



**Jersey Care
Commission**

INSPECTION REPORT

Le Petit Bosquet

Care Home Service

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

2 and 9 September 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 Le Petit Bosquet care home. The service is situated in the parish of St Lawrence. The property is adjacent to a health centre and pharmacy. There are bus stops in close proximity which provide routes to both St Helier and St Aubin. Access to the home is through a private gate which leads to the garden and main entrance.

The home is registered to provide both nursing and personal care/support. It is a three-storey granite fronted building which was completely refurbished and upgraded prior to registration. The property is located over three floors with communal areas on each floor. There are twenty-six single en-suite bedrooms with additional assisted bathing facilities also provided.

The service became registered with the Jersey Care Commission on 31 October 2019.

Regulated Activity	Care home
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care, personal support, nursing care</p> <p>Category of care: Adult 60+</p> <p>Maximum number of care receivers: 26</p> <p>Maximum number in receipt of personal care, personal support: Six</p> <p>Maximum number in receipt of nursing care: 20</p> <p>Age range of care receivers: 65 years and over</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>Bedrooms 1-12 & 14 – 27 one person</p> <p>Bedrooms 21 – 26 one person (for the provision of personal care/personal support only).</p> <p><u>Discretionary</u></p> <p>None</p>
Dates of Inspection	2 and 9 September 2022
Times of Inspection	8:30am to 3pm and 9:30am to 5pm
Type of Inspection	Unannounced
Number of areas for improvement	One
Number of care receivers accommodated on the day of the inspection	25 on day one 26 on day two

Le Petit Bosquet is operated by LV Care Group and the Registered Manager is Amanda Jones.

Since the last inspection on 26 October 2022, the Commission received an application from the Registered Provider for a suspension of conditions, due to Covid 19, on 5 January 2022. This was granted for a 28 day period by the Commission and subsequently expired on 2 February 2022.

On 8 August 2022, the Commission was informed that the Registered Manager had met the requirements of the service's discretionary condition by successfully completing a Level 5 qualification in Management and Leadership in Health and Social Care. The discretionary condition was subsequently removed from the service's registration on 10 August 2022.

At the time of the inspection, the Registered Manager confirmed that a variation of conditions which was granted on 19 May 2021 remains in place.

Since the last inspection, the Registered Manager and Provider have contacted the Commission to seek clarification on operational issues when required. This included notifying the Commission of short term deficits in ancillary staffing levels on 15 July 2022 and advising of the home's plan ensure continuity of service delivery.

The Statement of Purpose was reviewed by the Regulation Officer as part of the inspection process and one minor amendment was identified. This was acknowledged by the Registered Manager who agreed to submit an updated copy to the Commission.

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 and staff team engaged fully in the inspection process and ensured that all requests for information and records were met.

A number of care receivers' family members and professionals were happy to provide feedback on the home. Relatives spoke positively of the home and how welcome they feel when visiting. All commented on the warm, friendly, and relaxed atmosphere and also the ease with which they can visit their relatives.

Some suggestions were made on how some aspects of living in the home could be enhanced. These were shared with the Registered Manager who welcomed the comments.

There is an established team of staff in place which provide consistency to the delivery of care. This was seen as a strength by professionals and family members.

Safe systems of work were evidenced through the home's policies and procedures, maintenance schedules, fire safety, risk assessments and robust audit programmes.

There is a full induction programme in place for all newly recruited staff. Once completed, staff have access to ongoing supervision, appraisal and a mandatory training programme. The home was able to identify areas for additional training and could evidence that additional training programmes had been sourced.

A comprehensive review of care planning was undertaken with evidence of appropriate assessments and risk management plans in place to determine the appropriate levels of support for individuals. However, it was noted that there was a lack of detail in some of the plans, particularly where specific interventions were required. This is an area for improvement.

There is a programme of activities available within the home, which is run by the activities co-ordinator, who regularly consults care receivers on choices of activities and seeks feedback following events.

There are regular opportunities for care receivers to provide feedback which include residents' meetings and surveys. This is an area of good practice

INSPECTION PROCESS

The first inspection visit was unannounced and was undertaken on 2 September 2022. One further announced visit took place on 9 September 2022, which focused upon meeting directly with the Registered Manager and the opportunity to speak with members of the care team.

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 the previous inspection report, communication records, safeguarding alerts and notifications to the Commission.

The Regulation Officer sought the views of the people who use the service, and or their representatives, and spoke with managerial and other staff.

During the inspection, the Regulation Officer spoke with the Registered Manager, Deputy Manager, Clinical Director and five members of staff.

There was also an opportunity to speak with five relatives who were visiting the home. Discussions were held with four care receivers, as well as opportunities to observe the daily activities / routines and the interactions between staff and care receivers.

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

Posters were displayed in the home informing people that an inspection was taking place and inviting people to get in touch with the Regulation Officer to provide feedback.

Following the inspection, the Regulation Officer established contact with five professionals who were happy to provide feedback on the home.

During the inspection, records including policies, care records, recruitment files, inductions, training records, maintenance records and incidents were examined. At the conclusion of the inspection visits, the Regulation Officer provided feedback to the Registered 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 improvement plan is attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, two 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 all of the improvements had been made. This means that there was evidence of formal supervisions and appraisals, and First Aid training has been undertaken by all nursing and care staff.

Le Petit Bosquet has a total of 26 beds, 20 of which provide nursing care and six which provide residential support.

The staff team consists of four registered nurses and 20 care workers who are supported by a small number of bank staff, domestic and catering staff. There is a registered nurse and five to six care workers on duty each day.

Overnight there is one registered nurse and three care workers on duty. At the time of the inspection the home had some vacancies within domestic and catering roles.

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.

The home has several mechanisms in place to ensure that health and safety and Care Home standards are regularly reviewed and maintained. Monthly quality assurance audits are undertaken by the Compliance Officer. A report on the findings is produced and shared with the Registered Manager for review and action. Copies of the June, July and August reports were shared with the Regulation Officer.

The home also has a process in place for regular maintenance checks by the internal maintenance team which includes water temperatures, running water checks, window protectors and bedrails. There is an internal reporting system for repairs and outside contractors for gas, lifts, and hoist maintenance.

Discussions with the Clinical Director highlighted plans by the LV Care Group to introduce a new audit system which would create consistency throughout all homes. It is hoped that this will foster learning within the organisation and lead to practice improvement. There are also now two compliance officers in place, which has allowed for expansion of the compliance role to include health and safety, as well as clinical development

All maintenance and fire logs for the home were viewed. All fire checks were found to meet the requirements of the fire logbook as stipulated by the fire service and there was evidence that new recruits undergo fire drill training as part of their induction.

First aid and basic life support training is provided to all staff. First aid boxes are available within the home and contents were found to be in date. It was noted that boxes did not have a stock list or a specific schedule for stock levels to be checked. This was brought to the attention of the Registered Manager who took immediate steps to rectify the matter.

The Regulation Officer undertook a review of the organisational policies and procedures in place to support the safe and effective running of the home. A sample of 12 policies and procedures were reviewed including safeguarding, complaints, recruitment and medication. These were found to be reflective of the requirements of the Care Home Standards. All policies viewed were in date.

The recruitment files of four new staff members and two staff members who had transferred from areas within the organisation were reviewed. Files were easy to navigate and all necessary safe recruitment checks were found to be in place. Staff files also contain information relating to training, supervision and induction processes.

The home has received seven complaints since the last inspection, two of which were formal and five informal. The Regulation Officer viewed the complaints log which gave clear details of the nature of the complaint, actions taken and outcomes following investigation. It was noted that one formal complaint had resulted in disciplinary action. All complaints were resolved to the satisfaction of complainants.

A copy of the complaints procedure was found to be on display on the home's notice board and was discussed as part of the most recent residents meeting. All care receivers and relatives who provided feedback said that they were aware of who speak to if they had a complaint. It was apparent that concerns that had been raised since the previous inspection, had been responded to appropriately and in a timely manner.

There has been one safeguarding alert raised by the home since the last inspection. As an outcome, risk assessments and management plans have been put in place and staff are aware of their responsibilities in maintaining safe environments. The Registered Manager reported that she feels staff are now more aware of their responsibilities in relation to safeguarding.

Notifications to the Commission since the last inspection were reviewed by the Regulation Officer prior to the inspection. The Registered Manager was able to demonstrate her knowledge and understanding of the thresholds for notification submissions to the Commission and this was evidenced through the notifications received. There is an accident and incident reporting pathway in place which was on display in the staff office along with guidelines on the reporting criteria for submissions to the Commission.

A discussion was held with the Registered Manager in relation to a recent increase in reports of pressure ulcers. The Registered Manager gave a detailed account of the actions taken to review pressure management within the home which has included pressure care training for all staff. This was also highlighted in the monthly quality assurance report, which resulted in updated guidelines for staff in order to improve practice.

During the first inspection visit the Regulation Officer undertook a review of the medication practices. This included an examination of the processes for controlled medicines, compliance with transcribing guidelines, storage facilities, blister pack administration, stock control and rotation and appropriate use of medication administration records. No issues of concern were noted.

Internally, a weekly audit is conducted by a member of the night staff. This is then passed to the Registered Manager for review and implementation of any action required. In addition, the Registered Manager undertakes an in depth audit on a six monthly basis, with the last review having been completed in June 2022. Medication procedures are also examined periodically as part of the monthly quality assurance reports. Any actions or outcomes from audits are communicated to staff.

There were four Significant Restriction of Liberty (SROL) authorisations in place at the time of the inspection with no recommendations or conditions in place. The Registered Manager explained that she was assessing whether more applications are required and reported that she is familiar with the process for application and renewal of SROL.

The environment of the home was found to be comfortable, welcoming and maintained to a high standard. Bedrooms are very personalised with ornaments, family photos and items of personal memorabilia. Some care receivers have chosen to bring their own furniture with them. In rooms where specialist equipment is required, this was found to be unobtrusive. One care receiver was preparing to move to a bigger room as they now required the use of a hoist. The room was being painted first and the family member reported that they were happy with the proposed move.

Work has commenced on a 20 bed extension to the home. During the inspection visits the noise levels were noted to be unobtrusive and no concerns were raised during feedback. However, some care receivers' views from their windows have been impacted, this was discussed with them prior to work commencing. During feedback, a family member of one of the care receivers affected confirmed that their relative had been consulted.

The Registered Manager and Deputy Manager explained that there is good communication between the home and the building contractors. Any work which is likely to cause noise disruption is communicated in advance and contingencies are explored to ensure minimal disruption.

Some anxieties were raised by members of the staff team regarding the expansion and how this would impact upon the dynamic of the home and working practices. This was shared with the Registered Manager who was aware of the concerns and has plans in place to communicate regularly with the staff team.

The Registered Manager confirmed that the home is registered with the Jersey Office of the Information Commissioner (JOIC). The LV Care Group has also recently sought the support of a data protection consultant who is reviewing incident reporting processes and has also formulated a subject access request policy. Future initiatives will include a Jersey specific training programme for data protection.

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>

Pre-admission assessments are undertaken prior to placements being offered. The assessment covers all aspects of health, wellbeing and determines the levels of care and support required. The Registered Manager explained that she needs to be assured that the home is able to adequately meet the needs of each individual.

The Registered Manager reported that there is an increased demand for placements for individuals who have dementia. There are currently six people within the home who have a formal diagnosis. The Registered Manager and Deputy Manager are aware of the limitations in providing dementia support in relation to the categories of care for which the home is registered. Consideration is given at the point of assessment whether individual needs can be met appropriately within a generic care setting.

At the point of admission each care receiver is given a residency agreement. The information provided includes information relating to services provided, fees, type of accommodation, complaints, notice periods and termination of placements.

The Regulation Officer undertook a detailed review of five care plans. The home uses an electronic system called Fusion where all daily recordings are stored. The system has several domains which include daily records, documents, assessments, risk assessments, reports and care plans.

Care plans have a traffic light system in place to ensure that reviews are carried out within agreed time frames. Any plans which have increased short term needs that require more regular review will remain on an amber status. There was evidence that plans are reviewed four weekly or sooner if required.

Upon review, it was noted that some care plans lacked an appropriate level of detail, particularly where specific interventions are required. In addition, some statements within the plans were found to be very generic and did not give clear indications of the support or interventions required, particularly in relation to dietary requirements and use of supplements. Other examples include *“nurse will refer to Xxx as required”* or *“dressings to be applied as required”* with no indications of thresholds which would trigger referral or details of types of dressings / supplements required. All information within care plans must provide detailed information, with care needs and interventions accurately documented. This is an area for improvement.

The home is in the process of developing / updating the “This is me” booklets for care receivers which provides information relating to their life history, interests, wishes and preferences. This will be a valuable resource for staff in understanding care receivers’ wishes and supporting them in ways which they prefer.

There are several opportunities available to care receivers to provide feedback. This ranges from informal meetings with the Registered Manager and Deputy Manager, to bi-monthly resident meetings and bi-annual surveys.

The home is also planning to conduct a survey with care receivers regarding the ongoing wearing of masks by staff within the home.

Care receivers reported that they had recently been asked to participate in a feedback survey and family members confirmed that they had received copies for reference or to support their relatives to complete them. Minutes of a recent residents meeting were also made available to the Regulation Officer.

One relative commented that a copy of the minutes had been given to all residents and this had helped them to talk with their family member about the discussions that took place. This is an area of good practice.

There is an activities co-ordinator employed to provide activities both within and outside of the home. Discussions are held with care receivers each week about the activities they would like to participate in and a timetable is issued for the following week. The activities co-ordinator also attends residents' meetings in order to seek feedback.

The home has access to a minibus twice weekly and care receivers participate in activities of their choice outside of the home. Several care receivers spoke of a boat trip they had undertaken the previous week and how much they had enjoyed it. A further trip was in the process of being organised so that other care receivers could participate. The Regulation Officer also observed care receivers participating in activities within the home which included a seated table tennis session and a birthday celebration.

There was evidence of collaborative working with other professionals and agencies in order to achieve the best outcomes for care receivers. One professional spoke of the home's willingness to work collaboratively, while others commented on the willingness to take recommendations and advice on board. Communication was also highlighted as a key strength of the team who have a solution focused approach.

Staffing rotas over an eleven week period were reviewed. Staffing levels were found to be within the minimum requirements of the Care Home Standards.

Staff shortages within catering and domestic staff have caused some temporary disruption. The Registered Manager reported that there was anticipation that posts would be filled in the coming weeks. In the meantime, cover has been sourced from other areas within the LV Care Group and night staff have supported with laundry tasks. Catering staff also reported that they have worked additional hours to cover deficits.

Care receivers and family members provided consistently positive feedback on the home and the staff team. One care receiver spoke of the care that they had received for a specific medical condition which had resulted in them recovering to a point where they had regained much of their independence. The level of care and support received was echoed by others who praised the team for their standards of care delivery.

Relatives commented on the atmosphere of the home and how it did not feel like entering a care home when they came to visit. The garden was also highlighted as a valuable resource during visits, particularly during the pandemic. All family members reported that they felt included and were kept informed of their relative's progress. They also felt that any questions or concerns raised were dealt with appropriately.

One family member commented on the use of the communal areas within the home and felt that this could be utilised in a better way. This was to ensure that different wishes and preferences could be met in relation to activities. It would also be of benefit to those care receivers who prefer a quieter environment. This was feedback to the Registered Manager who welcomed the comments. It was also noted by the Regulation Officer that this issue had been discussed in a recent staff meeting.

There were mixed reviews of the food choices. Some felt that the catering was very good, while others commented on the need for the menus to cater more for individual preferences. During discussion with the Chef and Registered Manager, the Regulation Officer was satisfied that efforts are made to offer variety and meet individual requests. There are also ongoing discussions with care receivers regarding what they would like to see on menus.

Some other comments received by care receivers and family members included,

“The Registered Manager has always told me to go straight to her if I have any problems”.

“I think it is fantastic here”.

“Lovely staff, they will have banter which is what Xxx wants”.

“Management are very approachable; you can raise any concerns or issues”.

“It feels like Xxx’s home”.

“The carers are wonderful, kind and understanding”.

“I have no concerns; I feel the care is good and Xxx is happy”.

There is a strong presence within the home of the Registered Manager and Deputy Manager who have regular contact with care receivers and families. The Regulation Officer observed an open and transparent approach with good communication. Through discussion with team members and a review of other evidence, such as staff meeting minutes and induction reviews, it was noted that any issues or concerns raised are acknowledged and acted upon. Staff spoke of their confidence in the management team to listen and support them in their role.

Training

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.
--

There is a comprehensive induction programme in place for all new members of staff which covers all aspects of their role. Progress is evaluated at regular intervals and there is a final review once all targets have been met.

The Registered Manager gave an example where the induction process for one new recruit had helped to identify additional needs and a plan was formulated to ensure that targeted support was put in place. This resulted in a successful completion of the induction process.

Following induction, staff are supported in their role through regular supervision, appraisal. This was confirmed by a review of supervision logs and by staff who provided feedback to the Regulation Officer.

There is a clear mandatory training programme in place for all staff which meets the requirements of the Care Home Standards. Training is delivered through both online and practical teaching sessions.

Optional training is also offered to staff which includes person-centred practices, understanding your role, duty of care and sepsis awareness.

A review of the training database confirmed that all training was up to date and the Registered Manager tracks progress through the use of a traffic light system.

Reminders are sent to staff when training is nearing renewal or is out of date. Training and development is also discussed as part of supervision.

Additional training requirements have been identified by the staff team. A recent example of this is supporting end of life care. Appropriate training was sourced by the home and staff are currently undertaking courses with Jersey Hospice.

There are multiple pieces of specialist equipment within the home to support the daily moving and handling needs of care receivers. This includes wheelchairs, slings, adapted seating systems and hoists. Safe handling training is provided to all staff. There are also identified members of the team who have undergone additional training to support the team with day to day issues, support professionals with assessments and liaise with equipment suppliers.

The home is also in the process of purchasing specialist equipment to support end of life care and have taken great care to ensure that best practice guidelines have been followed, and that appropriate training is in place to support the use of the new equipment.

There are six members of staff who have a Level 2 Regulated Qualification Framework (RQF) or National Vocational Qualification (NVQ) in Health and Social Care, with one member of staff undergoing the award. A further six members of staff have a Level 3 RQF/NVQ, with three undertaking the award.

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. All other staff have undertaken the Care Certificate.

Medication training is undertaken as part of the RQF award. Once completed, staff undergo annual competency checks.

The home supports placements for students undertaking Health and Social Care courses at Highlands college. This has been viewed as a positive experience for the staff team and students. Feedback from a representative of the college is detailed below.

“The students are allocated a mentor to shadow and given a full experience of the residential care setting. The team have been willing to work with certain students’ needs and have been extremely accommodating. I have been able to experience first-hand what a lovely friendly setting this is and the students have been made to feel part of the team. As Work Experience Co Ordinator for the Health & Social Care students at Highlands I feel very fortunate to have built up such a positive partnership with Amanda and the setting”.

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 2.7</p> <p>To be completed by: with immediate effect.</p>	<p>The Registered Manager must ensure that care plans have sufficient detail to ensure that health, safety and welfare needs are properly met. This is particularly relevant where specific interventions are required.</p>
	<p>Response by registered provider:</p> <p>All feedback that helps to improve the health, safety and welfare of care delivered to our residents is welcomed. A team review of residents care plans has been arranged so we improve in the identified areas.</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.



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

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je