



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Le Petit Bosquet**

**Care Home Service**

**La Rue de Haut  
St Lawrence  
JE3 1JZ**

**4 March 2020 and 11 March 2020**

## THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

## ABOUT THE SERVICE

This is a report of the inspection of Le Petit Bosquet care home. The service was established in October 2019 and registered to provide both nursing and personal care. The service is situated in St Lawrence, close to a primary school, health centre, pharmacy and public park and close to bus stops serving both St Helier and St Aubin. Car parking is provided close to the entrance and a garden provided for the benefit of care receivers.

The home is a three-storey granite fronted building which was completely refurbished and upgraded prior to registration. There are twenty-six single en-suite bedrooms over three floors and communal lounges and assisted bathing facilities also provided on each floor. An extension to the building is planned with works scheduled to commence during 2020 which will result in the additional provision of several additional bedrooms and communal facilities. The service became registered with the Commission on 31 October 2019.

Registered Provider	LV Group Limited
Registered Manager	Tracey Gentry
Regulated Activity	Care Home
Conditions of Registration	Personal care/personal support can be provided to a maximum of 6 care receivers Nursing care can be provided to a maximum of 20 care receivers Category of care is Adult 60+ Age of care receivers is 65 years and over Bedrooms 1-12 and 14-27 are registered for single occupancy. Bedrooms 21 – 26 are to be used for the provision of personal care/ support only
Dates of Inspection	4 March 2020 and 11 March 2020
Times of Inspection	9.30am – 3.15pm and 1.30pm – 3.45pm
Type of Inspection	Unannounced on 4 March 2020 Announced on 11 March 2020

Number of areas for improvement	Two
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Le Petit Bosquet is operated by LV Group Limited and the registered manager is Tracey Gentry. At the time of this inspection, there were 20 people receiving care from the service.

The philosophy of the care home, according to its Statement of Purpose, is to provide an inclusive and transparent way of providing a care service that is tailor made to meet the individual needs of the person using the service.

## SUMMARY OF INSPECTION FINDINGS

Prior to this inspection visit a post registration visit was undertaken on 28 November 2019 along with a brief walk round visit on 20 February 2020. This inspection was the first one carried out since the care home was registered. It was conducted over two separate visits, the first of which was unannounced. It was completed on 4 and 11 March 2020 and was undertaken by two Regulation Officers. On all visits to the care home the care home manager was present and readily available to assist with regulatory requirements.

The Care Homes Standards were referenced throughout the inspection.<sup>1</sup>

The Regulation Officers focused on the following areas during the inspection:

- the service's Statement of Purpose and Conditions on registration
- safeguarding (adults)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

Overall, the findings from this inspection showed that the care home is operating within the conditions of registration and Statement of Purpose. Care receivers are provided with care and support in accordance with their health needs and personal preferences. It was apparent that care receivers' personal care needs were met, and that attention was given to supporting care receivers to maintain their personal appearance. Care receivers were keen to engage with both Regulation Officers and provided positive feedback about the staff and the ways in which various aspects of care and support is provided to them. Staff were observed delivering care and support in a compassionate way demonstrating warmth and kindness in their interactions with care receivers.

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<sup>1</sup> The Care Home Standards can be accessed on the Commission's website at <https://carecommission.je/standards/>

Staff are recruited safely; training is provided, and their work performance is subject to regular review thereafter.

Discussion with staff confirmed that they have a clear understanding of their roles and responsibilities. They were positive in their communications and appeared motivated to provide a quality service. Records show the staffing levels to always meet the minimum staffing requirements.

The care home provides well maintained and comfortable accommodation. Care receivers were observed during each of the visits to be making use of the communal areas as well as their own private space. The care home was found to be clean and well-presented throughout. Visitors were observed visiting the care home and some care receivers were socialising outside of the care home. Care receivers have access to health professionals as required and on the second visit, the care home was seen to be proactively implementing infection control procedures for all visitors at the outset of the Covid-19 pandemic.

There were two areas for improvement identified from this inspection which relate to the need to repair the passenger lift and the provision of equipment which can be used for palliative care purposes. There is a secondary lift in the care home and therefore care receivers and staff can access the upper floors. Before the inspection had been completed, the manager had started to address these matters. A timescale of one month from the date of this inspection was agreed with the manager to make the necessary improvements.

## **INSPECTION PROCESS**

Prior to the inspection visit, information submitted to the Commission by the service since registration was reviewed. This includes any notifications and any changes to the service's Statement of Purpose.

Both Regulation Officers sought the views of the people who use the service, and their representatives and spoke with managerial and care staff. Six care receivers and two representatives were spoken with during the inspection. The views of two health professionals who were known to have visited the care home around the time of inspection were sought as part of the inspection process although responses were not provided.

During the inspection, records which included: policies; care records; incidents; outcomes from resident meetings; staffing rosters; recruitment documents; quality assurance reports and complaints were examined. The Regulation Officers also undertook a tour of the premises and spent time in the communal areas and observed interactions and communications between care receivers and staff.

At the conclusion of the inspection, the Regulation Officers provided feedback to the registered manager and deputy manager.

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an action plan is attached at the end of the report.

## INSPECTION FINDINGS

### **The service’s Statement of Purpose and conditions on registration**

The care home’s Statement of Purpose was reviewed prior to the inspection visit. The Standards outline the provider’s responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The care home’s Statement of Purpose at the time of inspection was in the process of being amended and updated to reflect changes to staffing roles within the care home. It continues to reflect the range and nature of services provided to care receivers and the updated Statement of Purpose was provided to the Commission at the end of the inspection visit.

Whilst the service is newly registered, the service is compliant with Regulations and Standards relating to the Statement of Purpose and the Regulation Officers were satisfied that the manager fully understood their responsibilities in this regard.

Le Petit Bosquet is, as part of the registration process, subject to the following mandatory and discretionary conditions:

Conditions of Registration	<p><u>Mandatory</u></p> <p>Maximum number of care receivers: 26          Number in receipt of nursing care: 20          Number in receipt of personal care/personal support: 6          Age range of care receivers: 65 years and above          Category of care provided: Adult 60+          Bedrooms 1-12 and 14-27 are registered for single occupancy with bedroom numbers 21 – 26 registered for the provision of personal care only</p> <p><u>Discretionary</u></p> <p>There are no discretionary conditions.</p>
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Discussion with the manager and examination of records provided confirmation that these conditions on registration were being fully complied with and will remain unchanged. There are no discretionary conditions applied to the registration of the care home at this time.

The care home’s Statement of Purpose was available for reference in the entrance to the care home beside the visitors’ “sign in” book. Review of minutes indicate that

the Statement of Purpose will feature as part of residents' meeting discussions to inform residents of the care home's aims and objectives.

### **Safeguarding (adults)**

The Standards for care homes set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.

Systems are in place at the care home to support the safety and protection of residents which include, for example: window restrictors; designated areas for secure storage of medications; visitors' log of attendance and with general security of the premises.

Discussion with the manager confirmed that any safeguarding issues would be regarded seriously, would be dealt with in line with local procedures and that relevant persons and agencies would be notified of any safeguarding concerns. During the first inspection visit the care home manager was notified of information relating to an alleged aspect of practice within the care home which had been brought to the attention of the Safeguarding Lead in Health and Community Services. The manager promptly investigated and followed up with the staff team and there was no evidence found during the inspection of poor practice as had been indicated to the safeguarding team.

Reference was made during the inspection to the care home's safeguarding policy which is always accessible to staff. Discussion with staff demonstrated a clear understanding of their roles and responsibilities in protecting care receivers from harm. Staff of various grades confirmed that they had received training in safeguarding and knew how to respond if people raised concerns. Procedures for safeguarding care receivers are in accordance with local protocols.

Discussion with care staff confirmed that the provider has a whistleblowing procedure in place which outlines ways in which staff can express concerns about issues within the care home and it encourages staff to raise concerns at an early stage. Staff described a key aspect of their role as being to protect care receivers from abuse and having confidence to raise any issues of concern directly with the nurse in charge or care home manager.

Minutes of residents' meetings showed discussions encouraging care receivers to report anything of concern to them to the care home manager and makes clear the standards they should expect whilst living in the care home. The minutes demonstrated that care receivers are provided with opportunities to provide feedback about the care home and report any issues of concern. The minutes also demonstrated that care receivers are informed of recruitment procedures to demonstrate that the staff team working with them have been appropriately and safely recruited.

During discussion with care receivers and visitors, they remarked positively on their sense of safety and contentment with arrangements in place and commented:

“I’m well looked after, it’s a very good place the staff are very caring, and the food is good too. This is definitely the best place to be, there’s no problems. It’s a lovely place. I didn’t get up until 10am today and I had a lovely lie in”.

“It’s very nice, I think it’s super. The staff are so helpful, I couldn’t complain. I get up at 5am I ask to get up then as I want to. I honestly couldn’t find anything to fault, I like the food especially the breakfast”.

“It’s absolutely wonderful I couldn’t fault a thing; the staff are wonderful. They’re marvellous and they looked after us all as a family. I’m very impressed with how the staff interact with the residents when they speak with them”. [from a visitor]

“I’m happy enough, it’s lovely being here. You can join in and they never say you can’t do anything you want”.

“It’s very nice, the food is really good. The staff are good, they help you with anything you need, and the games person is very good”.

“It’s a smashing home, I get a lovely welcome every day from the secretary and the girls are as good as gold they always give me a cuppa”. [from a visitor]

“It’s fine you can go out if you want and I’ve got no worries here. I go to bed at 10pm, it was 10pm at home and it’s that time here too and I get up early”.

“It’s quite good the meals are very good. The lunch choices are written on the board in the dining room, so you can see what’s on offer. The staff are good, but the nights not so good as I feel I don’t always get a choice at night”. (This was communicated to the manager as part of the feedback discussion at the end of the inspection).

Records of residents’ meetings during December 2019, January and February 2020 also noted good feedback from care receivers and their experiences of life in the care home to be positive.

## **Complaints**

<p>The Care Home Standards set out the provider’s responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service’s staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.</p>
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Information on how to raise a complaint is within the Statement of Purpose and a summary of the process also displayed in the entrance hallway positioned beside the visitors’ log. There have been no complaints received since the care home was registered. Discussion with staff confirmed they understood the complaints process and ways in which to escalate complaints or concerns to the manager.

Care staff also confirmed negative feedback from care receivers or their representatives about care provision would also be treated in a similar way to that of a complaint and commented:

“The complaints policy is in the entrance hallway and it’s on Fusion (the system in place for electronic record keeping), we would record anything on there and report to the nurse straight away”.

“If residents say something about their care and it’s not up to standard it may indicate they’re not happy, so I would tell the registered nurse or the manager”.

“Complaints can be informal but still important to look into, if a resident opens up to you take what they are saying seriously and report to the nurse straight away or go to the manager”.

Minutes of residents’ meetings show their understanding of the complaints process is explored and information provided about raising concerns and complaints. In addition to care receivers being provided with a copy of the Statement of Purpose, they are provided with a contract of residency which explains the complaints process also. The care home’s management team maintain a full-time presence in the care home and are observable to care receivers and their representatives should they wish to speak with them.

### **Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)**

<p>The safe recruitment of staff is an important element in contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider’s responsibility to ensure that there are always suitably recruited, trained and experienced staff available to meet the needs of care receivers.</p>
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Prior to the care home’s registration being approved, a review of the recruitment policy and processes completed for new staff formed part of a pre-registration site visit. The review at that time showed numerous safe recruitment checks had been completed in advance of staff working in the care home. This inspection visit also included a review of staff personnel files which showed consistency in terms of the same safe approach regarding staff recruitment. Staff personnel files are stored securely and were found to be well organised and for ease of reference divided into sections which confirmed recruitment documentation was in keeping with the Standards.

Staff described their induction process and provided an overview of training topics provided. One staff member recruited prior to the inspection, described their orientation programme, mentoring arrangements and reported they had a plan in place to discuss their learning and development needs with the care home manager. There are nineteen members of care staff, two of whom have completed a level 3 diploma, four with a level 2 diploma and three who have completed the care certificate. There is a training and development programme which shows some staff are in the process of completing vocational training at level 3 and a plan to ensure all staff will at least have completed level 2 diploma in health and social care.



Discussion with staff confirmed they had received training in mandatory subjects and the deputy manager is to undertake a level 5 diploma in leadership also.

A summary of the staff profile and staffing levels are included in the Statement of Purpose. A copy of the staffing roster was reviewed which showed adequate skill mix and consistent staffing levels which meet the minimum staffing requirements. There is always a registered nurse available, and staff described their duties in response to the care, welfare and protection of care receivers. The care home has recently appointed a new deputy manager to support the registered manager and who was available to facilitate the inspection process. Staff spoke positively of management, teamwork, job satisfaction and the overall positive culture developing within the care home. Recruitment is ongoing for the vacancies for the position of one registered nurse and two care assistants.

Supervision is directed through the management and there are processes in place to ensure staff are supported to carry out their roles effectively. Records are maintained but individual supervision records were not reviewed as part of this visit. Staff commented they feel well supported and were clear about their roles and associated responsibilities. During both inspection visits staff of all grades were observed in communal areas and noted to respond quickly to residents' calls for assistance.

### **Care planning**

The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility to ensure that care plans are person-centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.

People are admitted into the care home based on a comprehensive pre-admission assessment of their health, personal and social care needs which helps determine the needs of the individual and allows the care home to recognise the level of care required. A completed pre-assessment form was reviewed during the inspection which recorded the care receiver's abilities, past and current medical history which was cross referenced in their care plans. There is an admission checklist which ensures care receivers receive a warm welcome and introduction to the care home and requires specific health assessments to be undertaken and recorded as a matter of priority.

Care records are maintained in an electronic format although some records are paper-based and retained in people's bedrooms, such as wellbeing checks which had been completed and relevant to the time of visit. In addition to the pre-assessment checklist, a further assessment of overall needs is completed following admission which is used to develop care plans. The care plans were individualised, unique to each person's circumstances, health needs, personal interests and preferences and showed the individual's views and contribution towards their care planning had been sought.

There were distinct differences noted between the level of care required and dependency levels for those admitted with nursing care needs compared with those with personal care needs. The plans showed variances in terms of supporting and maintaining resident independence where necessary; daily care records showed ways in which care receivers' independence had been promoted. One resident's mobility care plan had not been updated and amended further to a hospital visit which was brought to the manager's attention and rectified straight away during the visit. Records showed prompt referral to allied health and other professionals such as GP, dietician and hospice team. The entries in care receivers' daily care notes were noted to be frequent, detailed, and provided supplementary details relating to physical, psychological care needs and social interactions.

Validated assessment tools were also used to assess risks of malnutrition, skin integrity and there were no reported pressure ulcers at the time of inspection. A discussion with the management team showed the team to have reflected upon a recent care episode and that they were in the process of completing an after-death analysis to review with the community hospice team. It was suggested the care home would benefit from some equipment commonly used for medication administration for care receivers living with a terminal illness at the end of their lives which therefore is an area for improvement.

During both visits care receivers were observed engaging with the activities coordinator and appeared to be enjoying the interactions that were taking place.

### **Monthly quality reports**

The quality of services provided by this service should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.

The provider has a nominated individual who is a registered nurse who visits on a monthly basis to monitor the quality and safety of the service by reviewing Standards and compliance with Regulations. The most recent quality assurance report was provided for review which showed consultation with care receivers. They were very positive of their experiences in the care home and made comments such as, "I am treated respectfully", "the staff are so helpful", "they help me choose my clothes", and "they respect my wishes". The quality assurance visit also allowed for discussion with staff members who reported they were happy at work and spoke highly of the care home manager and their working environment.

The care home manager also shows a strong commitment to making improvements by meeting regularly with care receivers to seek their views; the minutes from residents' meetings show actions taken in response to their feedback.

## IMPROVEMENT PLAN

There were two areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Regulation 18 (3)</p> <p><b>To be completed by:</b> 1 month from the date of inspection (11 April 2020).</p>	<p>The registered provider must provide equipment that is deemed necessary for medication administration when palliative care is being provided.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Appendix 10 (9) Care Home Standards</p> <p><b>To be completed by:</b> 1 month from the date of inspection (11 April 2020).</p>	<p><b>Response by registered provider:</b> As a Care group, it is our intention to purchase equipment deemed necessary for the medication administration when palliative care is required.</p> <p>The registered provider must ensure the stretcher lift is repaired and operational.</p> <p><b>Response by registered provider:</b> It was our intention for the lift to be in service prior to inspection. However, this has been hampered, waiting for parts and then the Covid-19 restrictions also delayed the progress. Once the Covid-19 restrictions are lifted the lift company will commence works.</p>

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.



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