



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Les Ormes Respite Service**

**Care Home Service**

**Apartment 12  
Les Ormes  
St Brelade  
JE3 8FL**

**30 June 2021**

## 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 Les Ormes Respite Service which is operated by Government of Jersey Health and Community Services. The service is situated within the development of Les Ormes holiday complex and consists of a two bedroomed, ground floor apartment, registered to provide nursing care to two named individuals. The home provides the respite service on the basis of planned, recurrent, short stay periods.

The home supports two individuals to receive respite care and the discretionary conditions on registration mean that the home must cease operating on 31 October 2021. However, the provider has requested cancellation of the home's registration, effective from 31 July 2021.

The Statement of Purpose describes the service as '*providing a respite home for two individuals where the team provide a holistic and person-centred approach for the nursing interventions required. This service is bespoke and wrapped around each individual therefore specific to their needs*'.

The service became registered with the Commission on 15 December 2020.

Regulated Activity	Care Home
Conditions of Registration	<u>Mandatory</u>  Type of care: Nursing care  Category of care: Learning disability  Maximum number of care receivers: 2  Maximum number in receipt of nursing care: 2  Age range of care receivers: 18 and above

	<p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>Bedrooms 1 and 2 – one person</p> <p><u>Discretionary</u></p> <p>The registered manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 23 November 2023.</p> <p>The home must only provide care to both existing care receivers who are currently accessing the service for respite care.</p> <p>The home must not be used to provide nursing care to other care receivers.</p> <p>The home must cease to operate as a care home on 31 October 2021.</p>
Date of Inspection	30 June 2021
Time of Inspection	3.30pm – 6.45pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	Two

The Care Home is operated by Government of Jersey Health and Community Services and the registered manager is Christopher Easton. On 29 April 2021 the Commission was notified of a planned absence of the registered manager and the arrangements that would be put in place to provide management during this period. The Commission approved these interim arrangements and they came into effect from 5 May 2021. A senior team member has assumed responsibility for the management of the home in the absence of the registered manager.

The discretionary conditions on the service's registration was discussed which evidenced compliance with all discretionary conditions. The registered manager is progressing through a Level 5 Diploma in Leadership and expects being able to complete this within the identified timeframe.

## **SUMMARY OF INSPECTION FINDINGS**

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

A family member spoke positively of the relationships that have been developed with the staff team and of the care and support that is provided to their relatives. Families are involved and consulted with about the home's operation and described gratitude towards the staff team regarding the provision of the respite service. The staff team were found to be attentive, dedicated and very knowledgeable in relation to care receivers' needs and communication abilities. They were focussed on making a positive contribution to care receivers' lives and care experiences.

Care staff have access to ongoing training in order to carry out their roles and several of them had been working with the care receivers for a number of years. There was a consistent staff team who knew the unique needs and preferences of the individuals accessing the service. One family member confirmed stability in the staff team was of great benefit and they described having trust, confidence and faith in their abilities. They spoke of the additional support that the staff team provide to the family and providing practical help outside of the booked respite visits.

Care receivers are engaged in a range of activities both within the home and the community. There was a calm, relaxed atmosphere within the home throughout the early evening and care receivers were observed having their needs tended to in recognition of their individual care needs and personal preferences. Personal preferences and needs are recorded in care records and family members are involved and included in directing the care and support provided.

There are systems for ongoing review of the service to ensure that the home is meeting the Standards. This process is important in continually driving improvement.

## INSPECTION PROCESS

This inspection was announced and was completed on 30 June 2021. Notice of the inspection visit was given to the interim manager the week before the visit. This was to ensure that care receivers would be availing of respite care at the time and to allow their representative an opportunity to meet with the Regulation Officer to provide their views. The Regulation Officer adhered to home's infection prevention measures throughout the visit.

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

This inspection focussed on the following lines of enquiry:

- **Staff recruitment, training and development**
- **Approaches to care and welfare of care receivers**
- **Staff competence relating to categories of care provided**

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<sup>1</sup> The Care Home and all other Care Standards can be accessed on the Commission's website at <https://carecommission.ie/Standards/>

- **Care home environment**
- **Management of services**
- **Choice, preference and lifestyle**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed. The Regulation Officer sought the views of a family member during the inspection visit and spoke with managerial and other staff.

The views of one health and social care professional was also requested as part of the inspection process, although no response was received.

During the inspection, samples of care records, staffing rosters, training records and quality monitoring reports were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the interim manager.

This report sets out our findings and includes areas of good practice identified during the inspection.

## **INSPECTION FINDINGS**

This was the first inspection carried out since the home was registered.

### **Staff recruitment, training and development**

Reference was made to Standard 3 of the Care Home Standards which states: "You will be cared for and helped by the right people with the right values, attitudes, understanding and training."

The registered and interim manager are both registered learning disabilities nurses and are also responsible for the management of another registered care home. Both are familiar with the type of respite arrangements that meet the needs of the care receivers' family members. Prior to taking on the managerial role, the interim manager had worked alongside the registered manager in a supernumerary capacity as part of their induction to take on the position.

The interim manager has also worked alongside the care receivers and staff team in her capacity as a registered nurse, therefore has a wide-ranging appreciation and understanding of their care needs and clinical presentation. This was evident through the detailed discussions and information provided during the inspection.

The all-female staff team is made up of registered nurses and health care assistants. There is always one registered nurse present and who remains on duty overnight to provide support and clinical care as required. Testimony from one representative

confirmed that they were reassured and satisfied with the consistent registered nurse presence whilst their relatives are availing of respite care.

Two additional health care staff are always present throughout the day to support their needs and one health care assistant is rostered overnight. The provider has acknowledged and respected the views of care receivers' representatives in requesting that female staff only work in the home. A sample of staff rosters showed that the staffing complement is sufficient to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

There have been no new staff recruited into the staff team since the service was registered, therefore a review of staff recruitment records was not undertaken as part of this inspection.

Some health care staff described that they have supported both care receivers who avail of respite care for several years and they spoke of the strong, professional relationships that have been developed with care receivers and their families. The Regulation Officer spoke with three members of staff on an individual basis during the inspection and concluded that they were fully knowledgeable about both care receivers and described various ways in which their health and well-being is protected and promoted.

The staff team spoke positively of the ways in which they provide support and appeared genuine and warm in their interactions with the care receivers. Staff were observed to respond to the care receivers' non-verbal cues in a kind, caring and respectful manner and one staff member described looking after the care receivers as "an absolute privilege". Feedback from one family member confirmed that they have trust, faith and confidence in the staff team to care for their relatives to a good standard.

All health care staff have achieved at least a level 2 vocational qualification in care and some have completed a level 3 award. One member of staff on duty at the time of inspection confirmed that they had recently completed a level 3 qualification, which included learning about supporting individuals with learning disabilities.

Staff have access to training relevant to their roles, such as medication management, moving and handling and First Aid, in addition to other mandatory training subjects. During the inspection, staff were observed preparing and discussing the content of safeguarding training that they were attending later in the week. One registered nurse described that they had attended a masterclass relating to communication with profound learning disabilities as part of their continual professional development. Another member of care staff has been supported to become a manual handling trainer which had been part of their learning and development objective.

Care staff who administer Percutaneous Endoscopic Gastrostomy (PEG) feeding are provided with specific training to equip them with the skills to carry out this task. There are some staff yet to complete this training and there is a plan in place to address this. Arrangements are in place so that all staff receive regular supervision. Discussions with two members of staff confirmed that they find this beneficial and

that it helps to improve and develop their practice. In addition, registered nurses hold monthly meetings so that they share and develop their knowledge about practice-related clinical issues so that a supportive learning environment is promoted.

### **Approaches to care and welfare of care receivers**

Reference was made to Standard 5 of the Care Home Standards which states: "You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences."

Two care receivers were availing of the respite service and were accompanied at the outset of the inspection by their representative. The care receivers did not have the capacity to directly communicate their experiences of the service, however their representative told the Regulation Officer that they had a high level of satisfaction with the service and were very complimentary of the staff teams' abilities.

Throughout the inspection, both care receivers were in the presence of the staff team and it was evident that they prioritised their welfare and ensured all of their needs were tended to. Care staff were observed and heard to respond to both care receivers' non-verbal cues in a kind, caring and respectful way and focused on ensuring they were comfortable and dignified in their appearance. There was a calm and friendly atmosphere in the home throughout the early evening, with sensory lighting and different music available for both care receivers which recognised their individuality and personal preferences.

At the start of the inspection visit, the care receivers had just arrived for their respite stay and were observed sitting outdoors in the fresh air and appeared comfortable in the company of staff. Staff described that whilst there were some routines in place, there was also a degree of flexibility in planning activities which would be guided by both care receivers' abilities to tolerate spending time in their wheelchairs. Staff described both care receivers' individual characteristics in detail and spoke with passion of their strengths and personalities.

The Regulation Officer observed care staff displaying good communication skills as they were noted to be positioned close to care receivers to enable them to see their faces and focus upon communication. Staff were able to predict and understand both care receivers' non-verbal cues which shows that the consistency of the staff team has enabled them to have a detailed and thorough understanding of their needs which leads to positive outcomes for both care receivers and their families.

A discussion with one family member confirmed there were good relationships with the staff team, and they described confidence in being able to approach any member of staff to communicate about their relatives. As well as the respite service, the provider has supported the family to avail of day support services also. The family member described staff as being 'wonderful' and said that they help provide support to the family as a whole and help with hospital appointments, outside of booked respite times.

One family member described feeling valued and involved in the management of the home and directing and planning care and support for their relatives. They are invited to review meetings with health professionals to discuss their relative's care and support arrangements. This was echoed by the staff team who spoke about the sense of family which characterised the respite stays, and which was also evident in the written records.

Both care receivers' care records including the book, 'About Me' were examined which provided information about their needs and preferences and reflected what one relative had described to the Regulation Officer. The descriptions used in the documentation was comprehensive and clear about care receivers' needs and captured their likes, dislikes, health needs, preferred routine and interpretation of non-verbal communications. Care plans included descriptions that care receivers display and their meaning.

A recognised assessment tool to assess distress and discomfort (DisDAT) was completed for each care receiver which identified distress cues and provided a summary of signs and behaviours when content and distressed. Care plans in aspects of care such as nutrition, handling and communication evidenced the level of support required and had been subject to ongoing review. Risk assessments were in place relating to the use of wheelchair lap belts, which took into account the individual's inability to consent to such arrangements.

### **Staff competence relating to categories of care provided**

Reference was made to Standard 6 of the Care Home Standards which states: "Your care will be provided with consistency by competent care and support workers who have the necessary training and qualifications to meet your needs."
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At the time of inspection, the full complement of staff was in place who were found to have the right qualifications and experience to provide care and support to care receivers. A discussion with two staff confirmed that they had worked alongside both care receivers for a few years and were familiar with their and their families' needs. All staff who work in the home are known to the care receiver's representatives and this is recognised as an area of good practice.

Staff described the training opportunities available to them in order to ensure they are competent to carry out their roles. Staff had received training relevant to their work, such as training in medication management, food safety, epilepsy awareness and people handling, in addition to mandatory training. In response to COVID-19, staff had also attended training in various aspects of infection control.

Discussions with staff showed that they fully understand the importance of individualised approaches to care and they described the aim of ensuring respite stays are as enjoyable as possible. They spoke of the various activities that care receivers are offered and described in detail one activity that they know one person particularly values and enjoys. Care staff told the Regulation Officer that they



actively consider a range of activities for the care receivers to participate in, so that they can do things that matter to them individually.

The home liaises appropriately with external health professionals and one registered nurse described a good working relationship with other district nursing colleagues to offer advice and support in respect of some clinical interventions. Discussions with care staff confirmed that they would report any significant concerns directly to the nurse and were aware of the limitations of their role.

### **Care home environment**

Reference was made to Standard 7 of the Care Home Standards which states:  
“The environment will enhance your quality of life and the accommodation will be a pleasant place to live or stay.”

There are limitations regarding the environment as the premises do not ordinarily meet the Standards for the provision of nursing care. The Commission’s consideration of the provider’s application to register the service as a care home took into account the fact that the service had been operational for some time prior to the registration requirement. A pre-registration inspection visit was undertaken on 5 November 2020 during which it was determined that the premises did not meet the Standards. The home was registered with discretionary conditions, one of which meant that the home must cease to operate by 31 October 2021. However, the provider has requested that the registration be cancelled with effect from 31 July 2021.

A discussion with a family member reported that whilst there were some limitations in the environment in that it did not fully meet their expectations or their relative’s needs, they were happy with the care and support provided. They spoke of the future plans that have been put in place that will allow their relatives to receive a service in the very near future that will meet their needs.

There are health and safety checks and procedures in place to ensure care receivers are residing in a safe environment.

### **Management of services**

Reference was made to Standard 11 of the Care Home Standards which states:  
“The care service will be well managed.”

The interim manager was acquainted with the needs and preferences of each care receiver and was familiar with the delivery of care and support in accordance with the Statement of Purpose. There are always clear lines of accountability with care staff having direct access to registered nurses along with access to the management team. There was a sense of contentment in the home, and staff appeared enthusiastic and passionate about their roles in supporting both care receivers.

A discussion with one family member confirmed that they have regular contact with the staff team and would not hesitate to contact the manager should they have any issues to raise. They described confidence that the staff team would address any concerns that they may have.

There are systems in place to ensure that the service provided meets the required Standards and is safe, consistent and appropriately monitored. A sample of quality monitoring reports were sampled which showed that the service is subject to a monthly review by another manager from within Health and Community services. The reports showed that the reviews assess the quality and safety of care and that it is in accordance with the Standards. Actions arising from the reviews are addressed with completion dates identified.

### **Choice, preference and lifestyle**

Reference was made to Standard 9 of the Care Home Standards which states: "You won't have to give up activities you enjoy when you live or stay in a care setting. There will be a range of things to do which will reflect your preferences and lifestyle."
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The impact of the pandemic significantly affected both care receivers' usual routines in relation to accessing day services, community activities and respite stays. Care staff described that care receivers are supported to attend the cinema, go for walks and that attendance at other community activities is currently being considered. The most recent quality monitoring report confirmed that care receivers had recently contributed to the Learning Disability Awareness Week, which was reported to have been successful and enjoyable. Discussions with staff showed that they recognised and understood the importance of recreational activities both within the home and wider community.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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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