanks

Centre Lead

Health and Community Services

Direct:

Fax:

Email: <u>@health.gov.je</u>

Referrals Email: referralsoadayservices@health.gov.je

Sandybrook Day Centre | Sandybrook Lane | Rue de Craslin | St. Peter | Jersey | JE3 7ZZ

Subject: Private practice and pending registration and inspection by Jersey Care Commission

Location: Peter Crill House Executive Board Room

 Start:
 Wed 29/06/2022 13:00

 End:
 Wed 29/06/2022 14:00

Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Patrick Armstrong

Resources: Peter Crill House Executive Board Room

As discussed at MSC from 2024 onwards the Jersey Care Commission will be inspecting hospital and clinic services. We need to consider how this will impact private practice work undertaken in HSC facilities. The purpose of this meeting is to start scoping potential issues and agree how best to set out resolving those issues, including engagement with practitioners.

PA to Group Medical Director Health and Community Services

Email

Government of Jersey
HCS Corporate Division
3rd Floor West Wing | Peter Crill House | Gloucester Street | St Helier | JE1 3QS

From: Caroline Landon < C.Landon@health.gov.je>

Sent: 16 June 2022 17:49 **To:** Rose Naylor

Subject: FW: Pine Ridge draft inspection report **Attachments:** 20220525 R Pine Ridge ...docx

From: @carecommission.je>

Sent: 16 June 2022 12:08

To: @health.gov.je>; Caroline Landon < C.Landon@health.gov.je>

Cc: @health.gov.je>
Subject: Pine Ridge draft inspection report

Good afternoon,

Please find attached a draft inspection report following the inspection of Pine Ridge Care Home which was completed on 25 May 2022.

You will note that there is an improvement plan at the back of the report which should be completed setting out how these areas of improvement have been or will be addressed in order to meet the relevant Standards. You are expected to submit your brief response within 28 days of today's date and return it directly to me using this email address.

In accordance with Article 27 of the Regulation of Care (Jersey) Law 2014, if there is an error of fact in the draft report, and the Commission accepts the error, then we are obliged to rectify these prior to the report becoming final. Please note that the response recorded for publication should apply to how the improvement plan is to be addressed, any disputed findings would be expected to have been conveyed to me for discussion at the conclusion of the inspection process prior to drafting of the report.

Please note that the final report and provider response to this inspection will be published on the Commission's website.

Kind regards

Regulation Officer
Jersey Care Commission
1st Floor, Capital House
8 Church Street
St Helier
JE2 3NN

Email: <u>@carecommission.je</u>
Telephone:



From: Claire Thompson < C.Thompson@health.gov.je>

Sent:22 June 2022 11:09To:Anuschka MullerCc:Patrick Armstrong;

Subject: RE: Jersey Care Commission Regulation of Care preparatory work

Thank you

Just to raise there is growing request for both internal & external facing working groups that clinicians can take part in, which is great and I know is sighted on developing these but just to mention this

Best Wishes

Claire

Claire Thompson
Director of Clinical Services (Interim)
Health and Community Services

Direct: 01534 445439 Mobile: Email: c.thompson@health.gov.je

Government of Jersey
Health and Community Services
General Hospital | St Helier | Jersey JE1 3QS



From: Anuschka Muller < A. Muller @health.gov.je>

Sent: 22 June 2022 08:04

To: @gov.je>; . @health.gov.je>;

@health.gov.je>; Claire Thompson < C.Thompson@health.gov.je>
Subject: RE: Jersey Care Commission Regulation of Care preparatory work

Any suggestions for JCC prep this year needs to come to Claire and I, please. However, this year, we are looking for overarching support and prep but any ideas, let us know.

Thank you

Anuschka

Dr Anuschka Muller

Director Improvement and Innovation (Health)

Email a.muller@health.gov.je

Mobile

Direct +44 (0)1534 440769

From: @gov.je>

Sent: 23 June 2022 09:26

To: Claire Thompson; Anuschka Muller

Cc: Patrick Armstrong

Subject: RE: Jersey Care Commission Regulation of Care preparatory work

Hi Claire

I had a meeting scheduled with Patrick and the AMD's last week – to which only Patrick turned up – to discuss this very matter.

It has now been rescheduled as we know we need to create sensible engagement routes.

Regards

Please note my new mobile number:

Associate Director, Health Policy

Government of Jersey

Health and Community Services Department| Improvement and Innovation Directorate 19-21 Broad Street | St Helier | Jersey | JE2 3RR



From: Claire Thompson < C.Thompson@health.gov.je>

Sent: 22 June 2022 11:09

To: Anuschka Muller < A. Muller@health.gov.je>

Cc: Patrick Armstrong < P. Armstrong@health.gov.je>; @gov.je>

Subject: RE: Jersey Care Commission Regulation of Care preparatory work

Thank you

Just to raise there is growing request for both internal & external facing working groups that clinicians can take part in, which is great and I know is sighted on developing these but just to mention this

Best Wishes

Claire

Claire Thompson

Director of Clinical Services (Interim) Health and Community Services

Direct: 01534 445439

Email: c.thompson@health.gov.je

Government of Jersey

Health and Community Services

General Hospital | St Helier | Jersey JE1 3QS

From: Anuschka Muller < A.Muller@health.gov.je>

Sent: 23 June 2022 16:53
To: Becky Sherrington

Cc: ; Rose Naylor; Patrick Armstrong; Claire Thompson; Andy Weir;

Caroline Landon; ; Cheryl Power;

Subject: RE: JCC - Picker survey presentation - follow up

HI Becky

Could you feed back on the free text option, please? What did Picker say?

Thank you

Anuschka

Dr Anuschka Muller

Director Improvement and Innovation (Health)

Email a.muller@health.gov.je

Direct +44 (0)1534 440769

From: Becky Sherrington < B. Sherrington@carecommission.je>

Sent: 06 June 2022 11:13

To: Anuschka Muller < A. Muller@health.gov.je>

Cc: @gov.je>; Rose Naylor <R.Naylor@health.gov.je>; Patrick Armstrong

<P.Armstrong@health.gov.je>; Claire Thompson <C.Thompson@health.gov.je>; Andy Weir <A.Weir@health.gov.je>;

Caroline Landon < C.Landon@health.gov.je>; ________@gov.je>; Cheryl Power

<C.Power@health.gov.je>

Subject: RE: JCC - Picker survey presentation - follow up

Hi Anushka, thank you for inviting me. I hope you have the presentation for your mins.

- I've attached the list of services which identify service areas; this is for the survey and not inspection.
- I am going to discuss further re; free text with Picker when I meet with them on Wednesday- and will advise
- Private pts are excluded

Hope this assists.

Kind regards

Becky

From: Anuschka Muller < A.Muller@health.gov.je>

Sent: 24 June 2022 11:38

To: Andy Weir; Caroline Landon; Claire Thompson; Patrick Armstrong; Rose Naylor

Cc:

Subject: FW: JCC - Picker survey presentation - follow up

For info

We asked whether free text comments in the picker survey would be fully published with the risk of names being published if someone put them in in their response.

Becky's response to it...

Has been followed up with them, and they are providing a quote on how much it will cost to redact; which I am awaiting for. Not forgotten and will let you know.

Dr Anuschka Muller

Director Improvement and Innovation (Health)

Email a.muller@health.gov.je

Mobile

Direct +44 (0)1534 440769

From: Becky Sherrington < B. Sherrington@carecommission.je >

Sent: 24 June 2022 08:25

To: Anuschka Muller < A. Muller@health.gov.je>

Subject: RE: JCC - Picker survey presentation - follow up

Hi Anushka,

Has been followed up with them, and they are providing a quote on how much it will cost to redact; which I am awaiting for. Not forgotten and will let you know.

Becky

From: Anuschka Muller < A.Muller@health.gov.je>

Sent: 23 June 2022 16:53

To: Becky Sherrington < B. Sherrington@carecommission.je >

Cc: <u>|@gov.je</u>>; Rose Naylor <<u>R.Naylor@health.gov.je</u>>; Patrick Armstrong

<<u>P.Armstrong@health.gov.je</u>>; Claire Thompson <<u>C.Thompson@health.gov.je</u>>; Andy Weir <<u>A.Weir@health.gov.je</u>>;

Caroline Landon < C.Landon@health.gov.je>; @gov.je>; Cheryl Power

<<u>C.Power@health.gov.je</u>>; @health.gov.je>

Subject: RE: JCC - Picker survey presentation - follow up

HI Becky

Could you feed back on the free text option, please? What did Picker say?

Thank you

Anuschka

From: Becky Sherrington < B. Sherrington@carecommission.je>

27 July 2022 09:19 Sent: To: Karen Wilson

Cc:

Subject: Jersey Care Commission

Dear Minister,

Firstly, I would like to congratulate you on your appointment as Minister and hope you are well.

I would very much welcome the opportunity to meet with you to provide you with a brief outline and update on the Jersey Care Commission, and our corporate objectives. Many of our objectives align with your Ministerial portfolio, particularly around the importance of standards of care.

I hope you can spare time in your busy schedule over the coming weeks. I look forward to hearing from you and hopefully meeting with you soon.

Kind regards Becky

Becky Sherrington Chief Inspector Jersey Care Commission 1st Floor, Capital House 8 Church Street St Helier, Jersey JE2 3NN

Email: B.Sherrington@carecommission.je



From: Becky Sherrington < B.Sherrington@carecommission.je>

Sent: 11 August 2022 14:28

To: Rose Naylor

Cc:

Subject: JCC - Care Sector event with NMC

Dear Rose,

I have recently had a meeting with (NMC) in relation to our professional regulation register.

As an aside, following the meeting I have invited her to an event for Care Sector managers (who employ nurses), to provide them with an opportunity to learn more about professional regulation and the role of the NMC. This was something that she was keen to support.

I am therefore proposing that we will hold a single session for around for 15-20 people on 6^{th} October 2022, 11.00 -1pm; held in person at the Care Commission Offices.

I would like to invite you to join to be part of the discussion. The title of the event is likely to be "An audience with Nursing and Midwifery Council and Rose Naylor, Chief Nurse. An informal opportunity to learn more about the role of the NMC and understand the future of regulation."

Please do let me know if this is something you would be able to support.

Kind regards Becky

Becky Sherrington
Chief Inspector
Jersey Care Commission
1st Floor, Capital House
8 Church Street
St Helier, Jersey JE2 3NN
Email: B.Sherrington@carecommission.je



From: Sent: To: Cc: Subject:	Rose Naylor <r.naylor@health.gov.je> 12 August 2022 07:42 Becky Sherrington RE: JCC - Care Sector event with NMC</r.naylor@health.gov.je>		
Absolutely Becky – of course, I we event and not just for a session	ould be delighted to — please can you organise my diary so I attend the whole		
I am sure told you she is a brilliant response	here in September as well supporting a conference has organised, we have had		
Thanks for this			
Kind regards Rose			
From: Becky Sherrington < B.Sher Sent: 11 August 2022 14:28 To: Rose Naylor < R.Naylor@healt	h.gov.je>		
Subject: JCC - Care Sector event v	@health.gov.je> vith NMC		
Dear Rose, I have recently had a meeting wit	h (NMC) in relation to our professional regulation register.		
As an aside, following the meeting I have invited her to an event for Care Sector managers (who employ nurses), to provide them with an opportunity to learn more about professional regulation and the role of the NMC. This was something that she was keen to support. I am therefore proposing that we will hold a single session for around for 15 – 20 people on 6 th October 2022, 11.00 – 1pm; held in person at the Care Commission Offices.			
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Please do let me know if this is something you would be able to support.			
Kind regards Becky			
Becky Sherrington Chief Inspector Jersey Care Commission 1st Floor, Capital House 8 Church Street St Helier, Jersey JE2 3NN Email: B.Sherrington@care	commission.je		

From:

@health.gov.je>

Sent:

12 August 2022 08:36

To:

Rose Naylor; Becky Sherrington

Subject:

RE: JCC - Care Sector event with NMC

Hi Becky

I will extend the time for Rose. Just to be clear this means that Non-Clinical Exec Meeting will take place without you Rose. It will be the first one.

Kind regards



From: Rose Naylor < R. Naylor@health.gov.je>

Sent: 12 August 2022 07:42

To: Becky Sherrington < B. Sherrington@carecommission.je>

Cc: @health.gov.je>

Subject: RE: JCC - Care Sector event with NMC

Absolutely Becky – of course, I would be delighted to – please can you organise my diary so I attend the whole event and not just for a session

I am sure Michele told you she is here in September as well supporting a conference Tim has organised, we have had a brilliant response

Thanks for this

Kind regards

Rose

From: Becky Sherrington < B.Sherrington@carecommission.je>

Sent: 12 August 2022 08:39

To: Rose Naylor

Subject: RE: JCC - Care Sector event with NMC

Hi all – that's great news, and thank you Rose.

The event will be from 11.00 - 1pm, so Rose will be required for that and small travel time to get to us (we are 2 mins away from Broad st)

Becky

From: @health.gov.je>

Sent: 12 August 2022 08:36

To: Rose Naylor < R. Naylor@health.gov.je>; Becky Sherrington < B. Sherrington@carecommission.je>

Subject: RE: JCC - Care Sector event with NMC

Hi Becky

I will extend the time for Rose. Just to be clear this means that Non-Clinical Exec Meeting will take place without you Rose. It will be the first one.

Kind regards

From: Becky Sherrington < B.Sherrington@carecommission.je>

Sent: 22 August 2022 11:28

To: Rose Naylor
Cc: Anuschka Muller:

Subject: FW: JCC Contact Details

Dear Rose,

In preparation for the HCS patient survey – can I check with you that in the situation whereby a person contacts the questionnaire helpline, they will be advised to contact details below if they have a complaint. Can I check that these details are correct please.

Many thanks

Becky

From: @PickerEurope.ac.uk>

Sent: 18 August 2022 11:26

To: @gov.je>; @gov.je>

Cc: Becky Sherrington <B.Sherrington@carecommission.je>; @PickerEurope.ac.uk>

Subject: JCC Contact Details

CAUTION: This email originated from outside of the organisation. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi All,

I hope you are well.

Just a quick question. It may happen that some respondents get in touch to the helpdesk to ask for information about their care or to lodge a complaint. They would be referred to HCS for their specific case. Can we use the contact details below?

Health and Community Services

Telephone +44(0)1534 442000 Email: pals@health.gov.je

Health and Community Services Peter Crill House Gloucester Street St Helier Jersey JE1 3QS

Kind regards,

Project Manager

Picker Suite 6, Fountain House 1200 Parkway Court John Smith Drive Oxford OX4 2JY

Tel.

Email: @PickerEurope.ac.uk

Web: www.picker.org



Keep in touch with the latest news from Picker by signing up for our newsletter.

From: Rose Naylor <R.Naylor@health.gov.je>

Sent: 22 August 2022 11:39

To: Becky Sherrington;
Cc: Anuschka Muller;

Subject: RE: JCC Contact Details

and

Please can you confirm with Becky the details please as per email below

Many thanks

Rose

From: Becky Sherrington < B. Sherrington@carecommission.je>

Sent: 22 August 2022 11:28

To: Rose Naylor < R. Naylor@health.gov.je>

Cc: Anuschka Muller < A. Muller@health.gov.je >; | @gov.je >

Subject: FW: JCC Contact Details

Dear Rose,

In preparation for the HCS patient survey – can I check with you that in the situation whereby a person contacts the questionnaire helpline, they will be advised to contact details below if they have a complaint. Can I check that these details are correct please.

Many thanks

Becky

From: Becky Sherrington < B.Sherrington@carecommission.je>

Sent: 23 August 2022 17:24

To: Rose Naylor;

Subject: RE: JCC Contact Details

Hi @ and @ I would appreciate your support. Can you please confirm the below asap

please. Many thanks Becky

Becky Sherrington Chief Inspector Jersey Care Commission 1st Floor, Capital House 8 Church Street St Helier, Jersey JE2 3NN

Email: B.Sherrington@carecommission.je



From: Rose Naylor < R. Naylor@health.gov.je>

Sent: 22 August 2022 11:39

To: Becky Sherrington <B.Sherrington@carecommission.je>; @health.gov.je>;

@health.gov.je>

Cc: Anuschka Muller < A. Muller@health.gov.je>; @gov.je>

Subject: RE: JCC Contact Details

and

Please can you confirm with Becky the details please as per email below

Many thanks

Rose

From:

@health.gov.je>

Sent:

24 August 2022 11:01

To:

; Becky Sherrington; Rose Naylor

Subject:

RE: JCC Contact Details

HI Becky,

Queries/ concerns should be directed to PALS 443515

Complaints to feedback@health.gov.je or 442044

Thank you

From:

@health.gov.je>

Sent: 23 August 2022 18:27

To: Becky Sherrington <B.Sherrington@carecommission.je>; Rose Naylor <R.Naylor@health.gov.je>;

@health.gov.je> Subject: RE: JCC Contact Details

Hi Becky,

The email address is correct, however I do not know the telephone number for PALS,

will know that,

From: Becky Sherrington

Sent: 23 August 2022 17:24

To: Rose Naylor < R. Naylor@health.gov.je>;

@health.gov.je>;

@health.gov.je> Subject: RE: JCC Contact Details

Hi @

and @

I would appreciate your support. Can you please confirm the below asap

please. Many thanks

Becky

Becky Sherrington Chief Inspector Jersey Care Commission 1st Floor, Capital House 8 Church Street

St Helier, Jersey JE2 3NN

Email: B.Sherrington@carecommission.je



From:

Caroline Landon < C.Landon@health.gov.je>

Sent:

30 August 2022 11:00

To:

Rose Naylor

Subject:

FW: Inspection Report for Maison Jubilee

Attachments:

20220721&20220803 Inspection Report Maison Jubilee - Final.docx

From: @carecommission.je>

Sent: 25 August 2022 11:34

To: Caroline Landon < C.Landon@health.gov.je>; [

@health.gov.je>

Cc:

Subject: Inspection Report for Maison Jubilee

Good morning,

Please find attached a draft inspection report following the inspection of Maison Jubilee care home which was completed on 21 July and 3 August 2022.

You will note that there is an improvement plan at the back of the report which should be completed setting out how these areas of improvement have been or will be addressed in order to meet the relevant Standards. You are expected to submit your brief response within 28 days of today's date and return it directly to me using this email address.

In accordance with Article 27 of the Regulation of Care (Jersey) Law 2014, if there is an error of fact in the draft report, and the Commission accepts the error, then we are obliged to rectify these prior to the report becoming final. Please note that the response recorded for publication should apply to how the improvement plan is to be addressed, any disputed findings would be expected to have been conveyed to me for discussion at the conclusion of the inspection process prior to drafting of the report.

Please note that the final report and provider response to this inspection will be published on the Commission's website.

Kind regards

Regulation Officer
Jersey Care Commission
1st Floor, Capital House
8 Church Street
St Helier
JE2 3NN

Tel:

E-mail:

@carecommission.je

From: Caroline Landon < C.Landon@health.gov.je >

Sent: 12 September 2022 11:52

To: Rose Naylor

Subject: FW: Jersey Care Commission - Snapshot of Staffing Survey

From: Notifications < notifications@carecommission.je>

Sent: 12 September 2022 11:43

Subject: Jersey Care Commission - Snapshot of Staffing Survey

Dear Provider/Manager

Please note that the staffing survey is due to close on 14th September. If you wish to provide feedback, please do so using the following link: https://forms.office.com/r/t6uBWh2rcZ

The Commission is seeking to obtain a snapshot of the current situation relating to recruitment and staffing across the regulated sector. The purpose of this is to better understand whether there are and if so where are particular pressures. All information obtained will be processed confidentially. The Commission will not disclose any names of specific services, names of providers of services or managers. Providing a response is entirely voluntary.

Kind regards

Executive Administrator
Jersey Care Commission
1st Floor Capital House
8 Church Street
St Helier, Jersey
JE2 3NN

Tel:

Office email: notifications@carecommission.je

website: www.carecommission.je



Subject: MENV | Ministerial Update: Quarter 3 Catchup with the Jersey Care Commission

(JCC)

Location: Microsoft Teams Meeting; / Broad Street Petit Port

Start: Wed 28/09/2022 13:30 **End:** Wed 28/09/2022 14:30

Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer:

Dear Minister and Becky

Please see this rescheduled meeting invitation for the Quarter 3 catch up. I have added a Teams link if needed – but would hope to hold the meeting in person and I have booked a meeting room at Broad Street accordingly. Please let me know if this date and time are not convenient.

Kind regards

Microsoft Teams meeting

Join on your computer or mobile app

Click here to join the meeting

Or join by entering a meeting ID

Meeting ID: 333 990 253 838

Passcode: YTBawi

Or call in (audio only)

+44 20 3321 5250,,112154375# United Kingdom, London

Phone Conference ID: 112 154 375#

Find a local number | Reset PIN

Learn More | Meeting options

1

From: Caroline Landon < C.Landon@health.gov.je>

Sent:26 September 2022 15:38To:Rose Naylor; Claire ThompsonSubject:FW: Standards Consultation

Can you respond please

From: Notifications < notifications@carecommission.je>

Sent: 26 September 2022 15:11 **Subject:** Standards Consultation

Dear Key Stakeholder,

Please note that the final two draft Standards are now available on our website for you to review and provide feedback.

Child and Adolescent Mental Health Service (CAMHS).

Independent Monitoring and Review Service in respect of Children's safeguarding arrangements (Independent Reviewing Officers – IRO)

You can find the feedback forms via the links below; they will be open until 14th October 2022. We appreciate you taking the time to provide us with your thoughts and please do let us know if you have any questions.

Children's and Adolescent Mental Health Service (CAHMS) Standards – You can submit your comments here

Independent Reviewing Standards (IROs) – You can submit your comments here

Kind regards

Becky Sherrington
Chief Inspector
Jersey Care Commission
1st Floor, Capital House
8 Church Street
St Helier, Jersey JE2 3NN

Email: B.Sherrington@carecommission.je



From: Rose Naylor < R.Naylor@health.gov.je>

Sent: 16 November 2022 17:19

To:

Cc: Caroline Landon

Subject: RE: Jersey Care Commission Sandybrook Nursing Home 15.11.2022

Attachments: Jersey Care Commission Sandybrook Nursing Home 15.11.2022 (003).docx

Importance: High

Please can you print this version of the letter off for Caroline to sign and send tomorrow

From: @health.gov.je>

Sent: 15 November 2022 11:44

To: Rose Naylor < R. Naylor@health.gov.je>

Subject: Jersey Care Commission Sandybrook Nursing Home 15.11.2022

Hello Rose

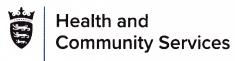
Please find attach the draft letter from in Caroline's template

Thank you

EA to Caroline Landon

3rd Floor, West WingPeter Crill House, The General Hospital, Gloucester Street, St Helier, JE13QS





Director General

Peter Crill House Gloucester Street St Helier Jersey, JE1 3QS

17 November 2022

Deputy Chief Inspector
Jersey Care Commission
1st Floor Capital House
8 Church Street
St Helier
JE2 3NN

Sandybrook Nursing Home

Thank you for your letter dated 31st Augus	st 2022. I sincerely apologise	for the delay in responding.
--	--------------------------------	------------------------------

On receipt of your letter I asked the General Manager for Medicine to investigate the concerns you raised and I am aware has spoken to you directly on this matter. I am now in a position to respond.

On the occasion in question I can confirm that the registered manager was off, and a patient was assessed in the General Hospital as to their suitability for transfer to Sandybrook Nursing Home.

This I understand has been discussed with you directly by and I understand you accepted this as an acceptable explanation of events that reflects practice in other parts of the sector.

I hope this provides the necessary assurance, however if you require any further information please do not hesitate to contact me.

Yours sincerely

Caroline Landon
Director General of Health & Community Services

D +44 (0)1534 442272

From: Rose Naylor <R.Naylor@health.gov.je>

Sent: 16 November 2022 17:19

To:

Cc: Caroline Landon

Subject: RE: Jersey Care Commission Sandybrook Nursing Home 15.11.2022

I have the second letter almost ready just waiting for some final detail

From: Rose Naylor

Sent: 16 November 2022 17:19

To: @health.gov.je>
Cc: Caroline Landon < C.Landon@health.gov.je>

Subject: RE: Jersey Care Commission Sandybrook Nursing Home 15.11.2022

Importance: High

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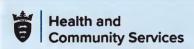
Hello Rose

Please find attach the draft letter from in Caroline's template

Thank you

EA to Caroline Landon

3rd Floor, West WingPeter Crill House, The General Hospital, Gloucester Street, St Helier, JE13QS



From: Rose Naylor <R.Naylor@health.gov.je>

Sent: 22 November 2022 13:37

To: ; Caroline Landon;

Subject: RE: Sandybrook Care Home draft inspection report

Many thanks – received

From: @carecommission.je>

Sent: 22 November 2022 13:22

To: Caroline Landon <C.Landon@health.gov.je>; @health.gov.je>; [

@health.gov.je>

Cc: Rose Naylor <R.Naylor@health.gov.je>

Subject: Sandybrook Care Home draft inspection report

Good afternoon,

I attach a draft inspection report following the inspection of Sandybrook care home which was completed on 28 October 2022. Please do let me know if there are any factual errors within the report by contacting me directly.

You will note that there is an improvement plan at the back of the report which should be completed setting out how these areas of improvement have been or will be addressed in order to meet the relevant Standards. You are expected to submit your brief response within 28 days of today's date and return it directly to me using this email address.

In accordance with Article 27 of the Regulation of Care (Jersey) Law 2014, if there is an error of fact in the draft report, and the Commission accepts the error, then we are obliged to rectify these prior to the report becoming final. Please note that the response recorded for publication should apply to how the improvement plan is to be addressed, any disputed findings would be expected to have been conveyed to me for discussion at the conclusion of the inspection process prior to drafting of the report.

Please note that the final report and provider response to this inspection will be published on the Commission's website.

Kind regards

Regulation Officer
Jersey Care Commission
1st Floor, Capital House
8 Church Street
St Helier
JE2 3NN

Email: @carecommission.je

Telephone:



From: Rose Naylor < R.Naylor@health.gov.je> Sent: 22 November 2022 13:41 To: (Health); Adrian Noon Cc: ; Caroline Landon; Subject: FW: Sandybrook Care Home draft inspection report **Attachments:** 2022 October R Sandybrook Care Home Importance: High See attached report please can you work with Need to check for any factual errors in first instance Will get a meeting in diary which I think we should hold on site at Sandybrook – I will chair, will support and we need to pull the initial response together to go from Caroline – which we have to return within 28 days Will need to do a briefing for the Minister also Kind regards Rose

From: @carecommission.je>

Sent: 22 November 2022 13:22

To: Caroline Landon < C.Landon@health.gov.je>; @health.gov.je>;

@health.gov.je>

Cc: Rose Naylor < R. Naylor@health.gov.je>

Subject: Sandybrook Care Home draft inspection report

Good afternoon,

I attach a draft inspection report following the inspection of Sandybrook care home which was completed on 28 October 2022. Please do let me know if there are any factual errors within the report by contacting me directly.

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Kind regards

Regulation Officer
Jersey Care Commission
1st Floor, Capital House
8 Church Street
St Helier
JE2 3NN

Email: @carecommission.je
Telephone:



Rose Naylor < R.Naylor@health.gov.je> From: Sent: 22 November 2022 15:51 To: Caroline Landon Cc: FW: Sandybrook Care Home draft inspection report Subject: **Attachments:** 2022 October R Sandybrook Care Home Please can you pop this into a formal letter for Caroline to sign Dear Thank you for forwarding a draft copy of the recent inspection report into Sandybrook Care Home. I note the content of your email dated 22nd November 2022, the content of the report and the improvement plan. I have asked the Senior Nurse in Medicine to undertake the immediate fact check with the Sandybrook team and to contact you directly with any corrections of fact. I also note the date for completion of submission on our response within 28 days of todays date and will ensure this is completed and returned to you within the timeframe. Kind regards Caroline Landon From: @health.gov.je> Sent: 22 November 2022 13:30 To: @carecommission.je> Cc: Caroline Landon < C.Landon@health.gov.je>; Rose Naylor < R.Naylor@health.gov.je>; Andy Weir <A.Weir@health.gov.je>; (Health) @health.gov.je>; ! @health.gov.je>; @health.gov.je> Subject: Sandybrook Care Home draft inspection report Good afternoon Thank you EA to Caroline Landon

3rd Floor, West WingPeter Crill House, The General Hospital, Gloucester Street, St Helier, JE13QS



From: Becky Sherrington < B.Sherrington@carecommission.je>

Sent: 23 November 2022 15:51 **To:** Tom Walker; Caroline Landon

Subject: FW: Jersey Care Commission - 'Addressing Challenges and Risks in Social Care' –

report.

Attachments: 20221122 Jersey Care Commission - Addressing Challenges and Risks Discussion

Paper Final.docx; Discussion Paper Addressing Challenges and risks in adult social

care (1).pdf

Hi Tom and Caroline,

This has been shared with GOJ Comms team but thought you may want to see also.

Becky

From: <<u>hi@</u> .com>

Sent: 23 November 2022 13:06

To: Becky Sherrington < B. Sherrington@carecommission.je >

Subject: Jersey Care Commission - 'Addressing Challenges and Risks in Social Care' - report.

CAUTION: This email originated from outside of the organisation. Do not click links or open attachments unless you recognise the sender and know the content is safe.

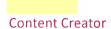
Good afternoon,

I hope this email finds you well. Please find attached a copy of a report written by the Jersey Care Commission's Chief Inspector, Becky Sherrington. We're sending you both the report and the media release under embargo ahead of us publishing the report on our website tomorrow morning, Thursday 24 November, at 8am.

The report has been written in response to concerns raised throughout the Commission's process of regulating and inspecting the care sector and it is hoped it will stimulate both thought and debate on the level of current risk.

Please do let me know if you've any questions or if you'd like to speak to Becky tomorrow once the embargo is lifted.

Kind regards







EMBARGOED Until 0800hrs Thursday 24 November 2022

'Addressing Challenges and Risks in Social Care' – report.

The role of Jersey Care Commission is to regulate and inspect a range of services for both adults and children; to provide the people of Jersey with assurance about the quality and reliability of health and social care services.

In 2022 the Commission carried out over 120 inspections and established that the quality and safety of care delivered in care homes and in the community is generally good. We have also identified examples of providers delivering exceptional care.

However, emerging from the COVID19 pandemic, the Commission through its regulatory programme of work, has evidence that the adult social care sector is experiencing significant challenges and risks which, without a mitigating plan in place, will adversely impact on outcomes and the quality of care. In response to the concerns raised throughout the process of regulating and inspecting the care sector the Commission has issued a report 'Addressing Challenges and Risks in Social Care'. The report explores specific matters which are currently impacting the sector which pose continuing risks.

There are three specific matters which are:

- 1. care staff vacancy rates are increasing
- 2. demand on local care services is intensifying
- 3. care providers are reporting that workforce shortages are having an adverse impact on the care sector's capacity and capability.



Becky Sherrington, Chief Inspector said, "The Commission, by producing this report, is wishing to stimulate thought and debate on the level of current risk. We are also urging the Government to consider how it supports the social care market, which is required to continue to deliver a wide range of sustainable high-quality care services within the community.

Without positive intervention, the current and worsening situation means that the Commission cannot discount the real possibility of a future care system failure."

- ends -

Notes to editors:

The Jersey Care Commission regulates and inspects services for both adults and children, provided by the Government of Jersey, Parishes, private providers, and the voluntary sector to ensure that people receive high quality and safe care.

The services the Commission regulate include, but are not limited to, care homes providing nursing and personal care or personal support for people with a range of health and social care needs, care provided to people in their own homes, adult day care services and residential and other services for children and young people.



Discussion Paper

November 22

carecommission.je

Telephone + 44 (0) 1534 445801 Email enquiries@carecommission.je



DISCUSSION PAPER

Addressing challenges and risks in social care

Introduction

Adult social care plays a vital role in keeping people well, either in their own homes or in residential care settings. People in Jersey expect to receive safe and effective social care, both now and for future generations. The aim of the Jersey Care Model is to keep Islanders living healthy and independent lives for as long as possible. When people require health and care services, these are designed around the need of the individual and, where clinically appropriate, delivered in the community.

The Care Commission's role as an independent regulator is to provide the people of Jersey with assurance about the quality and reliability of health and social care services, through regular inspections and effective regulation of the sector. We achieve our mandate by carrying out inspections. In 2022 we carried out over 120 inspections.

Throughout 2022 the Commission established that the quality and safety of care delivered in care homes and in the community is generally good. We have also identified examples of providers delivering exceptional care. In addition to our inspection programme, we initiated other activities to enable and encourage regular and routine dialogue with the sector. We have held engagement events and carried out a survey, to increase our understanding of the continuing viability of the social care sector in Jersey.

As the independent regulator it is our duty to identify from regulatory activities overall trends in respect of the quality and safety of care services and to highlight risks in social care provision, in particular any immediate risks that are impacting on care providers and those receiving services. Throughout 2022, the Commission has routinely heard concerns raised by providers about staff recruitment and retention. This led us to develop a specific survey to acquire focused information on workforce challenges.

Emerging from the COVID19 pandemic, the Commission has evidence that the adult social care sector is experiencing significant challenges and risks which, without a mitigating plan in place, will adversely impact on outcomes and the quality of care Islanders receive.

There are three specific matters currently impacting on the care sector which pose continuing risks:

- 1. care staff vacancy rates are increasing
- 2. demand on local care services is intensifying
- 3. care providers are reporting that workforce shortages are having an adverse impact on the care sector's capacity and capability.



Addressing workforce shortages is vital to ensuring that those in need of care and support can access safe and effective health and care services. This requires a robust and urgent response and a sustainable longer-term plan to assure the future of adult social care services.

The purpose of this report is to stimulate thought and debate on the level of current risk and to recommend a single strategic plan to mitigate risks.

Executive Summary

The supply of care staff is failing to keep pace with demand and posing a potentially catastrophic risk to Jersey's care services. If not addressed, the Commission will be unable to provide sufficient assurance of the future stability of the social care sector.

The Commission has concluded from its work that action is urgently required and is providing the opportunity for the Government to consider the leadership and policy support required to tackle the immediate threats, as well as presenting possible longer-term solutions for consideration.

The Commission identifies the current risks as:

- deepening recruitment and retention pressures, across the whole adult social care sector
- 2. care providers with insufficient numbers of experienced staff, handing back care contracts because they cannot manage the workforce shortages and growing demand for services (an example is one recent care provider having to cancel 300 hours of care per week at short notice)
- 3. workforce shortages resulting in providers often working in 'firefighting mode' and therefore reducing their ability to invest in creative models of care
- 4. increased demand and complexity of care requirements on home care providers
- 5. insufficient staff with the necessary skills and experience to fill vacancies
- an increasing need for the Commission to support providers, who are struggling to meet their statutory requirements, with a limit the role the Commission can play to support the sector
- 7. deepening cost pressures
- 8. a lack of data to ensure that demand and capacity is fully understood; with good quality information to predict future requirements
- 9. no clear strategy to understand the future requirements and challenges of the care sector.

Without positive intervention, the current and worsening situation means that the Commission cannot discount the real possibility of a future care system failure.



There is a growing concern that if a care provider, for whatever reason and at short notice, is unable to continue operating, the care sector in Jersey does not have capacity to pick up the shortfall.

The Commission's view is that the Government should consider how it can assist and support the care sector to deliver sustainable services taking into account the increasingly aging local community by:

- supporting and enabling a sustainable and committed workforce to deliver high quality services
- promoting diversity and choice of provision for those with complex care needs
- ensuring market sustainability
- ensuring appropriate mechanisms to underwrite market failure if the risks are realised.

Workforce Demand

The population of Jersey is ageing. People are living longer, and many older people are developing illnesses associated with the ageing process. This gives rise to increased complexity in the extent and type of support required to assist older people who have long term health and social care needs. If Jersey aims to continue to support a vibrant social care sector delivering a wide range of sustainable high-quality care, it will require a diverse and highly trained care workforce.

A recent research report undertaken by the Nuffield Trust estimates that an additional 490,000 jobs in adult social care in England will be needed by 2035 to meet long-term demand. These numbers do not include the other countries in the UK (United Kingdom), equivalent roles associated with children/young people's care, or the existing challenges associated with recruitment and retention into pre-existing jobs. It is the Commission's view that it is likely that an equivalent challenge exists in Jersey.

During August - September 2022, the Commission carried out a sector wide survey of 120 care providers and adult social care managers. The purpose was to ascertain the challenges the sector is facing, focusing on recruitment and retention. A sample of 32 respondents indicated that social care providers have vacancy rates of between 10-30%, with higher turnover rates than is typical for the sector.

The survey results showed that vacancy rates in Jersey are broadly in line with the UK national average. Of particular concern is the inevitability that care providers are competing against each other to attract and maintain a skilled workforce. The inability of care managers to retain staff results in reliance on a continual cycle of recruitment. This constant churn of employees means that both providers and care receivers have to adapt to new and unfamiliar staff. Many care providers are reporting they are in 'firefighting' mode, without the time or capacity to look at creative ways of working or putting in place longer term plans.



The Commission has several examples of where providers are reporting that to manage their workforce risks, they are obliged to restrict care hours provision and capacity. The Commission is aware of examples of a shortage of 'care hours' provision in particular settings, limiting the provision for those requiring complex care.

While some providers feel obliged to restrict their capacity in the current climate, the Commission believes that capacity needs to grow, not shrink, to sufficiently meet current and future demand.

If the factors impacting on the workforce are not addressed there is a risk of increased destabilisation of the care sector, care needs not being met and at worse, a system wide failure where people cannot access the right care at the right time and in the right place.

It is the Commission's view that there is an urgent need to model current minimum and maximum requirements of care hours and identify realistic staffing provision and growth projections. There is also a gap in access to up-to-date data, reporting on occupancy rates and unmet care needs. This data would allow the Government to be fully appraised of the level of risk and to continually plan to address staffing shortages and unmet needs.

Complexity and Demand

As the population ages, complexity of care is key. The proportion of people experiencing complex mental health conditions and older people with complex needs is predicted to continue to increase; at the same time the availability of registered nurses and care staff is decreasing. The impact is a growing risk in the likelihood of reduced quality of care, increased pressure on the existing workforce and reduced levels of safety in care settings. This in turn increases the likelihood of adverse incidents, accidents, safeguarding concerns and investigations.

During inspections of care homes, managers are consistently reporting to the Commission that many residents have long term physical and complex mental health conditions. The Commission is concerned about several registered providers who are at increasing risk of breaching regulations and care standards, as increased complexity and dependence requires higher levels of experienced staff and management support. Worryingly, there is an emerging gap between demand and the number of experienced staff available to fill vacancies, whilst at the same time care providers are experiencing increased complexity.

The available supply of experienced care staff willing to work in the care sector at all levels is challenging, due to competition from higher paid roles in alternative sectors. This is compounded by a high level of burn out following a global pandemic (where staff in this sector are still subject to public health restrictions e.g., mask wearing). This is impacting not just on front-line staff, but also people with the necessary experience and qualifications to fill managerial roles, which increases the risk of provider failure.



The quality and safety of provision of secondary care/acute care is determined by the social care market's ability to respond to the demands placed on it. The increasing pressures in the community to reduce, delay and avoid unnecessary hospital admissions will require the system that has traditionally been used to deliver social care provision, increasingly being relied upon as the alternative delivery method of caring for people with complex, chronic co-morbidities.

Without the adequate community infrastructure in place, the system will experience more frequent delayed discharges, delayed transfers of care and at worse, an increased risk of whole systems failure.

Inflationary pressures (which includes wages, travel, food, and energy costs) are also leading to an increased risk within this sector, with many providers reporting this having a knock-on effect on their ability to continue operating.

It is the Commission's view that if the present trend continues, both Care Homes and the Home Care sector are vulnerable to provider exit, or system failure, as there is not sufficient capacity to realistically deliver and continue to provide for the current and increasing demand for complex care in the community.

Jersey is not well insulated against the sudden failure or collapse of a care provider and the system lacks resilience to address the gap caused by a failing provider.

If, as predicted, demand continues to increase, the system needs to be adequately supported to deliver safe care, to enable the hospital to discharge people safely, and the community to be able to provide appropriate and safe levels of care for those in need.



Conclusion

The Commission, by producing this report, is stimulating thought and debate on the level of current risk. It is also urging the Government to consider how it supports the social care market, which is required to continue to deliver a wide range of sustainable high-quality care services within the community.

As an independent regulator it is our role to identify from regulatory activities' trends in health and / or social care and issues that care providers and Islanders are facing. Throughout 2022, the Commission has routinely heard concerns raised by providers about staffing levels, recruitment, and retention.

There is evidence that the adult social care sector is experiencing significant challenges and risks which, without a mitigating plan in place, will adversely impact on outcomes and the quality of care that Islanders receive.

The situation is a consequence of the facts that:

- 1) care vacancy rates are increasing
- 2) demands on local care services are intensifying
- 3) care providers are reporting that workforce shortages are resulting in a decrease in the care market's capacity and capability to respond to growing demands.

Addressing workforce shortages is a vital step in making sure that people in need can access safe and effective health and social care services. This requires a robust, and urgent response as well as a sustainable longer-term plan to assure the future of adult social care services in Jersey.

Some care providers are finding it challenging to comply with current quality and safety standards. The social care sector is vulnerable to sudden provider exit or failure. Jersey is not insulated against these shocks.

The difficulties are not unique to one part of the care sector as there are inter-dependent risks to the entire care sector which if unaddressed have the potential to lead to major failings, including significant Island wide reputational, cost, and potential system failures.

The Government is urged to consider and put in place a plan to ensure that Jersey has a social care system which has:

- robust adult social care leadership
- diversity and choice of provision
- capacity for market growth and sustainability
- a system / plan to underwrite the risk of market failure
- a skilled workforce which can deliver high quality services.



Jersey Care Commission's Recommendations:

- Consider a single point of contact to provide effective leadership to act proactively and strengthen relationships between the Government of Jersey and all social care providers.
- Carry out a modelling exercise to identify demand projections of volume and complexity, to establish current and likely future domiciliary care and care home capacity requirements in Jersey, taking in to account staffing projections on a small Island.
- 3. Consider the development of a market oversight team with commissioning responsibilities, who can fully understand and support the care sector and, where necessary, provide development support, to reduce the risk of service failure. In particular, ensure support to those who provide highly specialised services, where a sudden or unplanned exit could present a very real challenge ensuring continuity of care.
- 4. Review all Government of Jersey policies which impact on recruitment of overseas workers and address issues which hamper recruitment into the sector.
- 5. The Government of Jersey should consider how best to facilitate appropriate training and development assisting providers to retain staff and to encourage recruitment into the sector.
- 6. The Government of Jersey should, when reviewing housing support, take account of the needs of people working in the private care sector.
- 7. Consider policies and Government budgets, which may support small businesses such as care providers in coping against inflationary cost pressures.

Tom Walker <T.Walker@gov.je> From: Sent: 23 November 2022 15:56

To: Becky Sherrington; Caroline Landon

Subject: RE: Jersey Care Commission - 'Addressing Challenges and Risks in Social Care' -

report.

Thanks Becky - useful to see.

Kind regards, Tom.

From: Becky Sherrington < B. Sherrington@carecommission.je>

Sent: 23 November 2022 15:51

To: Tom Walker <T.Walker@gov.je>; Caroline Landon <C.Landon@health.gov.je>

Subject: FW: Jersey Care Commission - 'Addressing Challenges and Risks in Social Care' – report.

Hi Tom and Caroline,

This has been shared with GOJ Comms team but thought you may want to see also.

Becky

From:

Tom Walker <T.Walker@gov.je>

Sent:

23 November 2022 15:57

To:

Anuschka Muller:

Cc:

Caroline Landon

Subject:

FW: Jersey Care Commission - 'Addressing Challenges and Risks in Social Care' -

report.

Attachments:

20221122 Jersey Care Commission - Addressing Challenges and Risks Discussion Paper Final.docx; Discussion Paper Addressing Challenges and risks in adult social

care (1).pdf

To see also.

From: Becky Sherrington < B. Sherrington@carecommission.je>

Sent: 23 November 2022 15:51

To: Tom Walker <T.Walker@gov.je>; Caroline Landon <C.Landon@health.gov.je>

Subject: FW: Jersey Care Commission - 'Addressing Challenges and Risks in Social Care' - report.

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Becky

From:

.com>

Sent: 23 November 2022 13:06

To: Becky Sherrington < B. Sherrington@carecommission.je>

Subject: Jersey Care Commission - 'Addressing Challenges and Risks in Social Care' - report.

CAUTION: This email originated from outside of the organisation. Do not click links or open attachments unless you recognise the sender and know the content is safe.

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The report has been written in response to concerns raised throughout the Commission's process of regulating and inspecting the care sector and it is hoped it will stimulate both thought and debate on the level of current risk.

Please do let me know if you've any questions or if you'd like to speak to Becky tomorrow once the embargo is lifted.

Kind regards

...

Content Creator

From: @gov.je>

Sent: 23 November 2022 21:27

Subject: STATEMENT: Response to Jersey Care Commission Report

UNDER STRICT EMBARGO UNTIL 06:00 ON THURSDAY 24 NOVEMBER

Good evening,

Please find below a statement from the Minister for Health and Social Services in response to the Jersey Care Commission's report on challenges and risk in adult social care.

Please note this statement is under embargo until the publication of the report at 6.00am on Thursday 24 November.

The Minister for Health and Social Services, Deputy Karen Wilson, said:

"A strong, resilient and effective social care sector is critical to the Island. Social care providers — in the care home and domiciliary care sectors — both care for people living in our community and play a key role in reducing pressures on the hospital services that we all use. Put simply, our healthcare system cannot function without social care providers and their skilled, dedicated staff.

"This Government recognises the challenges that the Jersey Care Commission has so clearly set out in its report. We are already taking action but it is clear we must do more, and do so quickly.

"Over the last few months, the Chief Minister has established a new Population and Skills Ministerial Group focused on addressing the barriers to recruitment and retention of key workers in Jersey, including barriers related to housing and access to health care, and on maximising the participation of the existing Island workforce. The Chief Minister has already taken direct action to extend care agencies' ability to recruit skilled workers from off-Island.

"Furthermore, in response to the recent review of clinical governance in the Health and Community Services Department, I have committed to establishing a strategic health unit which will lead on policy and strategy. This unit will coordinate and strengthen the relationship between the Sector and the whole of Government, ensuing a single point of leadership through myself as Minister for Health and Social Services.

"This work is a starting point, but I recognise that we need to build both capacity and resilience into our system. We need a better understanding of current and future demand; we need more skilled workers, people who feel respected and valued for the work they do and – as rightly pointed out by the Jersey Care Commission – we need to support care providers to manage inflationary pressures while avoiding passing spiralling costs on to members of our community.

"I would like to thank the Jersey Care Commission for their work. In publishing this report, they are urging government to consider how it can better support the social care sector. I am accepting that challenge."

Kind regards,

Head of Media Relations

From: Caroline Landon < C.Landon@health.gov.je>

Sent: 25 November 2022 14:53

To: Becky Sherrington

Subject: RE: Jersey Care Commission - 'Addressing Challenges and Risks in Social Care' –

report.

Thanks Becky.

BW's Caroline

From: Becky Sherrington < B. Sherrington@carecommission.je>

Sent: 23 November 2022 15:51

To: Tom Walker <T.Walker@gov.je>; Caroline Landon <C.Landon@health.gov.je>

Subject: FW: Jersey Care Commission - 'Addressing Challenges and Risks in Social Care' – report.

Hi Tom and Caroline,

This has been shared with GOJ Comms team but thought you may want to see also.

Becky

Subject: MHSS | Ministerial Briefing | JCC Picker Patient Experience Survey

Location: BroadSt 1st Floor - Petit Port

 Start:
 Wed 07/12/2022 09:30

 End:
 Wed 07/12/2022 10:00

Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer:

Resources: BroadSt 1st Floor - Petit Port

Rescheduled as advised.

Kind regards,

Administration and Research Officer

Government of Jersey
Ministerial Offices | Office of the Chief Executive
19-21 Broad Street | St Helier | Jersey | JE2 3RR



Microsoft Teams meeting

Join on your computer, mobile app or room device

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+44 20 3321 5250,,213425736# United Kingdom, London

Phone Conference ID: 213 425 736#

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Learn More | Meeting options

1





Jersey Care Commission Patient Experience Evaluation Date: 25/11/2022

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Picker

Picker is a leading international health and social care charity. We carry out research to understand individuals' needs and their experiences of care. We are here to:

- Influence policy and practice so that health and social care systems are always centred around people's needs and preferences.
- Inspire the delivery of the highest quality care, developing tools and services which enable all experiences to be better understood.
- Empower those working in health and social care to improve experiences by effectively measuring, and acting upon, people's feedback.

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Published by and available from:

Picker Institute Europe

Suite 6, Fountain House,

1200 Parkway Court,

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Executive Summary

This report summarises the findings from a survey of adult users of Inpatient, Museum Urgent and Emergency Care (UEC) and Community Mental Health Services (Characteristic out by Picker, on behalf Jersey Care Commission. The report presents the result set of core questions that were asked across all four services, thereby allowing compared type. It also presents service-specific questions asked to Inpatient, matern patients, UEC patients and CMHS patients. These service-specific questions have compared to data from the Care Quality Commission (CQC) National Patient Surveyor Programme in England¹.

Core questions headline findings



Overall Experience

83% (n=379) of Inpatient, 85% (n=322) of UEC, 79% (n=178) of maternity and 66% (n=184) of CMHS respondents said that they had a positive experience of care overall.



Fast access to reliable health advice

91% of Inpatient (n=385) and 93% (n=341) of UEC respondents said that that they waited 60 minutes or less before speaking to medical staff.



Clear information, communication and support

96% (n=401) of Inpatient, 99% (n=341) of UEC, 98% (n=221) of Maternity and 92% (n=249) of CMHS respondents said that questions were answered in a way that they understood.



Effective treatment by trusted

98% (n=450) of Inpatient, 97% (n=366) of UEC, 98% (n=222) of Maternity and 91% (n=256) of CMHS respondents reported that they had confidence and trust in staff.



some and respect for preferences

77% (n=340) of Inpatient, 84% (n=303) of UEC, 90% (n=204) of Maternity and 88% (n=174) of CMHS respondents said that they **felt involved in decisions about care**.



Emotional support, empathy and respect

98% (n=446) of Inpatient, 99% (n=371) of UEC, 98% (n=220) of Maternity and 96% (n=268) of CMHS respondents reported that they were treated with respect and dignity overall.



¹ https://www.cqc.org.uk/publications/surveys



Attention to physical and environmental needs

98% (n=411) of Inpatient, 96% (n=253) of UEC, and 97% (n=215) of Maternity respondents said that they were able to get help and attention from staff when needed.



Involvement and support for family and carers

93% (n=226) of Inpatient, 93% (n=82) of UEC, 88% (n=100) of Maternity respondents said that they received help to keep in touch with family and friends.

Service specific results



Inpatient

95% (n=425) of respondents reported that their most recent visit to hospital was **helpful** in dealing with the problem(s) they went to hospital for (Q45).



Urgent and emergency care

94% (n=343) of respondents reported that their most recent visit to hospital was **helpful** in dealing with the problem(s) they went to hospital for (Q50).



Maternity

98% (n=211) of respondents reported they received helpful antenatal advice for supporting their own physical health (Q7).



Community mental health services

86% (n=243) of respondents reported that their most recent appointment was **helpful** in helping with their mental health needs (Q44).

Comparison of aprivice-specific results with CQC data

- When Maternity respondents were asked if midwives appeared to be aware of the medical history of them and their baby (Q30), 89% (n=178) of Jersey Care Commission respondents agreed compared to 73% (n=15373) in the most recent CQC Maternity Survey in England – showing a 16% difference.
- UEC responses from the Commission's respondents were worse than the most recent CQC UEC Survey in England when asked if they were able to get suitable food or drinks when they were in the Emergency department (Q34). 41% (n=56) of Jersey respondents agreed with this compared to 68% (n=12798) in the CQC data.
- When CMHS respondents were asked if they would know who to contact during a crisis (Q25), 53% (n=133) of Jersey respondents agreed compared to 71% (n=8134) in the CQC survey.
- 44% (n=63) of Jersey Inpatient respondents did not mind waiting as long as they did for admission (Q2) compared to 66% (13075) in the CQC Inpatient survey in England.



Background

The Jersey Care Commission (The Commission) is an independent statutory authority with responsibility for the regulation of health and social care in Jersey. The Commission provides independent assurance about the quality and safety of health and social services in Jersey and maintains the register of the professional staff who work in services.

Following a petition for independent inspection of all health facilities, including communicate, the Minister for Health and Social Services published a response on 7 March which tasked the Commission to carry out a survey to ascertain Islanders experience using health care provision. The survey of adult users of inpatient, maternity, urgenergency care, and community mental health services was conducted by the Picker Institute Europe on behalf of the Commission. Picker is an international working across health and social care whose work is at the forefront of under under under the link between patient experience, person-centred care, and climate and furthering the link between patient experience, person-centred care, and climate links and linear things the link between patient experiences of health care to identify priorities in deliver this highest quality care

The survey was conducted between September and October 2022. A more than 4,000 people who had experienced care provided by the general horizontal pernity, and community mental health services during the three months prior to receive the questionnaire by post.

The contributions made by those who completed the sure provides a valuable understanding of the quality of the care currently being provided by the Health and Community Services Department. The results are report will help the mission to prepare for future inspection.



Methodology

Survey Development

Four questionnaires were developed: one per service (inpatient, maternity, urger emergency care, and community mental health). Questionnaire content was informative programme of patient experience surveys run by the Care Quality Commission (Commission (Commi

- Creating a core set of questions that were standardised across all four questions to allow for inter-service comparisons (not all the core questions were present questionnaires due to the heterogeneity of target groups), including sociodemographics.
- Retaining a selection of questions from the CQC Patient Survey Programme to be well benchmarking of Jersey Care Commission services against those in English

Language and formatting question changes were made to allow for context differences.

Please note that outpatient services were not included in the evaluation the evaluation there isn't a current CQC Outpatient survey (it last ran in 2011 meaning it would be seen the editional work to ensure it was relevant to current care provision).

Selection Of Questions

The need for both internal benchmarking (comparisons within the Care Commission services) and external benchmarking (comparisons to England & QC survey data) influenced the selection of the service-specific directions are core questions tively. Questionnaire sections were the survey to guide the survey asked the survey asked to the survey asked to the survey asked to the survey asked to the survey asked about specific aspects of care provision to ensure the resulting data were actionable and could be used to identify areas for improvement.

³ https://picker.org/who-we-are/the-picker-principles-of-person-centred-care/



² https://www.cqc.org.uk/publications/surveys

Eligibility/ Sampling Approach

Only adults (aged 18 and above) were invited to take the survey. The sampling and number of patient records per sample are detailed in Table 1. The data set on episodes, not people. This meant that the same person could be listed more having used different services and/or used the same service more than once. Russian set for deduplications and removal from the sampling frame.

Table 1: Sample of patients for each service

Service Type	Time Period for Eligibility	Sampling Methodology	Number in Sample
Community Mental Health	May - July 2022	Simple Random Sampling	1250
Inpatient	May - July 2022	Census	1100
Maternity	August 2021 – July 2022	Census	600
Urgent Emergency Care	May – July 2022	Systematic random sample, date sorted	*250

For more information on sampling, separate sampling instructions de available upon request.

Survey Implementation

The survey used a mixed mode methodology. Question all the sent by post with an option to complete the questionnaire online. The online hosted in Qualtrics and provided in English, Portuguese and Polish The complete was available in

paper compositions the contained a survey invite letter and a paper composition of the contained a reminder letter. The second and third mailings were only sent to recipients that we had not yet heard from (i.e., those who had completed the survey already or had opted out were not sent a reminder). The letter within each mailing provided some information about the survey as well as a link to the online survey. The approach mirrored the CQC patient survey methodology prior to the deployment of mixed methodology surveys.

Support For Patients During Fieldwork

During fieldwork, survey recipients could access helpdesk support via telephone or email. Details about this support were provided in each survey invite or reminder letter. Recipients had the opportunity to opt-out by contacting the helpdesk via telephone or email.



Survey Timings

Survey fieldwork took place in September and October 2022.

- 1st mailing (letter with questionnaire): 5th September 2022
- o 2nd mailing (reminder letter): 26th September 2022
- 3rd mailing (reminder letter with questionnaire): 10th October 2022
- Fieldwork closing date: 31st October 2022

Analysis And Reporting

For the core survey questions that were asked across all services, data the service. For the service-specific questions, data has been benchmarked the CQC national patient survey programme in England. The CQC comparable was as follows:

- Inpatient Survey 2021
- Maternity Survey 2021
- Urgent and Emergency Care Survey 2020
- Community Mental Health Survey 202

methodology and the large Care County and will differ to how the CQC have reported on and published the CQC.

Please also note that for comparisons between services at Jersey Care Commission, and for comparisons between CQC and The Commission data, statistical significance testing has not been conducted.



Survey Activity

Response rates

This report outlines the results from 1364 respondents, which represents response rate (from sample of 4302 sent a survey). Responses are complete



Inpatient

461

(42% response rate, base n=1103)

Maternity

228

(33% response rate, base



Urgent and Emergency



Care

379

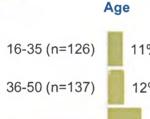
(30% response rate base n=1250)

Community Mental Services

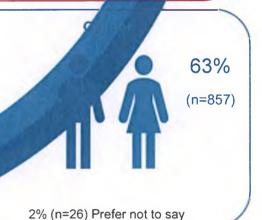
296

(24% response rate,





11% 12% 51-65 (n=278) 24%



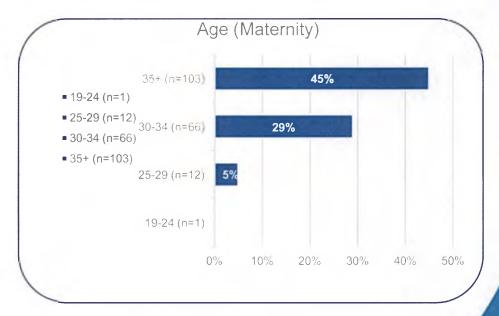
Ethnicity

White (n=1256) Asian / Asian British / 1% Asian Jersey (n=16) Black / Black British / 1% Black Jersey (n=10) Mixed / multiple 0% ethnic groups (n=5) Other ethnic groups 0% (n=1)6% (n=76) Prefer not to say

Health condition Long term health condition lasting 12 34% months or more (n=829)No long term 61% health condition (n=466)5% (n=69) Prefer not to say



Please note figures for Age above are for Inpatient, UEC and CMHS as age Maternity are different and are shown in the chart below.



20% (n=46) Prefer not to say



Core Questions

This section presents the results from a set of core questions that were asked a services, and therefore allow us to present comparisons by service type. The set based around the Picker principles of person-centred care.

For reporting purposes, Urgent and Emergency Care has been abbreviated to UECOMMUNITY Mental Health Services has been abbreviated to CMHS.

Overall experience of care

When asked to rate their overall experience of care, many respondents rated the experience positively. Responses are displayed in Figure 1 below with the great percentage of positive responses from UEC patients (85% rating their overall common out of 10, n=322) followed by Inpatient at 83% (n=379).

Figure 1: Positive scores for core question relating to overall experience of service

Rated overall experience of service used as 7 out of 10 or more



Base: Inpatient n=454; UEC n=377; Maternity n=226; CMHS n=280

⁴ https://picker.org/who-we-are/the-picker-principles-of-person-centred-care/

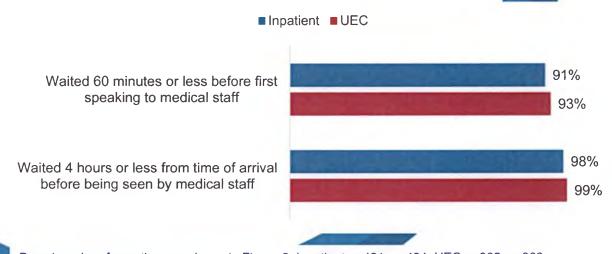


Fast access to reliable health advice

Access to the right services at the right time is essential for high quality care the individuals' needs. Access might include ease of scheduling appointments; minimum and graph for referrals or treatment; and availability of appropriate professionals and advice asy access is important both for routine care and unplanned crises.

Figure 1Figure 2 show responses to questions about access to services that were inpatient and UEC patients. A higher proportion of UEC respondents (93%; n=34 that they waited 60 minutes or less before speaking to medical personnel comparing inpatient (91%; n=385). 99% (n=360) of UEC patients waited 4 hours or less before staff attended to them compared to 98% (n=415) of Inpatient respondents.

Figure 2: Positive scores for core questions relating to fast access to reliable health advi



Base in order of questions as shown in Figure 2: Inpatient n=421, n=424; UEC n=365, n=363

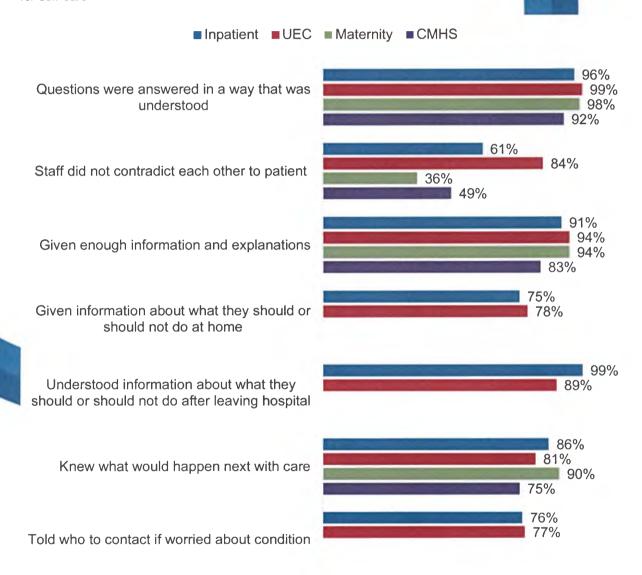
Clear information, assumumisation, and support for self-care

People using health and care services should receive reliable, high quality, and accessible information at every stage in their journey. Information should be provided at appropriate times, in an understandable way, and should support people to make informed decisions and manage their own care.

As seen below in Figure 3, survey respondents reported a range of experiences when it came to the provision of information and support for self-care. For example, 99% (n=301) of Inpatient respondents understood what they should or should not do after leaving hospital relative to 89% (n=269) of UEC patients. Only 36% (n=74) of Maternity respondents believed that staff did not contradict each other suggesting a need for clearer communication among staff. Although responses to this question were slightly higher for other services (CMHS: 49%, (n=121); Inpatient: 61%; (n=252); UEC: 84%; (n=298), there was room for improvement across all services.



Figure 3. Positive scores for core questions relating to clear information, communication and for self-care



Base in order of questions as shown in Figure 3 Inpatient n=416, n=416, n=441, n=303, n=414, n=417 UEC n=346, n= 353, n=370, n= n=302, n=249, n=302 Maternity n=226, n= 205, n=226, n= 216 CMHS n=271, n=245, n=274, n=283

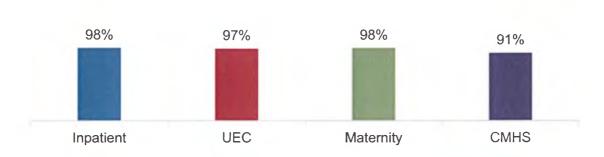


Effective treatment by trusted professionals

Positive therapeutic relationships are at the heart of person-centred care. People and receive clinically appropriate and effective care that meets their needs and is returned their preferences. Interactions with care professionals should inspire a sense of and trust.

The majority of respondents across all 4 surveys had confidence and trust in staff from between 91% and 98%) – see Figure 4.

Figure 4: Positive scores for core questions relating to effective treatment by trusted profe



Had confidence and trust in staff

Base: Inpatient n=458; UEC n=377; Maternity n=227; CMHS n=281

Involvement in decisions and respect for preference

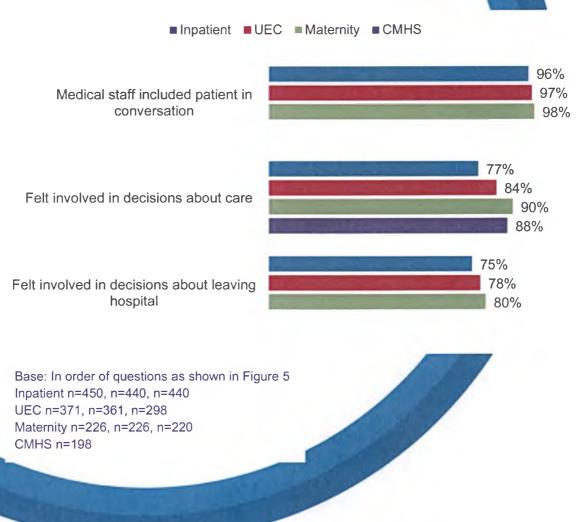
People have the right to be involved in and to make the pool of their health and care.

Providers should work with people in and the provider should respect their makes and preferences and preferences.

Figure 5 reveals that the majority of respondents across the four services felt that they were involved in making decisions regarding their care, although there were variations across the services. For example, when asked if they felt involved in decisions about care, 90% (n=204) of Maternity patients agreed when compared to Inpatient (77%; n=340), UEC (84%; n=303) and CMHS (88%; n=174) respondents.



Figure 5: Positive scores for core questions relating to involvement in decisions and preferences



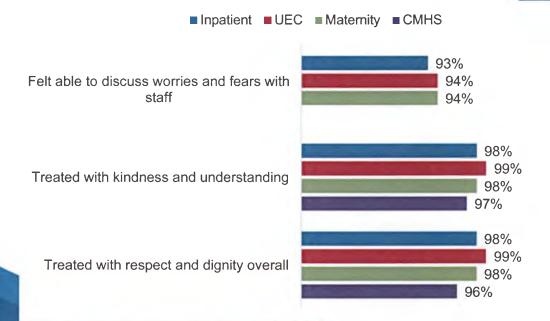


Emotional support, empathy and respect

Person-centred care demands a caring and holistic approach. People providing an individual's emotional needs. For care to be compassionate it must be delivered with respect, sensitivity, and appreciation of as an individual.

Responses to questions about emotional support, empathy and respect were gereally mite positive. Over 90% of respondents across all four services said that they were trespect and dignity and were able to discuss their worries and fears with staff (although the latter question was not asked to CMHS) – see Figure 6.

Figure 6 Positive scores for core questions relating to emotional support, empathy and re



Base in order of questions as shown in Figure 6 Inpatient n=409, n=454, n=456 UEC n=311, n=372, n=376 Maternity n=224, n=226, n=225 CMHS n=280, n=280

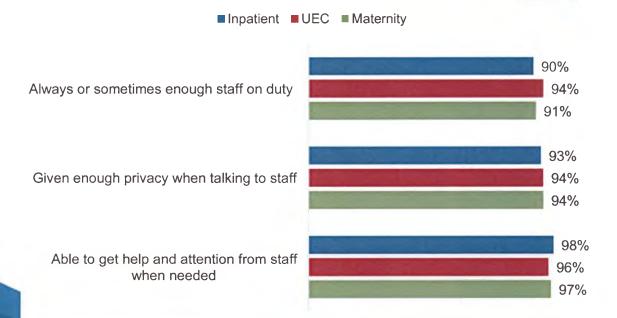


Attention to physical and environmental needs

People deserve to be treated and cared for in safe, comfortable environments that the them privacy and dignity. Similarly, care professionals should be mindful of people at sical needs – including pain management, assistance with activities, and personal care

The majority of Inpatient (98%; n=411), Maternity (97%; n=215) and UEC (96%; respondents agreed that they were able to get help and attention from staff when (see Figure 7). Responses were also positive regarding staff availability and privacilisplayed in Figure 7.

Figure 7: Positive scores for core questions relating to attention to physical and environments and statement of the score of the score



Base in order of questions as shown in Figure 7 Inpatient n=458, n=443, n=420 UEC n=374, n=370, n=264 Maternity n=227, n=226, n=222



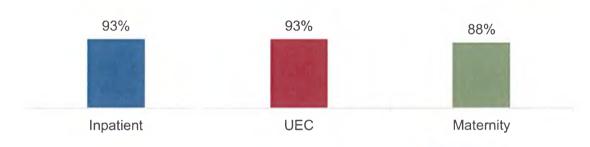
Involvement and support for family and carers

People have the right to be involved in and to make decisions about their heal providers should work with people in equal, reciprocal partnerships, and should people's choices and preferences – including but not limited to those that reflect background, social, and cultural values.

As seen in Figure 8, a large proportion of respondents across three services said the received help to keep in touch with friends and family (Inpatients: 93%; n=226, UEC n=82, Maternity: 88%; n=100.

Figure 8: Positive scores for core questions relating to involvement and support for family

Received help to keep in touch with family and friends



Base: Inpatient n=243; UEC n=88; Maternity n=114



Service Specific Results

This section presents the headline results from the service specific questions at separately to Inpatients, Maternity patients, UEC patients and CMHS patients. See the been compared to results from the Care Quality Commission Patient Survey Programming England (CQC). They have been calculated from the difference between the Commission of the results and the CQC data with the biggest differences highlighted in this section of the results.

Inpatient Survey

This section shows results from the Commission's Inpatient survey. The CQC data comparisons are from the adult inpatient survey 2021⁵. According to the CQC survey, fieldwork for the survey (the time during which questionnaires were sent out an end) took place between January 2022 and May 2022. Patients were eligible for the had spent at least one night in hospital (and were not admitted to maternity of they had spent at least one night in hospital (and were not admitted to maternity of they had spent at least one night in hospital (and were not admitted to maternity of they had spent at least one night in hospital (and were not admitted to maternity of they had spent at least one night in hospital (and were not admitted to maternity of they had spent at least one night in hospital (and were not admitted to maternity of they had spent at least one night in hospital (and were not admitted to maternity of they had spent at least one night in hospital (and were not admitted to maternity of they had spent at least one night in hospital (and were not admitted to maternity of they had spent at least one night in hospital (and were not admitted to maternity of they had spent at least one night in hospital (and were not admitted to maternity of they had spent at least one night in hospital (and were not admitted to maternity of they had spent at least one night in hospital (and were not admitted to maternity of they had spent at least one night in hospital (and were not admitted to maternity of they had spent at least one night in hospital (and were not admitted to maternity of they had spent at least one night in hospital (and were not admitted to maternity of they had spent at least one night in hospital (and were not admitted to maternity of they had spent at least one night in hospital (and were not admitted to maternity of they had spent at least one night in hospital (and were not admitted to maternity of they had spent at least one night in hospital (and were not admitted to maternity of they had spent at least



Inpatient Outcomes

95% (n=425) of respondents reported that the recent visit to hospital was helpful in dealing with the problem to the went to hospital for (Q45)

rated their health **better** as a result of their hospital visit (Q46)

⁵ https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2021/



Table 2 indicates the Commission's Inpatient scores that were higher (or mother) than the CQC data – of which there were only four questions in total, each with a 1 between the scores. However, three of the four scores for the Commission were above, indicating little room for improvement.

Table 2 Inpatient survey - Top scores vs. CQC

Top scores vs. CQC	The Commission	cqc
Room or ward very or fairly clean (Q10)	98%	(C. C. C
Staff helped to control your pain (Q24) ⁶	98%	97%
Beforehand, how well did staff answer your questions before procedures were answered well (Q27)	97%	00%
Got enough support from health or social care services after discharge (Q41)	78%	77%

Table 3 shows Inpatient scores for the Commission that had the largest, negative rences compared to CQC data. These include how respondents felt about the length of they were on the waiting list before admission to hospital and views about hospit

Table 3: Inpatient survey - Bottom scores vs. CQC

Bottom 5 scores vs. CQC	The Commission	cqc
Did not mind waiting as long as did for admission (Q2)	4%	66%
Asked to give views on quality of care during stay (Q444)	6%	13%
Staff explained reasons for changing wards at night (23)	75%	81%
Food was very good or fairly good (Q11)	64%	70%
Family in home situation considered at discharge (U.I.)	77%	79%

⁶ Q24 online only

Urgent And Emergency Care Survey

This section shows results from Urgent and Emergency Care (UEC) survey at 100 Commission. It also displays the top and bottom scores compared to data from Urgent and Emergency care survey 20207. According to the CQC report, the survey 2020 accute and specialist NHS trusts with a Type 18 accident and emergency department of these trusts also had direct responsibility for running a Type 39 department was eligible to participate in the survey. Fieldwork for the CQC survey (the time direct questionnaires were sent out and returned) took place between November 2020 and 2021. People were eligible for participation in this survey if they were aged 16 or 100 time of attendance, and if they attended a Type 1 or Type 3 emergency department England between 00:00 on 1st September 2020 and 23:59 on 30th September 2010 sts that had an eligible Type 3 department and were not able to achieve the required size from September attendances alone could also sample back consecutively August to 1st August until they met the required sample size.



UEC Outcomes

94% (n=343) of respondents reported that their most recent visit in dealing with the problem(s) they went to hospital was helpful in dealing with the problem(s) they went to hospital was helpful.

67% (n=243) of respondents rated their health better as a result of their hospital visit (Q51)

compared with the CQC data, the Commission's U.S.C. sees performed well in some

Table 4: Urgent and Survey - Top scores vs. CQC

⁹ A Type 3 department is an A&E/minor injury unit with designated accommodation for the reception of accident and emergency patients. The department may be doctor or nurse-led, treats at least minor injuries and illnesses, and can be routinely accessed without appointment.



⁷ https://nhssurveys.org/surveys/survey/03-urgent-emergency-care/year/2020/

⁸ A Type 1 department is a major, consultant led A&E Department with full resuscitation facilities operating 24 hours a day, 7 days a week

Top scores vs. CQC	The Commission	cqc
Received test results before leaving A&E (Q28)	88%	WW6
Waited 60 minutes or less before speaking to medical staff (Q7)	93%	107%
Understood why tests were needed (Q27)	97%	92%
Informed how long would need to wait (Q9)	49%	45%
Did not feel threatened by other patients or visitors (Q33)	97%	= GWA

The Commission UEC scores that showed the largest negative difference compared to the data are displayed in Table 5. The Commission's UEC patient responses were process to help whilst waiting, access to suitable food or drinks in the largest negative difference compared to the CQC data for access to help whilst waiting, access to suitable food or drinks in the largest negative difference compared to the CQC data for access to help whilst waiting, access to suitable food or drinks in the largest negative difference compared to the CQC data for access to help whilst waiting, access to suitable food or drinks in the largest negative difference compared to the CQC data for access to help whilst waiting, access to suitable food or drinks in the largest negative difference compared to the CQC data for access to help whilst waiting, access to suitable food or drinks in the largest negative difference compared to the CQC data for access to help whilst waiting, access to suitable food or drinks in the largest negative difference compared to the CQC data for access to help whilst waiting, access to suitable food or drinks in the largest negative data for access to help whilst waiting, access to suitable food or drinks in the largest negative data for access to help whilst waiting access to suitable food or drinks in the largest negative data for access to help whilst waiting access to suitable food or drinks in the largest negative data for access to help whilst waiting access to suitable food or drinks in the largest negative data for access to help whilst waiting access to suitable food or drinks in the largest negative data for access to help with the largest negative data for access to help with the largest negative data for access to help with the largest negative data for access to help with the largest negative data for access to help with the largest negative data for access to help with the largest negative data for access to help with the largest negative data for access to help with the largest negative data f

Table 5: Urgent and emergency care survey - Bottom scores vs. CQC

Bottom scores vs. CQC	The Commission	CQC
Able to get suitable food or drinks (Q34)	41%	68%
Able to get help whilst waiting (Q10)	53W	59%
Told how would receive the results of tests (Q30)	45%	53%
Staff discussed need for further health/social care after leaving A&E (Q46)	13%	78%
Expected care and support available after leaving A&F	74%	78%
Told side-effects of medications (Q41)	54%	58%



Maternity Survey

This section shows results from the Commission's maternity survey and provide comparisons against CQC maternity survey 2021¹⁰. According to the CQC survey individuals needed to have had a live birth during February 2021, be aged 16 years at the time of delivery and gave birth under the care of an NHS trust (including home) in England to be eligible. Trusts with fewer than 300 eligible deliveries in Februar required to also include individuals who gave birth in January 2021 beginning with on 31st January and working backwards until either a sample size of 300 was act January 1st was reached. Fieldwork for the CQC Maternity survey (the time during online survey was available and postal questionnaires sent out and returned) too between April and August 2021. This approach allowed for the six-week postnatation have concluded by the time fieldwork commenced, because a number of question questionnaire related to postnatal care.



Maternity Outcomes

98% (n=211) of respondents reported they received helpfy advice for supporting their own physical health (Q7) and 97% (n=190) for supporting their own mental health (Q8)

94% (n=205) of respondents reported they received ostnatal advice from a midwife or health visitor for supporting their common and the lith (Q40) and 92% (n=191) for supporting their common and the lith (Q41)

Table 6 indicates social from the Commission's Maternity survey that had the greatest positive difference compared to CQC data. The Commission had a score of at least 15% higher than CQC data for:

- respondents feeling that their midwife or midwifery team were aware of their medical history and that of the baby;
- patients reporting being given enough information about where they could have their baby.



¹⁰ https://nhssurveys.org/surveys/survey/04-maternity/year/2021/

Table 6: Maternity survey - Top scores vs. CQC

Top scores vs. CQC	The Commission	cac
Felt midwives aware of medical history (postnatal) (Q30)	89%	73%
Given enough information where to have baby (Q1)	91%	FIN
Felt GP talked enough about physical health during postnatal check-up (Q38)	78%	navi.
Partner / companion involved (during labour and birth) (Q14)	95%	British
Felt midwives or doctor aware of medical history (antenatal) (Q2)	91%	43%

Scores showing the largest negative difference compared to CQC data are in Table ow. There were only two questions with a score lower than CQC, and the difference of these.

Table 7: Maternity survey - Bottom scores vs. CQC

Bottom scores vs. CQC	The Commission	cqc
Able to ask questions afterwards about labour and the birth (Q17)	78%	77%
Staff asked about mental health (postnatal) (Q33)	Statist	95%



Community Mental Health Services Survey

This section shows results from the Community Mental Health Services survey

Commission and provides some comparisons against data from the CQC community
health survey 2021¹¹. For the CQC survey, community mental health trusts in Enumere
instructed to include all service users (aged 18 and above) who were seen by so
their trust between 1 September and 30 November 2020 (sampling period). Fields
survey (the time during which questionnaires were sent out and returned) took pla
between February and June 2021.



CMHS Outcomes

86% (n=243) of respondents reported that their most recent appointment helpful in helping with their mental health needs (Q44)

Table 8 displays data for CMHS questions that show the largest country deference to CQC data. Compared to CQC community mental health services data and any greater proportion of patients from the Commission felt that:

- o family members or other close people were involved in their care as much as they would like to be;
- Ithey were treated with respect and dishits
- they can their avoid was usince of care as 7 or more out of 10.

Table 8: Community mental health services survey - Top scores vs. CQC

Top scores vs. CQC	The Commission	cqc
Family member or someone else close has been involved as much as much as would like (Q41)	83%	79%
Treated with respect and dignity overall (Q42)	96%	91%
Rated overall experience as 7/10 or more (Q43)	66%	62%

¹¹ https://nhssurveys.org/surveys/survey/05-community-mental-health/year/2021/



Given enough time to discuss needs and treatment (Q6)	88%	6%
In the last 12 months has seen mental health services often	74%	9/6
as needed (Q2)		0

CMHS questions that showed the largest negative difference to CQC data are displayed in Table 9 and includes patients knowing who to contact outside office hours if they experienced a crisis, indicating that the patients may not always be being provide adequate information to facilitate contact when they need support.

Table 9: Community mental health services survey – Bottom scores vs. CQC

Bottom scores vs. CQC	The Commission	cqc
Know who to contact during crisis (Q25)	53%	1176
Involved in talking therapies as much as wanted to be (Q35)	83%	1/0
Talking therapies explained in a way that was understood (Q34)	92%	6%
Got help needed when contacting crisis staff (Q13)	87%	91%
In last 12 months, has had a care review meeting (Q23)	59%	62%



Conclusion

This report presents data from a survey of adult users of Inpatient, Maternity, Users of the Jersey Care, and Community Mental Health Services, conducted by Picker of the Jersey Care Commission. Patients were invited to respond to enhance under the Jersey Care Commission. Patients were invited to respond to enhance under the Jersey Care currents and the quality of care currents are survey highlighted areas of good performance. For example, the majority response across services reported receiving helpful advice and treatment and had confident trust in the staff that they saw. The survey data provides valuable knowledge related patient experiences of care provision. Below are some actionable highlights of respectively.

- Maternity performed well in involving patients in decisions about care and leaves hospital, and staff being aware of their medical history. On the other hand, room for improvement in maternity staff not contradicting themselves. In factorize concern was also evident across CMHS and Inpatient staff, suggesting a clearer information provision and communication.
- UEC performed well in many areas including overall experience of care patients being treated with respect and dignity and receiving test results below leaving. However, there should be a greater focus on the provision of adequate and other refreshments within the UEC as these questions performed poor that ICC data in England.
- o Inpatient services also performed well with waiting times patients and able to get help and attention, respect and dignity and an overall service performed above CQC data, scores were generally high. However the matter was to be more support for patients', greater involvement in decisions about the most of them leaving hospital after the latest of the the la
- CMHS performed well in patients reporting questions being answered in a way that was understood and exceeded CQC data in areas such as involving family members. However, there was room for improvement in knowing whom to contact in a crisis. There is a need to focus on improving overall positive patient experience within the CMHS compared with other services. Also, providing patients with adequate information to help them facilitate contact during a crisis should be prioritized.

While the results indicate that people's experiences have been largely positive, there are key areas of improvement required.

The Jersey Care Commission is clear that patient feedback should be a key driver for quality improvement within Health and Community Services. How the department considers and acts on patient feedback, including complaints and survey findings, will be a core element of our inspections.



All care providers should have systems in place to do this effectively, to dequality of its leadership and how 'caring' and 'responsive' its care can be.

We would encourage Health and Community Services to reflect on these finding understand what their patients really think about the care and treatment they per that they can identify what is working well and what should change.



Picker Institute Europe Suite 6, Fountain House, 1200 Parkway Court, John Smith Drive, Oxford OX4 2JY

Tel: +44 (0) 1865 208100

info@pickereurope.ac.uk picker.org

Charity registered in England and Wales: 1081688

Charity registered in Scotland: SC045048

Company limited by guarantee registered in England and Wales: 3908160



From: Minister's Message < HCSComms@health.gov.je>

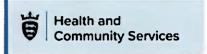
Sent: 08 December 2022 08:01 **To:** C.THOMPSON@health.gov.je

Subject: Minister for Health and Social Services responds to publication of independent

Picker survey results by the JCC

View this email in your browser

Thurs 8 Dec 2022



Minister for Health and Social Services responds to publication of independent Picker survey results by the JCC



Responding to the publication of the independent Picker survey results by the Jersey Care Commission today, Minister for Health and Social Services, Deputy Karen Wilson said, in a statement to the media:

"I am pleased to receive the Picker results on patient experience published by the Jersey Care Commission today. Picker is an international health and social care charity which carries out research to understand individuals' needs and their experiences of care.

I'd like to thank every patient who took the time to respond to the questions. 1,364 responses were received back, from over 4,000 which were sent out, and I am grateful for every one of them. Your views have helped provide not only a strong, and

collective patient voice, but also an important evidence base to work from which is from an independent and trusted source.

Your feedback is very welcome indeed and valued by clinicians who gave their all through the pandemic and continue to deliver a positive patient experience.

I know that in the coming days and weeks, the executive leadership team across Health and Community Services will be meeting with colleagues in their teams to share and talk about how they can usefully use these results to build on the best in patient care and make improvements where those are needed. Of course, we are on a continuous journey of improvement but there is much to celebrate from these results.

I look forward to continuing to work with the Jersey Care Commission and the Picker Institute in the future."

You can read the full report here: https://carecommission.je/wp-content/uploads/2022/12/JCC-Report-Publish-Copy.pdf

Like | Comment

WE ARE WE ARE WE ARE WE ARE
RESPECTFUL BETTER TOGETHER ALWAYS IMPROVING CUSTOMER FOCUSED DELIVER

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This email was sent to C.THOMPSON@health.gov.je from HCSComms@health.gov.je

Created with Poppulo

Receive in Plain Text

From: Becky Sherrington < B.Sherrington@carecommission.je>

Sent: 20 December 2022 13:57

To: Karen Wilson;

Cc:

Subject: Jersey Care Commission Board Meeting

Dear Minister,

We have previously discussed your attendance at the Care Commissions board. I have spoken with the Chair (Glenn Houston), and he would welcome your attendance to meet with him and the Commissioners. The board in February is online, and so I thought it would be a good opportunity for you to join us on the **29**th **March** in person. If you were free, and still wanting to accept this invitation, please do let me know and we can ensure you are on the agenda at a time which is convenient for you.

I also thought that @ could attend too, so he could provide a update on the regulation of the hospital etc.

May I take this opportunity to say I hope you have a lovely Christmas period and Happy New Year.

Kind regards Becky

Becky Sherrington
Chief Inspector
Jersey Care Commission
1st Floor, Capital House
8 Church Street
St Helier, Jersey JE2 3NN

Email: B.Sherrington@carecommission.je



From: Rose Naylor < R.Naylor@health.gov.je>

Sent: 20 December 2022 15:20

To: ; Caroline Landon;

Cc:

Subject: RE: Sandybrook Care Home draft inspection report

Attachments: JCC.docx

Dear

Please find attached our brief response to the inspection report in respect of the recommendations, due for submission by close of play today.

As Caroline has advised the JCC in a previous response, I am overseeing the implementation of the recommendations and giving _____, and the team support where needed. I met with them recently and we discussed in detail their planned actions around the recommendations.

I hope the response is sufficient, please let me know if you require any further information at this time

Kindest regards Rose

From: @carecommission.je>

Sent: 22 November 2022 13:22

To: Caroline Landon <C.Landon@health.gov.je>; @health.gov.je>;

@health.gov.je>

Cc: Rose Naylor < R. Naylor@health.gov.je>

Subject: Sandybrook Care Home draft inspection report

Good afternoon,

I attach a draft inspection report following the inspection of Sandybrook care home which was completed on 28 October 2022. Please do let me know if there are any factual errors within the report by contacting me directly.

You will note that there is an improvement plan at the back of the report which should be completed setting out how these areas of improvement have been or will be addressed in order to meet the relevant Standards. You are expected to submit your brief response within 28 days of today's date and return it directly to me using this email address.

In accordance with Article 27 of the Regulation of Care (Jersey) Law 2014, if there is an error of fact in the draft report, and the Commission accepts the error, then we are obliged to rectify these prior to the report becoming final. Please note that the response recorded for publication should apply to how the improvement plan is to be addressed, any disputed findings would be expected

to have been conveyed to me for discussion at the conclusion of the inspection process prior to drafting of the report.

Please note that the final report and provider response to this inspection will be published on the Commission's website.

Kind regards

Regulation Officer
Jersey Care Commission
1st Floor, Capital House
8 Church Street
St Helier
JE2 3NN

Email: Telephone:





INSPECTION REPORT

Sandybrook Nursing Home

Care Home Service

Les Grupieaux St Peter JE3 7ZZ

24, 25 & 28 October 2022

Feedback:

Areas of Improvement- Sandybrook Nursing Home Submitted 20/12/2022

<u>Area for Improvement 1</u> The Provider must ensure that quality assurance processes are in place. This includes monthly reporting on the quality of care and support provided and evidence of compliance with the Regulations and Standards.

Ref: Regulation 19 Standard 12.2

Health & Community Services have initiated monthly independent reciprocal reviews between the Registered Managers of Sandybrook Nursing Home and Clairvale Recovery Unit. These commenced in December 2022 and the monthly outcomes will be submitted to the Jersey Care Commission.

<u>Area for Improvement 2</u> The Provider must develop a robust system to ensure that the Commission is notified of all notifiable incidents, accidents or other events that have posed or may pose a risk of harm to care receivers.

Ref: Regulation 21 Standard 4.3

All relevant documentation has been provided to the Registered Manager by the Jersey Care Commission. A laminated list of notifiable incidents is now displayed in the treatment area for all staff to read. They have also received the information via email, and a signing sheet utilised to ensure awareness.

<u>Area for Improvement 3</u> The Provider must ensure that care receivers and their representatives are made aware of the complaints policy and procedures.

Ref: Standard 10.2

Registered Manager has received informal feedback training from Senior Nurse Patient Experience Team. He is now aware of feedback process, including complaints, comments and compliments. This information will be cascaded to all staff. Information leaflets and posters now on display in several areas of the home, advising residents and relatives how to provide feedback, including completing the 'My Experience' survey.

Registered Manager attending 'Managing Complex Complaints' training in January 2023, and all staff to attend Customer Experience Training during 2023. Evidence will be provided to the Jersey Care Commission with training records.

<u>Area for Improvement 4</u> The Provider must be able to demonstrate that all care receivers who are admitted into the home have a full assessment undertaken by the Manager or another competent member of staff who works in the home.

Ref: Standard 2.1

All assessments now stored in shared electronic drive, with access available to all assessors. Following assessment a copy of the assessment documentation will be

stored in the patient's medical records on the referring ward. This will include a determination as to whether or not the patient is suitable for transfer to Sandybrook Nursing Home. If deemed not appropriate for transfer, the reason will be clearly documented on the assessment sheet.

For those patients who are assessed as suitable for transfer to Sandybrook, their assessment record will be stored within their medical records in preparation for their admission into the Home.

<u>Area for Improvement 5</u> The Provider must review the home's visiting arrangements and be able to demonstrate any limitations and restrictions in restricting visitors are proportionate, risk assessed, and evidence based.

Ref: Standard 9.4

All residents' next of kin have now received written notification of changes to visiting hours (11.00 – 19.30 daily). This will provide less restrictive visiting, allowing relatives more scope to plan visits, and benefit the psychological wellbeing of residents.

<u>Area for Improvement 6</u> The Provider must review the Statement of Purpose and ensure that the range of services being provided are clarified.

The Commission must be provided with an updated copy.

Ref: Regulation 20 Standard 1.1

This is currently under review with necessary changes being made. An updated copy will be provided to Jersey Care Commission by January 31st 2023.

<u>Area for Improvement 7</u> The Provider must ensure that all staff are provided with fire safety drills that meet the requirements set by the Fire and Rescue Service.

Ref: Standard 4.2

97% of staff have completed updates on fire and evacuation training. The remaining two staff members are booked for an update on 31st March 2023, sooner if cancellation places become available. All staff have either completed or are booked on Fire and Safe Handling Refresher Courses, with compliance being met by February 2023. Evidence will be provided to the Jersey Care Commission with training records.

<u>Area for Improvement 8</u> The Provider must ensure that a review of the home's staffing levels is undertaken; to ensure there are always adequate staffing levels in

accordance with the high dependency needs for care receivers and their experiences.

Staffing levels must be sufficient to lead the home in accordance with the Statement of Purpose.

Ref: Standard 3.9 Appendix 5 (Care home Standards)

Health & Community Services are currently undertaking a staffing review of the nursing home, to be completed by 31st December 2022. The review will include 25 beds with a plan to initiate any changes to staffing levels in a timely manner.

Previous business case submitted February 2022, now approved to increase with 5.15 x FTE HCA's & 1.45 x FTE RN's. Funding approved from January 2023 to recruit to roles.

Area for Improvement 9 The Provider must carry out an environmental risk assessment to determine whether the precautions in place are sufficient to reduce the risk of harm from falling.

Ref: Regulation 10 Standard 4.6

Health & Community Service Head of Health & Safety to conduct an environmental walk around of nursing home. Date to be confirmed.

Area for Improvement 10 The Provider must evidence that care planning arrangements demonstrate care receiver or family involvement and participation in their development and ongoing reviews.

Ref: Standards 2.4, 2.5 and 2.6

Sandybrook Nursing Home currently have a 'resident of the month' where all care plans are reviewed, a plan is in place to now invite the resident's next of kin to attend to be involved in the care plan of their relative. This day falls on the same day each month. Letter sent to all relatives on Friday the 16th December 2022 informing them of this improvement. The letter also contains QR code to direct relatives to the My Experience Survey

Area for Improvement 11 The Provider must provide information about the home to care receivers and their relatives. Information should include details as specified in Standard 1.2.

Ref: Standard 1.2

A brochure is currently being developed which will address the following areas;

Information about the Home to care receivers

- Complaints procedures
- Involvement of Care receivers and, where requested or required, involvement from Family members in the care planning process.

Completion date for this – End of February 2023

<u>Area for Improvement 12</u> The Provider must provide the Commission with details of the arrangements that have been made to appoint a new Registered Manager.

Ref: Regulation 27 4(c) 27 (6)

Acting Lead Nurse has commenced the recruitment process for substantive Grade 7 home manager role. This will be advertised & recruited into in January 2023. Reason for the interim Grade 7 home manager position was to mitigate risk following immediate resignation of previous registered manager.

Acting Lead Nurse will update Jersey Care Commission when substantive registered home manager in place.

<u>Area for Improvement 13</u> The Provider must ensure that care staff are provided with regular opportunities to discuss their role through formal supervision processes.

Ref: Standard 3.14

All staff have been requested to submit their 2023 goals in January via 'My conversation, My Goals' platform. The interim home manager will then dedicate time to meet with each staff member to discuss goals through the appraisal process. Plan in place to ensure this is achieved and compliance ongoing.

<u>Area for Improvement 14</u> The rotas detailing which ancillary staff are on duty at any time must be available in the home and be easily accessible to the Commission.

Ref: Appendix 3 and 5 (Care home Standards)

All rotas now emailed by Health and Community Services Housekeeping Chargehand weekly and we are notified of any sickness/absences which is then updated on the rota. A copy of the rota is kept in the Fire Box.

Associate Chief Nurse also trying to collate all staff on one roster, however in the absence of this, there is a robust plan in place.

From: Caroline Landon < C.Landon@health.gov.je>

Sent: 10 January 2023 08:47
To: Rose Naylor; Andy Weir

Cc:

Subject: FW: Learning Disability Service - Home Care Inspection Report 2022 **Attachments:** 20221220 Final V LD Services Home Care Inspection Report ...docx

From: @carecommission.je>

Sent: 09 January 2023 16:30

To: Caroline Landon < C.Landon@health.gov.je > Cc: @health.gov.je >

Subject: Learning Disability Service - Home Care Inspection Report 2022

Dear Caroline and

Please find attached a draft inspection report following the inspection of the Learning Disability Service – Home Care which was completed on 23 and 28 November 2022. Please do let me know if there are any factual errors within the report by contacting me directly. You will note that there is an improvement plan at the back of the report which should be completed setting out how this area of improvement has been or will be addressed in order to meet the relevant Standard. You are expected to submit your brief response within 28 days of today's date and return it directly to me, although it is perfectly acceptable if you would like to respond sooner than the 28 day time frame.

In accordance with Article 27 of the Regulation of Care (Jersey) Law 2014, if there is an error of fact in the draft report, and the Commission accepts the error, then we are obliged to rectify these prior to the report becoming final. Please note that the response recorded for publication should apply to how the improvement plan is to be addressed, any disputed findings would be expected to have been conveyed to me for discussion at the conclusion of the inspection process prior to drafting of the report.

Please note that the final report and provider response to this inspection will be published on the Commission's website.

Kind Regards

Regulation Officer Jersey Care Commission 1st Floor, Capital House 8 Church Street St Helier, Jersey JE2 3NN



Subject: Discussion: Jersey Care Commission's Inspection of HCS

Location: CEO's Office, Broad St.

 Start:
 Thu 19/01/2023 11:00

 End:
 Thu 19/01/2023 12:00

Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Minister for Health and Social Services

Dear All,

Please see invite to a meeting to discuss a way forward with regard to the Jersey Care Commission's Inspection of HCS.

Kind regards,

Office of the Minister for Health and Social Services

Government of Jersey 19-21 Broad Street | St Helier | Jersey | JE2 3RR



From: Claire Thompson < C.Thompson@health.gov.je>

Sent: 20 January 2023 19:15

To: Patrick Armstrong; Rose Naylor; Andy Weir; Anuschka Muller

Cc:

Subject: Roles and Responsibilities re Inspection readiness role

Dear all

Mass apologies!! Sorry, all just found this in my drafts from last week!!

Anuschka mentioned if I pull together in an email this narrative can form basis of P59 for submission for SEB which I think she has asked you to start to collate please? Thank you.

Rose, think you were on AL when we started to form a view so please review & amend and perhaps we can all have a final review and agree at ELT Part B Monday? The aim is to get this progressed asap so we can start to get more leadership capacity in relation to JCC prep 2023.

So as formed in part at discussions end of last week re the roles & responsibilities of the JCC preparation work, please see below:

Experience

Board level experience desirable/sub board as minimum & experience of organisational wide remit Application of regulatory process & assessment against framework standards including across Acute, mental health & community service

Leading and developing framework for relationship management with the regulator

Evidence of improving outcome of regulatory process within a provider setting

Experience of both NHS/CQC & non NHS landscape regarding regulation application desirable

Writing assurance reports for Director level committees

Planning & organising a broad range of complex activities that require adjustment to changing needs and a political landscape

Leading quality improvement in healthcare

Role

Develop & embed a robust assurance framework to provide oversight across HCS of organisation's position identifying risk and priority of focus

Assess and develop systems of clinical & corporate governance to underpin high quality care delivery and contribution to regulatory assessment

Develop & maintain an overall workplan for HCS progression to regulatory assessment support portfolio delivery for the Executive team including the Chief Nurse & Medical Director

Establish reporting processes that will underpin preparation for assessment and the process itself

Provide technical expertise in relation to application of standards to HCS board

Contribute to the leadership of implementation of assessment in HCS and GOJ

The above isn't exhaustive but could hopefully provide us with enough to get started.

Best Wishes

Claire

Claire Thompson
Director of Clinical Services (Interim)
Health and Community Services

Direct: 01534 445439

Email: c.thompson@health.gov.je

Government of Jersey Health and Community Services Gloucester Street| St Helier | Jersey | JE2 3RR



From: Caroline Landon < C.Landon@health.gov.je>

Sent: 23 January 2023 09:41

To: Rose Naylor; Patrick Armstrong; Anuschka Muller; Claire Thompson; Andy Weir **Subject:** FW: Workshop Jersey Care Commission and Disclosure and Barring Service (DBS) on

31 January 2023 and 6th February 2023

From: Notifications < notifications@carecommission.je>

Sent: 20 January 2023 15:34

Subject: Workshop Jersey Care Commission and Disclosure and Barring Service (DBS) on 31 January 2023 and 6th

February 2023

Dear Managers and Providers,

The Jersey Care Commission have organised an online event with the DBS Regional Outreach Adviser for Greater London, and a point of contact for any enquiries about DBS. We would encourage you to attend as she will be delivering a session to explain the purpose of the DBS, the services, and products it provides and the part it plays in safer recruitment.

There will be two opportunities to attend. These are for the same event offered on the 31 January 2023 09.00 – 10.30hrs (Click here to join the meeting on the 31st January 2023) and 6 February 2023 13.00 – 14.30hrs (Click here to join the meeting on 6th February 2023). You only need to attend one of the sessions.

The session will cover:

Legal Duty to Refer / Barring (90mins)

- Understand the three different referral routes
- Understand when a DBS Barring referral should be made, including when a referral should be made
- Understand what Regulated Activity is
- Understand how to make a good quality referral
- Have a clear understanding of the consequences of not making appropriate barring referrals and the consequences of being included in one or both Barred Lists
- Q&A



Disclosure & Barring Service



Jersey Care Commission

Head of Business and Performance Jersey Care Commission 1st Floor Capital House 8 Church Street St Helier, Jersey JE2 3NN

Tel: 01534 445801

From: Caroline Landon < C.Landon@health.gov.je>

Sent: 23 January 2023 13:50

To: Rose Naylor

Subject: FW: Inspection Report

Attachments: 20221117 IR amended final v2.docx

From: @carecommission.je>

Sent: 23 January 2023 13:11

To: Caroline Landon < C.Landon@health.gov.je>; @health.gov.je>

Cc: @health.gov.je>; @health.gov.je>

Subject: Inspection Report

Dear Caroline and

Please find attached a draft inspection report following the inspection of which was completed on 17 November 2022. Please do let me know if there are any factual errors within the report by contacting me directly. You will note that there is an improvement plan at the back of the report which should be completed setting out how these areas of improvement have been or will be addressed in order to meet the relevant Standards. You are expected to submit your brief response within 28 days of today's date and return it directly to me, although it is perfectly acceptable if you would like to respond sooner than the 28 day time frame.

In accordance with Article 27 of the Regulation of Care (Jersey) Law 2014, if there is an error of fact in the draft report, and the Commission accepts the error, then we are obliged to rectify these prior to the report becoming final. Please note that the response recorded for publication should apply to how the improvement plan is to be addressed, any disputed findings would be expected to have been conveyed to me for discussion at the conclusion of the inspection process prior to drafting of the report.

Please note that the final report and provider response to this inspection will be published on the Commission's website.

Kind regards

Regulation Officer
Jersey Care Commission
1st Floor, Capital House
8 Church Street
St Helier
JE2 3NN



Subject: Meeting with Jersey Care Commission / Succession Planning

Location: BroadSt 1st Floor - La Pulente (x8)

Start:Mon 15/05/2023 14:00End:Mon 15/05/2023 15:00

Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer:

Resources: BroadSt 1st Floor - La Pulente (x8)

Dear all,

Please hold this date and time in your diaries for an in person meeting with Glenn from the Jersey Care Commission.

On arrival, please inform reception you are here for a meeting with Deputy Renouf and we will come down to meet you.

Many thanks and kind regards,

Apprentice Policy Officer
Strategic Policy, Planning and Performance

Government of Jersey Strategic Policy, Planning and Performance 19-21 Broad Street | St Helier | Jersey | JE2 3RR



Subject: Jersey Care Commission Board Meeting

Location: 1st Floor, Capital House, 8 Church St, JE2 3NN

Start:Wed 29/03/2023 12:00End:Wed 29/03/2023 13:00

Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Minister for Health and Social Services

Hi all,

Please see an invite to the Jersey Care Commission's board meeting in March – to be held in their offices on Church Street.

Kind regards,

Office of the Minister for Health and Social Services

Government of Jersey 19-21 Broad Street | St Helier | Jersey | JE2 3RR



From:

Caroline Landon < C.Landon@health.gov.je>

Sent:

08 February 2023 13:55

To:

Rose Naylor

Subject:

FW: Adult day Care Inspection Report

Attachments:

20221129 IR Le Geyt adult day care Final.pdf

From: @carecommission.je>

Sent: 08 February 2023 13:38

To: Caroline Landon < C.Landon@health.gov.je>; @health.gov.je>

Subject: Adult day Care Inspection Report

Dear Caroline and

Please find attached the final Inspection report for Le Geyt Adult Day Care Service, following the 28-day opportunity for you to provide any feedback.

It has been a pleasure to carry out this inspection with such a dedicated, passionate and skilful team.

This report will be published on our website alongside a smaller summary of inspection findings report.

Regards

Regulation Officer
Jersey Care Commission
1st Floor, Capital House
8 Church Street
St Helier
JE2 3NN

@carecommission.je



From: Caroline Landon < C.Landon@health.gov.je >

Sent: 08 February 2023 13:56

To: Rose Naylor

Subject: FW: Publication of Inspection Report for Home Care Service

Attachments: IR 20221129 Le Geyt Home care final.pdf

From: @carecommission.je>

Sent: 08 February 2023 13:54

To: Caroline Landon < C.Landon@health.gov.je>; @health.gov.je>

Subject: Publication of Inspection Report for Home Care Service

Dear Caroline and

Please find attached the final Inspection report for Le Geyt Adult Day Care Service – Home Care Service, following the 28-day opportunity for you to provide any feedback.

This report will be published on our website alongside a smaller summary of inspection findings report.

Regards

Regulation Officer
Jersey Care Commission
1st Floor, Capital House
8 Church Street
St Helier
JE2 3NN

@carecommission.je



From: Becky Sherrington < B.Sherrington@carecommission.je>

Sent: 09 February 2023 12:40

To: ; Jonathan Renouf; ;

Cc:

Subject: RE: Meeting with Becky (Jersey Care Commission) re Milli's child contact centre

Dear

Can I check that now this has moved whether it is still on teams? This may be easier face to face Becky

----Original Appointment----

From: @gov.je>

Sent: 07 February 2023 12:05

To: ; Jonathan Renouf; ; Becky Sherrington;

Cc:

Subject: Meeting with Becky (Jersey Care Commission) re Milli's child contact centre **When:** 09 February 2023 14:00-15:00 (UTC+00:00) Dublin, Edinburgh, Lisbon, London.

Where: Microsoft Teams Meeting

Dear all,

Please hold this date and time in your diaries for a meeting with Becky Sherrington regarding Milli's child contact centre.

Unfortunately, due to the short notice there is no room availability therefore this meeting will need to be held via teams.

Many thanks,

Apprentice Policy Officer

Strategic Policy, Planning and Performance

Government of Jersey Strategic Policy, Planning and Performance 19-21 Broad Street | St Helier | Jersey | JE2 3RR



Microsoft Teams meeting

Join on your computer, mobile app or room device

Click here to join the meeting

Meeting ID: 385 899 297 536

Passcode: MihWiF

Download Teams | Join on the web

Or call in (audio only)

+44 20 3321 5250,,70117487# United Kingdom, London

Phone Conference ID: 701 174 87#

Find a local number | Reset PIN

Learn More | Meeting options

From: Jonathan Renouf < J.Renouf4@gov.je>

Sent: 09 February 2023 12:41

To: Becky Sherrington; ; ; ;

Cc:

Subject: Re: Meeting with Becky (Jersey Care Commission) re Milli's child contact centre

I'm in the office

Sent from Outlook for iOS

From: Becky Sherrington < B. Sherrington@carecommission.je>

Sent: Thursday, February 9, 2023 12:40:01 PM

To: @gov.je>; Jonathan Renouf <J.Renouf4@gov.je>; @gov.je>; @gov.je>;

@gov.je>

Cc: @gov.je>

Subject: RE: Meeting with Becky (Jersey Care Commission) re Milli's child contact centre

Dear

Can I check that now this has moved whether it is still on teams? This may be easier face to face

Becky

From: Caroline Landon < C.Landon@health.gov.je>

Sent: 13 February 2023 14:35

To: Rose Naylor

Subject: FW: Inspection Report

Attachments: 20221117 IR HCS104 Report.docx

From: @health.gov.je>

Sent: 13 February 2023 12:58

To:

@carecommission.je>; Caroline Landon < C.Landon@health.gov.je>
Cc:
@health.gov.je>; | @health.gov.je>

Subject: RE: Inspection Report

Good Afternoon

Thank you for your report, please see attached my brief response as requested.

Kind Regards

Registered Manager

Government of Jersey

La Rue De La Pouclee et des Quatre Chemins | St. Martin | Jersey | JE3 6DU

Customer focus - Constantly improving - Better together - Always respectful - We deliver





Subject: Jersey Care Commission Board Meeting

Location: Jersey Care Commission, Board Room 1st Floor Capital House, 8 Church Street, St

Helier

Start: Wed 29/03/2023 09:00 **End:** Wed 29/03/2023 09:30

Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer:

Dear Minister,

Thank you for taking the time to meet Glenn Houston, Chair of Jersey Care Commission and the Board. has kindly confirmed the time for attending at 9am on 29th March for approximately 30 minutes.

Please let me know if you have any questions and will look forward to meeting you.

Kind regards

Subject:

Jersey Care Commission Board Meeting

Location:

1st Floor, Capital House, 8 Church St, JE2 3NN

Start:

Wed 29/03/2023 09:00 Wed 29/03/2023 09:30

End: Show Time As:

Tentative

Recurrence:

(none)

Meeting Status:

Not yet responded

Organizer:

Minister for Health and Social Services

Hi all,

Please see an invite to the Jersey Care Commission's board meeting in March – to be held in their offices on Church Street.

Kind regards,

Office of the Minister for Health and Social Services

Government of Jersey 19-21 Broad Street | St Helier | Jersey | JE2 3RR



From: Jonathan Renouf < J.Renouf4@gov.je>

Sent: 02 March 2023 15:51 **To:** Council of Ministers

Subject: Re-appointment of the Chair of the Jersey Care Commission

Dear Ministers,

I am writing to apologise for an oversight in failing to consult you on my intention to reappoint the Chair of the Care Commission for a final 2-year term.

The attached report was presented to the States today, providing the Assembly with 2 weeks' notice of my intention to reappoint Mr Glenn Houston as Chair of the Care Commission. Prior to doing so, under paragraph 2(2) of Schedule 2 to the Regulation of Care (Jersey) Law 2014, CoM should have been consulted. I was not advised of this provision before agreeing that the report should be presented to the States, and I regret that CoM was not consulted before the report was published.

This appointment will take effect in 2 weeks' time. If you would like to discuss my intention to reappoint Mr Houston as Chair of the Care Commission, please do not hesitate to contact me. I would be pleased to take on board your feedback before this re-appointment is finalised.

Best wishes,

Jonathan

From: Notifications <notifications@carecommission.je>

Sent: 02 March 2023 16:43

To: Karen Wilson

Cc: ; Becky Sherrington
Subject: Letter from Jersey Care Commission

Attachments: Letter to Deputy Wilson.pdf

Dear Minster,

Please find attached a letter from Glenn Houston, Chair, Jersey Care Commission.

Many thanks,

Administrator

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

Office email: notifications@carecommission.je website: www.carecommission.je





Deputy Karen Wilson

Correspondence via email: k.wilson2@gov.je

2 March 2023

Dear Minister,

Jersey Care Commission Board Meeting

I am writing to thank you for accepting the invitation to address the Board when we meet in Jersey on Wednesday 29th March. I look forward to welcoming you to our Boardroom in Capital House, Church Street, St Helier.

Whilst there is no formal expectation of this session, the Commission recognises that you have an extensive brief and would welcome your thoughts on the specific challenges facing health and community services in Jersey. It would be particularly helpful for the Commission if you were to include reference to the role and purpose of the newly established Health Board in Jersey and the expectations of the Change Team. Commissioners will also be interested in the Government's response to the findings of the Commissions discussion paper 'Addressing challenges and risks in social care'.

Commissioners are aware of the Government's intention to extend independent regulation to include other aspects of health and social care provision, such as hospital, mental health and ambulance services. We look forward to developing the necessary infrastructure to undertake that work effectively, in partnership with the Government of Jersey.

The current profile of Commissioners is available on our website at https://carecommission.je/

I am conscious that we could probably spend the entire Board session on these matters but, as time is limited, it will not be possible to go into detail. Once again, my sincere thanks for your willingness to meet with us on 29 March.

Please be assured that if there is anything else I, or Becky Sherrington, can assist with in advance, we will be very happy to do so.

Kind regards,

Glenn Houston

Colon Hoston

Chair

CC B.Sherrington, Chief Inspector.

CC Associate Director of Health Policy

From: Notifications <notifications@carecommission.je>

Sent: 03 March 2023 09:10

To: Karen Wilson

Cc: Becky Sherrington;

Subject: Letter from Jersey Care Commission

Attachments: Letter to Deputy Wilson.pdf

Dear Minister,

Due to an administrative error the wrong version of the letter had previously been sent. Please accept my apologies.

Please find the correct version attached.

Kind regards

Executive Administrator
Jersey Care Commission
1st Floor Capital House
8 Church Street
St Helier, Jersey
JE2 3NN

Office email: notifications@carecommission.je website: www.carecommission.je





Deputy Karen Wilson

Correspondence via email: k.wilson2@gov.je

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Chair

CC B.Sherrington, Chief Inspector,

, Associate Director of Health Policy