



Jersey Care
Commission

INSPECTION REPORT

17/18 Le Grand Clos

Care Home Service

**St Johns Road
St Helier
Jersey
JE2 3BB**

04 November 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 17/18 Le Grand Clos. The service operates within two neighbouring properties which have their own access and together can provide personal care and support to five care receivers. The care home is situated in a housing estate on the edge of St Helier, with access to shops, restaurants, and public transport.

17/18 Le Grand Clos is one of 15 care home services operated by Les Amis. The service became registered with the Commission on 18 July 2019. The home has been in operation for several years and was subject to regulatory inspections under the previous law.

Regulated Activity	Care Home
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care, personal support</p> <p>Category of care: learning disability, autism</p> <p>Maximum number of care receivers: Five</p> <p>Maximum number in receipt of personal care and support: Five</p> <p>Age range of care receivers: 18 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms: Bedroom 1-5: 1 care receiver in each room</p> <p><u>Discretionary</u></p> <p>There are no discretionary conditions</p>

Dates of Inspection	4 November 2021
Times of Inspection	1pm to 5:45pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	Three

The Care Home is operated by Les Amis Ltd and the Registered Manager is Gary Hedgecock.

Since the last inspection on 13 November 2020, the Commission has received an updated copy of the service's Statement of Purpose on 16 June 2021. This was submitted by the newly appointed Registered Manager for the Service and reflected updates on service provision at 17/18 Le Grand Close.

A notification of absence of the Registered Manager was submitted in January 2021. This provided details of the new management arrangements for the service. Due to internal re-structure within the Les Amis organisation this proposal was withdrawn, and a registered manager application was submitted for Gary Hedgecock on 12 May 2021. This was approved by the Commission on the 28 June 2021.

The Commission also undertook two engagement sessions with Les Amis registered managers in April 2021. The purpose of this was to introduce new managers to their responsibilities in relation to the Regulation of Care Law (2014), and to provide an overview of the inspection process. There was also a separate session held for members of the Les Amis senior management team. At this session, the new management structure was discussed, and feedback given from the engagement sessions.

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.

Overall, the findings of this inspection were positive. There was evidence that care receivers were being provided with a service that is safe and which takes their wishes and preferences into account.

The Regulation Officer followed up on five areas for improvement identified in the previous inspection report. There were clear indications of improvement in three areas. While progress has been made in the remaining two areas, further developments are required which are discussed in more detail within the inspection findings.

There are robust recruitment and selection processes in place and there was clear evidence that staff members are supported through an induction process. Some policy adjustments have been made in recent months, in order to strengthen the processes for review of safe recruitment checks prior to start dates of new recruits being agreed.

Training is a key part of the induction process with a focus on regular training updates and personal development as staff progress within the Les Amis organisation.

There has been much work undertaken by Les Amis in recent months to make improvements to care planning systems and to develop easily accessible information for care receivers. The Regulation Officer was able to review the progress made to date and provide feedback to members of the senior management team.

The staff team were found to be very positive in their approach to the care and support of care receivers. There was evidence that care receivers are involved in household activities and supported in the community according to their preferences.

The home is a domestic property within a housing estate. It meets the needs of the care receivers adequately with all reporting that they consider it to be their home. The décor is in accordance with care receivers' tastes and preferences. Some minor upgrades and repairs are required which have been identified by the Registered Manager.

There have been some recent changes to the management structure within the home which include a new registered manager and the introduction of a team leader role. This appears to be working well, with the Team Leader and Registered Manager working collaboratively to develop and maintain good practices within the home.

All relevant policies and procedures were found to be in place to support the management of the home. The Registered Manager has a good understanding of both internal and external practices and procedures which support management, staff and care receivers.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the Registered Manager two days before the visit. This was to ensure that the Registered Manager would be available during the visit and to confirm the home's infection prevention and control arrangements. The inspection took place on 4 November 2021.

The Care Home Standards were referenced throughout the inspection.¹

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

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**
- **Care home environment**
- **Management of services**
- **Range of activities which reflect choice, preferences and lifestyle**

Prior to the inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection reports, notifications, correspondence and the home's Statement of Purpose.

The Regulation Officer sought the views of the people who use the service, speaking to all three care receivers at the time of inspection. Discussions were also held with the Registered Manager and three members of staff.

Following the inspection, contact was made by telephone with one relative who was happy to provide feedback on the home. The views of three professionals were also requested as part of the inspection process.

As part of the inspection, documentation including policies, care records, incidents, complaints, induction processes, staffing rotas and training records were examined. This inspection also included a tour of the premises which was facilitated by the care receivers.

In addition, the Regulation Officer met with representatives of the Les Amis team who were involved in the development of the new care planning system. The purpose of the first meeting was to obtain a demonstration of the new system in order to establish an understanding of the aims and objectives and provide a benchmark for determining the effectiveness of the system within individual Les Amis homes. A further meeting was held to provide feedback on the Regulation Officers' findings in relation to care plan evaluations and reviews.

Two further meetings were held with the Human Resources (HR) manager to check the recruitment files of all new members of staff and review Disclosure and Barring Service (DBS) records.

At the conclusion of the inspection, the Regulation Officer provided initial feedback to the Registered Manager. In addition, the Regulation Officer had a follow up discussion with the Registered Manager two weeks after the inspection. This was to clarify some points raised through feedback and review of relevant documentation.

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

INSPECTION FINDINGS

At the last inspection on 13 November 2020, five areas for improvement were identified and an improvement plan was submitted to the Commission by the registered provider setting out how these areas would be addressed.

The improvement plan was discussed during this inspection and it was positive to note that three of the improvements had been made as follows:

- Evidence of appropriate safe recruitment practices
- Easy access to complaints policy and procedures for relatives and care receivers.
- Identified maintenance work has now been carried out

The areas of improvement relating to care planning and monthly quality reports are explored in more detail within the inspection findings. Whilst the registered provider has made significant progress in these areas, some further evolution is required, and the Regulation Officer will continue to review these areas with the provider.

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.”

17/18 Le Grand Clos has provision for four full time staff. There is currently one vacancy which is covered by a combination of additional hours for existing staff, use of zero-hour contracted staff, and the use of agency staff. There is a designated Team Leader within the staff team, the purpose of which is to assist the Registered Manager with administration tasks and to conduct staff supervisions. Staff shift patterns consist of one 24-hour period on duty which incorporates a sleep-in shift. Additional hours are included in the rota to meet the requirements of care receivers’ activities as and when required.

There have been some recent changes to the staff team with one new member of staff joining the team, and another moving to support another area within Les Amis. The team has the support of some zero-hour staff who work regularly within the home and know the care receivers well. The Registered Manager acknowledged that there are difficulties currently with recruitment, but the team have been able to maintain a consistent level of support.

The Regulation Officer explained to the Registered Manager that when staffing levels are likely to be affected for an extended period of time, a risk assessment should be completed to recognise this issue and look at the contingency planning required to safely maintain quality care provision within the home. The information must be shared with the commissioning service and/or the Commission. This is in line with Standards 3.9, 11.4 and 12.3 of the Care Home Standards.

A review of recent and current staffing rotas was undertaken. There were clear indications of the support hours required for the home. This is based upon the assessed needs of each care receiver. There was also evidence of the use of additional hours to facilitate the move of a new care receiver into the home the previous week. The assessed support hours for the new care receiver had not yet been added to the staff rota. The Registered Manager explained that the team wanted to allow a settling in period which would allow them to identify the key times that support would be required. Discussion with the Registered Manger following the inspection confirmed that the support times were now identified, and staffing was being put in place.

The Regulation Officer reviewed the process for safer recruitment checks with the Registered Manager and was assured that they were aware of their responsibilities. The Registered Manager stated that they would not agree start dates for new staff until they had reviewed and approved all recruitment documentation.

There is a recruitment policy in place which contains all the elements identified in Standard 3 of the Care Home Standards. Prior to the inspection, the Regulation Officer discussed recruitment practices with the managing director of Les Amis. It was agreed that the organisation would benefit from an amended to current policy in order to ensure that there can be no deviation from a process which ensures that the Registered Manager makes the final decision in relation to employment and start dates of new recruits. It was positive to note that this has now been completed and a new process is in place. This was evidenced during a review of recruitment files which took place at the Les Amis head office on 4 November 2021.

The Regulation Officer discussed with the Registered Manager the use of agency staff and the checks that are in place prior to shifts being undertaken. The Registered Manager explained that the preference would be to use existing staff members or zero hours contracted staff to cover any shortfalls and the use of agency would be a last resort. However, the Registered Manager acknowledged that there may be a need to access the services of agency staff in the future. The Regulation Officer explained the need for the safe recruitment checks of any agency staff to be reviewed by the Registered Manager prior to shifts being offered. This would include as a minimum, copies of DBS certificates and references.

There is an induction programme for new staff which is completed over a six-week period. The topics cover organisational practices and procedures, as well as focusing on the practical elements of working within 17/18 Le Grand Clos. The Regulation Officer reviewed documentation for a recent induction. This was found to be comprehensive with clear targets and reviews included.

A copy of staff training records was requested from the Registered Manager following the inspection and was reviewed by the Regulation Officer. All records viewed were found to be up to date. Staff are required to undertake a range of mandatory training courses as part of their induction programme and then will attend update sessions. There are also additional training opportunities available dependent upon the needs of the care receivers or organisational requirements. Training courses provided include First Aid, safe handling, safeguarding, food hygiene, infection control and conflict management.

The Registered Manager confirmed that there is an electronic database in place which allows them to track progress of all team members' training. They also receive reminders on a monthly basis from the learning and development team of any members who are required to update training,

The Registered Manager reported that there are two members of staff who hold a Level 2 Regulated Qualification Framework (RQF) or National Vocational Qualification (NVQ) in Health and Social Care. This constitutes 50% of the total staff team, which is the minimum requirement as set out in Standard 3.9 of the Care Home Standards.

Staff supervisions are in place and are conducted every four to six weeks by the Registered Manager or the Team Leader. Staff confirmed during feedback that they receive regular supervision.

Appraisals are in place for all staff. They are undertaken on an annual basis by the Registered Manager and are reviewed at six monthly intervals. The monthly reports for August and September recorded that three appraisals were due for review. Discussion with the Registered Manager following the inspection, confirmed that this relates to the six-month reviews which were brought up to date within two weeks of inspection. Subsequent discussions with staff members confirmed that all appraisals are up to date.

The Registered Manager explained that there is a new electronic system for appraisal. This consists of a self-appraisal process for staff which is then discussed with the Registered Manager and their views given. A development plan is then formulated, and the staff member is responsible for updating their plan. It is then reviewed with the Registered Manager at 6 months and 12 months.

Copies of the complaints, disciplinary, grievance and whistleblowing policies were requested from the HR manager and made available to the Regulation Officer prior to the inspection.

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."

The previous inspection of the care home on 13 November 2020 identified the following as an area for improvement:

"Personal plans must evidence the involvement of care receivers and be prepared in a format that is accessible to them".

The provider response highlighted that there had been a review of the care planning programme and that a new system had been devised. The process would include

the relevant communication needs of each care receiver being clearly identified in personal care plans.

Prior to the inspection, the Regulation Officer met with members of the senior management team at Les Amis to discuss the new care planning system which was introduced earlier this year. This gave the Regulation Officer an opportunity to receive a demonstration on the functions of the system and the anticipated outcomes following implementation. Members of the management team acknowledged that the system was in the early stages of implementation and that there will need to be regular opportunities to review progress, to seek feedback and to identify any adjustments required.

The new system has now been in place for several months. The Regulation Officer reviewed all care receivers' information at the time of the inspection and found all relevant care plans to be in place. One care receiver moved into the property the previous week from another Les Amis home and the team were in the process of getting to know them before updating the existing plans. During discussion with the Team Leader, they explained that they had spent some time on updating the care plans for one of the care receivers and were ready to commence on the plans for another resident. This was acknowledged by the Registered Manager who confirmed that there are plans to enhance the depth of information within the care plans.

At the time of this inspection, issues with the online system prevented the Regulation Officer from viewing the care plan evaluations. This has been an ongoing issue for several weeks which the provider informed the Commission of prior to the inspection visit. During discussions with the Registered Manager, assurances were given that evaluations had taken place and they were waiting to upload the information to the system.

Following the inspection, discussions were held with a member of the senior management to highlight issues encountered by Regulation Officers in relation to care plan updates and evaluations. This was acknowledged and steps have now been taken to find a solution to the issues raised. This means that the outstanding evaluations can now be recorded by the Registered Manager.

Through discussions with all three care receivers, it was apparent that they felt included in the planning of their care and support and that their wishes and preferences were at the forefront of any decision-making processes. Through observation, it was clear that the care receivers are in control of the day-to-day activities both within and outside of the home and the staff team are there to guide and support when required. They are fully included in all reviews that take place.

One care receiver who had recently moved into the property has expressed a wish to live on their own and explore the possibility of working towards independent living. In order to support this a decision has been made to not introduce any new care receivers to the part of the property that they live in and the team will help them to explore the practicalities of moving towards independent living.

The team were also found to be supportive of assisting care receivers to achieve their personal goals. This was evidenced through several opportunities to create independence out with the home and also in being solution focused in helping care receivers to pursue activities that they enjoy.

Professionals who had recently visited the home spoke of the good relationships witnessed between staff and care receivers and that staff were “knowledgeable and “professional”.

Feedback from one relative praised the team for the support given to their family member following a recent bereavement. This was echoed by the care receiver during discussions with the Regulation Officer.

Accidents and incidents relating to care receivers are recorded on the electronic care planning system. A review of all incidents recorded since the last inspection was undertaken and were found to be in order and no notifiable incidents were identified. The Regulation Officer was satisfied that the Registered Manager is aware of their responsibilities in relation to the submission of notification of incidents to the Commission.

There is also an accident form in place for general issues which is completed online and sent to senior management for review. The systems for accident reporting are explained to staff at induction.

The Registered Manager understands the Capacity and Self Determination (Jersey) Law 2016, and is aware of the process for making applications for Significant Restriction of Liberty (SROL) authorisations. The staff team also receive training in this area. There were no SROL authorisations in place at the time of inspection.

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.”

Induction of new staff takes place over a six-week period. During that time, they will work alongside an experienced member of the team, taking time to get to know the care receivers.

During induction, staff will undertake online medication training. Once this is completed, they will have three supervised medication administration sessions before being deemed competent. Any medication errors are immediately followed up with a competency review for the member of staff.

Several examples of good multi-agency working were evident during the inspection. There had been recent visits from health and social care professionals to undertake reviews and assessments. One care receiver also attended a doctor’s appointment, supported by staff. Staff were aware of the agencies available to support with any additional needs and were aware of how to access them.

Staff are clear of their roles and responsibilities and feel that the training they receive equips them to undertake their role. The Team Leader described a team who “work well to put residents first”. There is a strong focus within the team on promoting independence and skill development in line with the care receivers wishes.

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.”

Whilst being registered as a care home, 17/18 Le Grand Clos very much provides a domestic home environment. Care receivers refer to the property as their home and the environment is set out according to their wishes and preferences. Both properties have three bedrooms, a house bathroom, eat in kitchen and living room. There are garden areas to the rear which are regularly utilised during the summer months. Each property can meet a variety of needs for care receivers and allow for the development of independent living skills whilst still having the support of staff if required.

The Registered Manager reported that there are good relationships with neighbours and one care receiver spoke of their positive interactions with fellow residents in the estate when they are out and about.

Communal areas within the home are filled with personal belongings which provide a homely atmosphere. This includes materials which support individual hobbies and interests. One care receiver was observed sorting through family photos and albums whilst watching television in the lounge. All furniture and equipment is domestic in nature and meets the needs of the care receivers.

Bedrooms are personalised and are organised as the care receivers want them. One Care receiver explained that they had brought their own furniture from their family home when they moved in.

Care receivers share the household tasks with support from the staff team. Each has their preferences in the tasks they undertake, and this works well for them. One care receiver described not liking cooking but likes to set the table and help with the dishes.

Care receivers were also observed freely accessing the kitchen area and making drinks and snacks as and when required.

Two care receivers share one part of the property and both spoke warmly of their relationship. They also spoke of their desire to live in a quiet environment and they felt that the home provided this for them. The other care receiver lives alone in another area of the property and is happy to have their own space, however they can access staff support if required.

Some repairs within the home had been identified and preparatory work was underway to re-decorate the staircase and bannister. The Registered Manager

explained that maintenance work within the home had been focused upon refurbishment of the area that the new care receiver had moved in to and this was now complete

There is a bedroom within the home which is used as a staff sleep in room. There are also locked facilities within the room for the storage of medications and monies. It also has access to a computer for staff to update care receivers care plans and notes. Staff share bathroom facilities with care receivers.

The home was found to be clean and in a good state of repair. There were appropriate infection control measures in place and good practices in relation to Covid which included the use of personal protective equipment and temperature checks for people entering the home.

Management of services

Reference was made to Standard 11 of the Care Home Standards which states: “The care service will be well managed.”
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The home’s Statement of purpose was reviewed by the Regulation Officer who was satisfied that the home is working within their conditions of registration. Some minor amendments were discussed, and the Registered Manager agreed to update the Statement of Purpose and submit a copy to the Commission.

There have been some recent changes to the management structure within Les Amis with the introduction of team leader roles within each of the care homes. The team leader position sits below the registered manager role and has been put in place to support registered managers whose responsibilities have widened to include the management of two to three small care homes.

The Registered Manager currently manages three Les Amis care homes and reports that this is working well. Due to recent staffing shortages, the Registered Manager has spent some time supporting care hours, however this is kept to a minimum.

Feedback from care receivers, staff and relatives in relation to the management of the home was consistently positive. Staff reported that they felt supported in their roles and care receivers were confident in speaking to team members if they had any concerns.

At the previous inspection on 13 November 2020 highlighted the following as an area for improvement:

“The provider must put suitable arrangements in place to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations”.

The provider response highlighted that arrangements had been made to facilitate monthly visits to the home in order to undertake the monthly quality assurance reports.

Reports are currently undertaken by the Head of Governance. At the time of inspection, the Registered Manager provided copies of reports for July, August, and September 2021. There is evidence of improvement in the quality of the reports, however some work is still required in accurately identifying all actions required. Progress will continue to be reviewed by the Regulation Officer.

Registered managers within Les Amis meet on a monthly basis. It has been identified within these meetings that there is a need to update the welcome packs issued to new care receivers and their relatives. This is to ensure that they not only provide an introduction to Les Amis but are also personalised to each home and are accessible to care receivers. This will include information on the procedure for making a complaint.

There have been no formal complaints received since the last inspection. A positive discussion was held with the Registered Manager in relation to complaints and the need to be adaptive in approach dependant upon the needs of care receivers and their families. The Registered Manager was able to provide some examples of how he planned to share information regarding complaints processes. This included meeting with relatives face to face rather than sending information or directing them to the Les Amis website. This is an area of good practice

Prior to the inspection, the Regulation Officer was supplied with information from Les Amis which included a copy of the current insurance certificate and information relating to current fees and charges.

Funding of placements is through Long Term Care Benefit (LTCB), with top up funding from Health and Community Services, for those care receivers assessed as requiring it. This has recently been reviewed and funding arrangements updated for all care receivers. In addition, guidance has been issued to registered managers on funding structures and processes to be followed when changes in need are identified that may require additional funding. Information on specific funding for each care receiver has also been shared with registered managers.

Range of activities which reflect choice, preferences 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".

The impacts of Covid and the subsequent restrictions have affected the leisure and social activities for care receivers. However, it was positive to note that care receivers were getting back to normal, and that a balance was being found between the need to manage risk alongside the health and wellbeing needs of the care receivers.

All care receivers are able to manage and direct their own activities and can communicate their wishes and preferences directly to staff. They value the opportunity to pursue their own interests independently but also enjoy opportunities to participate in joint activities.

Through discussions with the Regulation Officer, all three care receivers shared details of the interests that they have and how they access them. Activities include walking, attending social clubs and events, swimming, and bowling. One care receiver had recently initiated a return to an art group which had been suspended during Covid restrictions.

Another of the care receivers has a passion for water-based activities. In order to facilitate regular access a small pool was set up in the garden during the summer months which was accessed regularly in conjunction with other similar activities out with the home.

On the day of the inspection, the care receivers were observed organising and participating in a walk around a local beauty spot.

Family contact for one care receiver is a very important part of their life. This is encouraged and facilitated by the team.

The recent changes to staffing rotas and re-assessments of funding have taken place during Covid 19 restrictions. As care receivers return to a normal way of life, it is essential that there is a monitoring and review system in place to ensure that changes made can support and sustain a full return to pre-Covid activity levels for care receivers. This is particularly important for any care receivers who have experienced changes in their confidence, health or wellbeing and may require additional support on either a short or long-term basis.

As previously noted, there is some concern in relation to current staffing levels and vacancies. It is important that systems are in place to monitor staffing levels within the home to ensure that they do not impact upon the assessed needs of care receivers. Agreed funding packages must be fully utilised by the home to ensure that care receivers have access to the levels of support that they have been assessed as requiring. Any sustained deficits in meeting assessed support hours need to be reported to the commissioning service.

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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