



**Jersey Care
Commission**

INSPECTION REPORT

17/18 Le Grand Clos

Care Home Service

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

23 and 24 May 2022

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity 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 care home. The home is situated in the parish of St Helier within a large housing estate. The property consists of two adjoining houses, one with three bedrooms and another with two bedrooms plus a sleep-in room for staff. There is a shared bathroom, lounge, kitchen and downstairs toilets in each of the houses. Both have private rear gardens and vehicle parking at the front of the properties. The home has access to one vehicle to support care receivers with social activities and appointments.

There is access to a bus stop on the main road which facilitates a route into the centre of St Helier. In addition, there is a local shop and retail park within walking distance of the home.

17/18 Le Grand Clos is one of eleven 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 / 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:</p> <p>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	23 and 24 May 2022
Times of Inspection	10am to 2pm and 4pm to 4:45pm
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers accommodated on the day of the inspection	Three

17/18 Le Grand Clos is operated by Les Amis Ltd and the Registered Manager is Gary Hedgecock.

Since the last inspection on 4 November 2021, the Commission received an updated copy of the service's Statement of Purpose. This was submitted as part of a review and update by the Registered Manager.

The Regulation Officer reviewed the Statement of Purpose as part of the inspection process and it was found to be reflective of the service provided, however some minor amendments were identified. The Registered Manager acknowledged the changes required.

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. The Registered Manager engaged fully in the inspection process and ensured that all requests for information and records were fully met. In addition, care receivers were happy to provide feedback on the home which was consistently positive.

Training for staff was examined in detail and cross referenced with the service's Statement of Purpose and categories of care provided. Training offered is generally consistent with the requirements set out within the Care Home Standards. One area in relation to medication competencies was discussed with the Register Manager and the requirement for some minor adjustments to competency reviews acknowledged.

There have been significant staffing pressures in recent months due to staff vacancies. This has also impacted upon the roles of the Registered Manager and Team Leader. A solution has now been found and there is a consistent staff team in place. The team were found to be knowledgeable, positive in attitude and demonstrated a good understanding of care receivers' needs.

A review of care plans was conducted by the Regulation Officer. Plans were found to be reflective of the needs of care receivers whilst respecting their wishes, preferences and communication styles.

There were several examples of safe systems of working practices within the home which included medication administration, maintenance / repairs, cleaning schedules and positive risk taking. The Registered Manager demonstrated a good understanding of risk assessment and management processes.

The Regulation Officer undertook a review of the organisational policies and procedures in place. These were found to be reflective of the requirements of the Care Home Standards. Discussions with the Human Resources (HR) and Learning and Development teams identified areas where some future amendments may be required.

INSPECTION PROCESS

This inspection was announced and was completed on 23 and 24 May 2022. Notice of the inspection visit was given to the home three days before the visit. This was to ensure that the Registered Manager would be available during the visit and to confirm the service's infection prevention and control arrangements.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including previous inspection reports, the service's Statement of Purpose, communication records and notification of incidents.

During the inspection the Regulation Officer spoke with the Registered Manager and all the care receivers who live in the home. There was also an opportunity to speak with a member of staff during the second inspection visit.

Following the inspection visit, the Regulation Officer sought the views of one family member who was contacted by telephone.

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

Contact was also made with one professional and a further four members of staff who consented to provide feedback on the home.

During the inspection, records including policies, training records, complaints and incident reports were examined. An in depth review of the care plans was also undertaken remotely by the Regulation Officer on 31 May 2022.

At the conclusion of the inspection visit, the Regulation Officer provided with initial feedback to Registered Manager. This was followed by final written feedback on 7 June 2022.

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 improvement plan is attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, no areas for improvement were identified that required any follow up on this visit.

17/18 Le Grand Clos has four permanent members of staff who work between 25 and 35 hours per week, one of whom is the Team Leader. The home is also supported by several zero hour contracted staff members.

There are currently only three care receivers living in the home. One house is shared by two individuals and the other is occupied by one person. This is in order to accommodate a transition plan to more independent living.

Safety

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.

A key focus in reviewing the safety measures was to examine the policies and procedures in place to support the operation of the home. The Regulation Officer reviewed a sample of eight policies and procedures which were cross referenced to the Care Home Standards and included safeguarding, complaints and medication. The content was found to be robust with references to key legislation and supporting agencies where appropriate. All policies viewed were in date or under review at the time of inspection.

The Registered Manager was able to demonstrate his understanding of safeguarding procedures and the responsibilities of staff in raising any concerns they have. An example was given by the Registered Manager of a previous safeguarding alert raised by the home and the reflections / learning that occurred for the team.

There have been no formal complaints received by the home since last inspection on 4 November 2021. One informal complaint was received and the Registered Manager discussed the process followed and actions taken to resolve matters to the complainant's satisfaction. A record of the incident was recorded on the organisation's central complaints log.

For the purposes of reviewing general risk assessment practices, the Regulation Officer focused upon the areas of staffing levels and fire safety. A risk assessment was recently put in place to identify the risks associated with reduced staffing levels within the home. Upon review, it was found to clearly identify the appropriate staffing levels required in order to maintain a safe level of care and support, and the contingency measures in place to respond to any deficits.

A general fire evacuation plan was found to be in place. This is stored with several other pieces of information relating to fire safety in a fire box at the front door. The home would benefit from amalgamating some of the information contained in the fire box in order for it to be clearer for staff what their responsibilities are in the event of a fire.

The Registered Manager reported that personal emergency evacuation plans had been put in place for all residents. These were reviewed by the Regulation Officer and found to clearly detail the specific needs of each care receiver.

There was no clear evidence of regular fire drills in place for staff as per the requirements of the fire logbook. Further review of the evacuation procedures highlighted that there was only one member of sleep-in staff present overnight and no risk assessment was in place to determine that this was an appropriate level of staffing in relation to the identified needs of the care receivers. This would give the home and the organisation assurance that fire evacuation can be managed effectively. Fire evacuation procedures and drills is an area for improvement.

Notifications to the Commission since the last inspection were reviewed and cross referenced with the incident reports for the home. All notifiable incidents were found to have been reported correctly. The Registered Manager gave an account of one accident where working practices were changed as a direct result of the learning from the incident.

There are good safe recruitment practices in place which are overseen by the central HR team. Work has been undertaken in recent months which includes implementing robust procedures for the use of agency staff. This has been necessary in order to meet the challenges of staff shortages both within the sector and as result of Covid 19. There have been no new recruits to 17/18 Le Grand Clos since the last inspection.

The Regulation Officer discussed with the HR Manager the processes in place to manage staff issues in relation to performance. The HR Manager described the range of mechanisms in place to identify and manage performance which are linked to the disciplinary policy.

Monthly quality assurance reports are undertaken by the by the Head of Governance. The Registered Manager supplied a sample of reports from February March and April 2022. Upon review the reports were found to have clearly identified actions in relation the Home Care Standards.

The HR Manager confirmed that Les Amis is registered with the Jersey Office of the Information Commissioner (JOIC).

Care and support

<p>The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.</p>

The organisation has an assessment process in place in order to determine that they can appropriately meet the needs of care receivers prior to offering placement. This is supported by access to the assessment undertaken by the commissioning service which forms the basis for the development of appropriate care plans and risk assessments.

The Registered Manager reported that a new welcome pack and financial agreement had been devised which would be issued to all care receivers at 17/18 Le Grand Clos and / or their representatives. A copy of the existing welcome pack was viewed. It contains information relating to the services provided by Les Amis. A copy of the financial agreement was not available at the time of inspection.

The care plans of all three care receivers were reviewed in depth by the Regulation Officer. They were found to be informative and person centred, demonstrated a good understanding of care receivers' needs, wishes, preferences and communication styles. Information was easy to follow and gave clear direction to staff on the level of support required, this was confirmed by staff as part of the feedback process.

The Regulation Officer observed information found in the care plans being demonstrated in practice by staff during the inspection visits. There was also evidence of regular reviews of the care plans.

Through discussion with the Registered Manager and staff members, it was apparent that the team has faced staffing shortages. Both the Registered Manager and Team Leader reported that they recently had to spend greater periods of time providing direct care within the home. This has had an impact upon their ability to respond to administrative and managerial duties. A solution has now been found to address the staffing vacancies within the home and the Registered Manager reported that he felt this would allow a return to normal managerial / supervisory duties for himself and the Team Leader.

Each care receiver has a weekly programme of activities which is based upon their wishes and preferences. There is also opportunities for care receivers to spend time together within the home or engaging in social activities and events. The Registered Manager reported that now the home has returned to optimum staffing levels, there are plans to explore more opportunities and focus upon development of independent living skills. Care receivers reported that they valued their activities and that they are based upon their choices. There is timetabled events for individuals who prefer a clear structure to their day, whilst others will make decisions on activities on the day. Some care receivers also choose to undertake activities independent of staff support.

Staff were observed to be supportive and responsive to care receivers' needs. Communication styles were adapted to meet individual needs with visual prompts referred to when required. The support provided was unobtrusive and complimented the care receivers wishes and preferences within their own home. Care receivers spoke very positively of the staff team and felt that they could raise any concerns that they had. Positive interactions were observed throughout both inspection visits.

During feedback with the staff team, they reported that they felt supported in their roles and found the Team Leader and Registered Manger approachable. Staff also reported that they welcomed the introduction of more structure within the home in relation to undertaking of tasks, cleaning schedules and in the activities offered to care receivers. Some feedback commented on the need for senior management to be more aware of the pressures faced by the team particularly when there are staff shortages and not to place more demands upon the staff team, as this made them feel that they were not being listened to.

There have been some recent improvements to the internal décor of the home and it provides a warm and welcoming domestic environment. Communal areas are filled with care receivers' personal belongings and facilitate individual hobbies. Bedrooms are decorated and maintained according to personal preferences. Some work is required to upgrade the kitchen area and the Registered Manager explained that this has been identified and will commence in the coming months.

Training

<p>The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.</p>

There is a well-established induction process in place which provides appropriate supervision and support for staff during the first few months of their employment. All new recruits are made aware of, and given access to, a copy of the Code of Practice for Health and Social Care Support Workers in Jersey.

Following induction, staff are supported in their role through regular supervision, appraisal and competency assessments for specific tasks. This was confirmed by staff who provided feedback to the Regulation Officer. A sample of supervision and appraisal records were also viewed during the inspection visit.

The Learning and Development team oversee training for all Les Amis staff. A training policy is in place for the organisation, which is currently under review. A range of mandatory training courses are made available to staff and updated at regular intervals. This includes: First Aid, safeguarding, food safety, infection control, health and safety, manual handling, positive behaviour support and data protection. Staff reported that they were happy with the training provided and confirmed that they were up to date with all mandatory training.

There is a blended approach to training with both online and classroom-based sessions being undertaken. The Learning and Development team reported that due to Covid19 online training is being utilised more frequently. The Regulation Officer discussed the benefits of classroom training for particular subjects / scenarios, and it was agreed that this would be a consideration for future training.

Online training is facilitated through Social Care TV. The organisation also has accredited trainers for MAYBO, which provides positive and safer approaches to Behaviour support, and a key trainer for safe handling.

Training in relation to the Capacity and Self Determination (Jersey) Law 2016 (CSDL) was also discussed and the Regulation Officer suggested contact with the CSDL team to review the current training programme. This was followed up and it was positive to note that further training was identified and sourced by the Learning and Development team.

The Registered Manager reported that there is two members of staff who have a Level 3 Regulated Qualification Framework (RQF) or National Vocational Qualification (NVQ) in Health and Social Care. One member of staff has a Level 2 RQF/NVQ. This constitutes over 50% of the total staff team which is the minimum requirement as set out in Standard 3.9 of the Care Home Standards.

In relation to specific categories of care for which the service is registered to provide (autism and learning disability), initial online training is provided. Staff will then undertake learning disability specific units as part of their RQF qualification. Discussion with the Learning and Development Team highlighted the need to explore further training opportunities for staff who have completed RQF as part of an ongoing learning process. As a result, staff have recently been afforded the opportunity to undertake an online autism course with the Open University which provides 24 hours of directed learning.

Les Amis provide medication training for all staff as part of their induction. This is delivered in-house by staff who have a RQF level 3 qualification and is based upon Les Amis medication competencies booklet which is very comprehensive. Once completed, staff will be observed in practice on at least three separate occasions by the Team Leader or Registered Manager at 17/18 Le Grand Clos. All observations are recorded, and a checklist completed. Competency continues to be reviewed at six-monthly intervals; however, no checklists are completed, staff only sign the front of the competency booklet to confirm that they have gone through it. This was discussed with the Register Manager and it was acknowledged that adjustments are required to the competency review process to ensure a checklist is completed which clearly reflects the areas of knowledge and practical competency assessed. Staff will progress to a Level 3 administration of medication unit as part of their RQF qualification.

The Regulation Officer reviewed the medication storage and recording practices for 17/18 Le Grand Clos. All medication is stored within a locked cupboard in each house. An in-house audit is completed each day to ensure that all medications have been administered. Medication administration records were found to be in place and all medication administration recorded appropriately.

IMPROVEMENT PLAN

There was one area for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 4</p> <p>To be completed by: 2 months from the date of inspection (24 July 2022).</p>	<p>The Registered Manager must ensure that appropriate risk assessments are in place in relation to fire safety, in order to identify any risks associated with evacuation of multiple residents who may have additional needs. Such a risk assessment should aim to satisfy the organisation that the level of staffing in place (over the 24 hour period) is sufficient to manage safe evacuation. There also needs to be evidence of regular fire drills in place for staff as per the requirements of the fire logbook and a fire evacuation plan which clearly identifies the responsibilities for staff in the event of a fire.</p>
	<p>Response by registered provider:</p> <p>Fire risk assessments and plans are being reviewed to ensure that we are meeting the safe needs of the Residents in the home in the event of a fire. It has been identified that more regular fire drills are required in the home which has been arranged since the inspection.</p> <p>Recent deployment into the home of an experienced fire marshal has supported with a more robust system in the home meeting the requirements of the fire log book.</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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