



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Rosevale**

**Care Home Service**

**3 Clos de Stolte  
Princess Tower Road  
St Saviour  
JE2 7UD**

**16 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 Rosevale Care Home. The service is situated in the Parish of St Saviour and is one of four houses on a private residential road. There is a petrol station, pub and bank within walking distance. There are also nearby bus stops with routes to St Helier, Gorey and Jersey Zoo.

The home is a two-storey domestic property which has three bedrooms plus a sleepover room for staff on the first floor. There is also a ground floor bedroom with an ensuite shower. Communal areas include a lounge / dining area, kitchen, house bathroom and an enclosed outdoor area at the rear of the property. There is also a car available to facilitate care receivers' outings and appointments.

Rosevale is one of eleven care home's operated by Les Amis. The service became registered with the Commission on 18 July 2019.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support Category of care: learning disability, autism Maximum number of care receivers: four



## **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 fully met.

Care receivers' family members were happy to provide feedback on the home. This evidenced positive working relationships with the staff team and a confidence in the care and support being provided.

The Regulation Officer had the opportunity to spend time with care receivers, who were happy to provide feedback which was consistently positive. There was a very relaxed atmosphere which took account of the individual needs of care receivers.

A review of care plans demonstrated a good understanding of care receivers needs. The staff team were found to be knowledgeable and motivated, providing consistent and positive approaches within their roles.

The environment of the home was noted to be very personalised and domestic in nature. Several areas for general repair and upgrade were highlighted during the inspection visit which require attention. This is an area for improvement.

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.

There were several examples of robust safe systems of working practices within the home. However, some work is required to improve processes in place for the monitoring of first aid supplies. This is an area for improvement.

Training provided to staff was found to be in line 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.

## INSPECTION PROCESS

The inspection was announced and notice of the inspection visit was given to the Registered Manager nine 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 Care Home Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

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

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

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

---

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

During the inspection, the Regulation Officer spoke with the Registered Manager and three of the care receivers who live in the home. There was also an opportunity to speak with one member of staff. A further four staff members were contacted via e-mail following the inspection visit.

Following the inspection visit, the Regulation Officer sought the views of two family members who were spoken to by telephone, having given consent to be contacted.

The views of one professional were also obtained as part of the inspection process.

During the inspection, records including policies, training records, and incident reports were examined. An in-depth review of the care plans was also undertaken remotely by the Regulation Officer on 16 September 2022 prior to the inspection visit.

At the conclusion of the inspection visit, the Regulation Officer provided initial feedback to Registered Manager. Final written feedback was provided upon the completion of the inspection process.

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, one area for improvement was 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 the improvement had been made. This means that there was evidence of appropriate levels of staff to ensure the provision of the services outlined in the Statement of Purpose.

Following the last inspection, a review of staffing levels within the home was undertaken by the organisation. This resulted in an additional 20 staff hours per week being made available to support care receivers with activities of their choice.

Rosevale has provision for five permanent members of staff, one of whom is the Team Leader. There were no staff vacancies at the time of the inspection. The home is supported by zero hour contracted staff members who provide cover for the vacancies, sickness and annual leave, with occasional use of agency staff. The Registered Manager reported that she will occasionally provide cover for the home but that this is minimal.

It was acknowledged by both the Registered Manager and staff team that there have been staffing pressures due to the staff vacancies which has been difficult at times and has encroached on the administrative hours of the Team Leader. However, all reported that pressures have eased now that all vacancies have been filled.

## **Safety**

<p>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.</p>
--

The Regulation Officer reviewed a sample of eight policies and procedures which were cross referenced with 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.

There have been no formal or informal complaints received since the last inspection on 6 August 2021. The Registered Manager reported that the home had received a compliment from a relative for work undertaken by the team following the recent bereavement of a former care receiver.

There have been no safeguarding alerts raised in relation to the home. The Registered Manager was able to demonstrate her understanding of safeguarding procedures and the responsibilities of the staff team in raising any concerns they have.

There was one Significant Restriction of Liberty (SROL) authorisation in place at the time of the inspection. Review of the SROL highlighted that there were conditions applied which the Registered Manager was able to demonstrate that they had been acted upon.

Training in the Capacity and Self Determination (Jersey) Law 2016 (CSDL) has commenced within the Les Amis organisation and the Regulation Officer discussed the importance of all staff attending training which is specific to Jersey law.

There are robust safe recruitment practices in place which are overseen by the central HR team. Work has been undertaken to implement 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.

A review of recruitment files was undertaken by the Regulation Officer at the Les Amis head office on 13 July 2022. All files were found to have all the necessary documentation in place and were compliant with the requirements of safe recruitment practices.

A sample of staffing rotas were reviewed by the Regulation Officer. There is one member of staff on duty each day, with additional support between 8am and 3:30pm to support care receivers' routines and activities. Additional staff are also be made available when required for evenings events. The Registered Manager reported that staffing levels are under review to ensure that they continue to meet the changing needs of care receivers.



There was evidence of personal emergency evacuation plans for all care receivers. These were reviewed by the Regulation Officer and found to clearly detail the specific needs of each care receiver. During feedback, care receivers discussed evacuation procedures for the home and gave clear details of the actions they would take in the event of a fire.

There was a fire evacuation plan for the home which had been recently updated. This provided clear instructions of staff responsibilities in the event of a fire. The fire logbook was up to date with evidence of regular fire drills. The Registered Manager reported that the team practice different scenarios as part of the fire drill process.

The Regulation Officer reviewed the provision for first aid within the home. All staff receive first aid training which is updated every three years. A first aid box was available. Upon inspection, several items within the box were found to be out of date and there was no evidence of regular checks and re-stocking. The first aid kit from the home's vehicle was also found to be missing. This is an area for improvement.

Infection prevention measures were noted to be in place. This included cleaning schedules, daily chores lists, availability of personal protective equipment and the wearing of masks by staff when in the home. There is no requirement for care receivers to wear masks in the home or within the community and they make their own decisions. A discussion with the Registered Manager highlighted the need for any decisions relating to mask wearing must be balanced with the safety, needs and rights of individuals, with decisions taken on a situational basis.

The organisation has a lone worker policy in place and staff also have access to the on-call system at evenings and weekends. Staff are required to work on their own in the evenings and overnight. The Registered Manager reported that there are lone worker assessments in place for all staff which help to identify any issues or support required with lone working.

The home has provision for the safe storage of medication and valuables within the staff sleep in room. There is a coded entry system to the cupboard where these items are stored.

Notifications to the Commission since the last inspection were reviewed along with care receivers' records of accidents and incidents. No unreported notifiable incidents were noted.

Monthly quality assurance reports are undertaken by the Head of Governance. The Registered Manager supplied a sample of two recent reports. The Registered Manager also has a tracker document for all actions identified which sets targets for completion and provides updates on progress made.

Upon review, the reports were found to have identified actions each month with most having been completed. However, it was noted by the Regulation Officer that there has been a failure to identify the issues highlighted in this inspection report relating to first aid supplies and environmental maintenance / repairs. This was brought to the attention of the Head of Governance for further examination.

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

### **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.

A new welcome pack and financial agreement for care receivers had been devised which will be issued to existing care receivers in order to ensure that they are aware of their rights and responsibilities.

There has been one new admission to the home of a care receiver who transferred from another Les Amis property. The Registered Manager explained the process undertaken to support the admission which included initial visits to meet existing care receivers and staff, tea visits and additional staffing to support the settling in period. There was also an opportunity for one care receiver to move to a downstairs room, to support their mobility needs, prior to the new care receiver being introduced.

Care plans and risk assessments were reviewed for all four care receivers which are stored electronically. Everyone has an 'All about me' assessment document which gives a comprehensive overview of specific needs, wishes and preferences, aspirations and background information. This information is used to formulate care plans in five key areas (community inclusion, finances, health and medical, keeping safe and prospects, dream and goals). The care plan information promoted the individuality and strengths of each care receiver, as well as highlighting areas of support. There was evidence that reviews are undertaken every six months.

The staff team were observed to be very responsive to the needs of care receivers, with things being done at their own pace. Several examples were given of how the team are respectful of individual routines and will adapt to meet changing needs. There is also a focus upon facilitating new opportunities or adapting how activities are structured to meet individual needs.

Staff spoke positively of their roles and the support they provide. Some comments included,

*"It is a very cohesive team".*

*"The residents are very well supported in every aspect of their lives. They have a wonderful and varied social life, their health is very well cared for and they have many opportunities to try new things".*

*"I just really enjoy working at Rosevale and supporting each resident, we also work well as a team".*

*“We continue to support the residents to develop their skills, attend activities and also continue to offer choices”.*

*“I think over the past year since the pandemic has subsided that we have put lots more in to place for all residents to have really good social activities and be involved in the community”.*

All care receivers are able to communicate their needs verbally. However, some assistance is required to ensure that everyone has opportunities to express their wishes and preferences. During feedback, one member of staff explained that one care receiver would use non-verbal communication to indicate that they wanted something, this then prompts the staff member to offer appropriate choices.

All care receivers participate in regular feedback sessions known as “resident supervisions”. This gives them an opportunity to discuss any issues or concerns they have and express any changes they would like to their care plan. This is undertaken in a format which best meets the care receivers needs.

The Regulation Officer had the opportunity to spend some time chatting to care receivers as part of the inspection visit. All were very relaxed and welcomed the opportunity to talk about their home and the things that they like to do. Feedback was consistently positive, and all said that they were happy with where they lived. One care receiver spoke of their fondness of the staff, stating, “They are kind”.

The Regulation Officer observed that care receivers were engaged in activities of their choice, such as knitting and watching a film. The shared living room was filled with personalised objects and photographs which one care receiver was happy to speak with the Regulation Officer about and share stories of some of their friends in the photographs.

Care receivers also spoke of their weekly activities which they really value. Activities include Good Companions club, Gateway club, volunteering activities, Mencap discos, Les Amis social club, move more classes and swimming. Care receivers enjoy spending time together as a group, but also have opportunities for 1:1 time with staff. Others value a balance of time with friends and having quieter periods in their own rooms.

The Regulation Officer undertook a tour of the premises with the Registered Manager. Several areas throughout the home were identified as requiring repair or upgrade. This included doors and frames that were discoloured and required painting, stair carpet was fraying, mould on grouting in the ensuite bathroom, window frames in the upstairs bedroom require attention and the flooring between the dining area and kitchen had a temporary repair in place which requires a permanent solution.

It was also noted that the exterior of the property had flaking paint and window ledges appeared to be eroding. As the property is rented there needs to be formal discussion with the landlord to assess and plan an upgrade of the external décor of the home. Interior and external repairs and upgrades is an area for improvement.

The garden area to the rear of the property is spacious and well maintained. The Registered Manager explained that a section of the garden had been used to create a memorial for a former care receiver who had recently passed away. This was well received by the care receivers who spoke positively of having somewhere to remember their friend. A family member also commented that the home handled the bereavement well and provided appropriate support to care receivers which made them feel included. This is an area of good practice.

Family feedback highlighted positive relationships with the staff team which has created confidence in the care and support being provided and stated they would be happy to raise any issues or concerns that they had directly with the home. Family members felt included in their relatives care, with one commenting *“They keep me involved with everything”*.

Other comments from family members included,

*“Xxx loves it, this makes us feel better”.*

*“I am more than happy with the way Xxx is treated”.*

*“I have nothing negative to say about the home, it is just as it should be”*

Professional feedback highlighted the appropriate responses of the team in dealing with a recent health issue for one care receiver. It was also reported that there had previously been some inconsistent attendance to routine appointments which had been attributed to staffing shortages. However, it was felt that this had begun to improve.

## **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 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.

There have been two new recruits since the last inspection. The Regulation Officer reviewed the induction programme of one new recruit and had the opportunity to speak with them about their experiences. They confirmed that the induction programme is detailed and is evaluated at regular intervals.

The staff member welcomed the length of time they were given to shadow practices and get to know care receivers. They also felt that they were given time to learn how to perform tasks correctly and competency was assessed by a senior member of the team before they worked independently. They described the learning/training element of the induction programme as “challenging” but complimented the support that they had received from the Registered Manager and wider team.

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

Registered Manager gave examples where the induction and supervision processes had helped to identify specific issues which staff required support with. This allowed the Registered Manager to put appropriate plans in place to support individuals. The Registered Manager also encourages staff to request additional supervision time if they are experiencing any difficulties.

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. All new recruits are expected to undertake the care certificate within the first few weeks of employment.

The Registered Manager described the input of the Learning and Development team as “very supportive”. Staff also reported that they are happy with the training opportunities afforded to them.

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 Covid 19, online training was 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.

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.

In order to support the wider organisation, the Registered Manager and Team Leader will be undertaking training for specific health conditions. This will allow them to provide support to other homes as part of the organisational re-deployment and on-call procedures. This is an area of good practice.

The Registered Manager reported that there are two members of staff who have a Level 3 Regulated RQF, or National Vocational Qualification (NVQ) in Health and Social Care, with another working towards the qualification. 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.

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. All observations are recorded, and a checklist is completed.

Medication competency continues to be reviewed at six-monthly intervals. New competency checklists have been implemented for reviews and the Regulation Officer was able to view samples of some that have recently undertaken. All staff progress to a Level 3 administration of medication unit as part of their RQF qualification.



## IMPROVEMENT PLAN

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

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 4.3</p> <p><b>To be completed by:</b> within 1 month from the date of inspection (16 October 2022).</p>	<p>The Registered Manager must ensure that there are systems in place which make certain that the first aid supplies within the home are checked and replaced on a regular basis.</p>
	<p><b>Response by registered provider:</b></p> <p>The Registered Manager has implemented and now has a checklist in place, to ensure dates and stock will be checked every 6months and replaced when needed.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 18</p> <p><b>To be completed by:</b> within 4 months from the date of inspection (16 January 2022).</p>	<p>Action must be taken to ensure that there is a schedule in place to upgrade the interior décor of the home and address repairs required. There also needs to be formal discussion with the landlord to address the need for an upgrade of the external décor of the home.</p>
	<p><b>Response by registered provider:</b></p> <p>The Registered Manager has met with the internal Maintenance Manager and completed an Environmental risk assessment of the interior and exterior of the home. Interior work is in progress and the landlord has been contacted to rectify the exterior issues raised.</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  
1<sup>st</sup> Floor, Capital House  
8 Church Street  
Jersey JE2 3NN

Tel: 01534 445801

Website: [www.carecommission.je](http://www.carecommission.je)

Enquiries: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)