



Jersey Care
Commission

INSPECTION REPORT

Le Geyt Adult Day Centre

Adult Day Care Service

**La Grande Route de St Martin
Five Oaks
St Saviour
JE2 7GS**

**29 November and
2 December 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 Geyt Day Centre. The service is situated in the Parish of St Saviour, near to local shops and some community facilities. The centre is located on a good bus route which enables care receivers, including those who are wheelchair users to have access to the building. The service also has access to some vehicles which along with public transport, enables care receivers to access a range of community based facilities and social activities, as part of their care plan, that may be coordinated from the centre.

The service was registered with the Commission on 6 November 2020 and is a large single storey building which incorporates a number of spacious rooms. These spaces provide a range of therapeutic environments and include a large communal dining/activity room, a sensory kitchen, a hobby/craft room, a games room, a relaxation room, a sensory room, and a clinical room for storage of medications and sterile equipment.

The centre is open five days a week, Monday to Friday, with core hours identified in the Statement of Purpose as being 8.30am to 4pm. The service provides transport and assistance to get to and from the centre and is staffed by a full-time manager, two deputies and team of care staff with relevant qualifications which include QCF level 2 and/or 3.

At the time of the inspection, this service was providing care and support to 19 care receivers, who were supported by 14 carers.

The service's aims and objectives as described in the Statement of Purpose is to *'provide essential respite ensuring that health and care services are available enabling more people with a learning disability, autism and/or associated conditions to live in the community. By providing this, we also give family/unpaid carers a break from their caring responsibilities'*

Regulated Activity	Adult day care service
Conditions of Registration	<u>Mandatory</u> Type of care: Personal care and personal support Category of care: Learning Disability, Autism Maximum number of care receivers: 30 Maximum number in receipt of personal care/ personal support: 30 Age range of care receivers: 18 years and above
Dates of Inspection	29 November and 2 December 2022
Times of Inspection	12pm to 4pm and 10am to 11.30am
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on both days of the inspection	19

The Adult Day Care Service is operated by Government of Jersey, Health and Community Services and the registered manager is Lisa Neely.

On the 12 April 2022 this service revised its Statement of Purpose to only provide personal support and care, removing the nursing element of the service's registration.

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.

During the last inspection on 12 and 17 May 2021, two areas for improvement were identified. The Regulation Officer evidenced that these two areas for improvement had been successfully addressed by this service. No new areas for improvement were identified as part of this inspection.

As with most of the care sector, maintaining adequate staffing levels has been a challenge for this service since the last inspection, with five new staff joining the existing staff team. The Regulation Officer spoke with several new staff members who each provided positive feedback about their induction and confirmed that the process equipped them with the necessary skills and knowledge to deliver care and support to this client group.

Safe recruitment practice has been observed by this service for new staff and enhanced criminal record checks are tracked and renewed every three years for existing staff. In relation to recruitment processes, the Registered Manager also confirmed that they have access to the Government of Jersey's Human Resource portal.

The Regulation Officer evidenced a strong emphasis on training in this service. This service closes for two days a year to ensure that mandatory training is undertaken, alongside supplementary service specific training, such as Capacity and Self Determination, My Voice, Autism and Dementia training.

This service meets the requirement for at least 50% of staff having a Level 2 qualification in health and social care, with the remaining staff having started or are close to completing this training.

The safety of care receivers, given their extra vulnerability is prioritised by this service. PPE continues to be used by staff and there are a range of policies and procedures in place to promote care receivers' safety and protection, such as building management, health and safety, infection control, medication management and moving and handling. This service also benefits from new system called 'Concerto', which logs when inspections, such as health and safety or building inspections have been completed and when they are due, as well as the ability to raise works orders for building maintenance.

The care and support plans viewed by the Regulation Officer reflected the needs of the care receivers, were person centred, had clear aims noted and were recorded both electronically and in a paper format. The Regulation Officer evidenced that care receivers' support plans are regularly reviewed, either due to changing needs or periodic review. Care receivers and family members contribute to support and activity plans. Risk assessments were in place, and it was apparent that these are also regularly reviewed, alongside evidence of proportionate dynamic risk assessment taking place to enhance care receivers' experiences in this service.

The Regulation Officer observed communications aids being used by care receivers and staff. Interactions between care receivers and staff appeared natural, warm, and respectful, with care receivers communicating contentment and pleasure with the activities they were undertaking.

This service provides a 'blended approach' to the personal care and support it provides to care receivers, with approximately half the care receivers on community based activities during the inspection visits, with the remaining cohort based at the service building undertaking a programme of activities. Feedback is sought from care receivers during and post their daily planned activity programmes, this can be verbal, via individual communications aids or a range of emoji expression faces.

This service has a thorough referral and transition process for prospective care receivers. The Registered Manager reported that where need is identified early, they start working alongside education providers to plan the transition of prospective care receivers from 14 years of age.

In addition, the Registered Manager stated that this provides them with the opportunity to build important relationships with families, so they feel involved in the process. This also allows this service to project future need over the next five years in terms of staffing and resources. This is an area of good practice.

The Regulation Officer was assured by this inspection that this service has strong leadership, alongside a dedicated and passionate staff team who provide good quality care and support to care receivers.

Feedback from staff and relatives of the care receivers was positive. The Regulation Officer noted that staff were enthusiastic and passionate about their work and expressed that they experience a sense of personal reward in their role in supporting these care receivers.

INSPECTION PROCESS

This inspection was announced and was completed on 29 November 2022 and 2 December 2022. This inspection was announced and notice of the inspection visit was given to the Registered Manager several weeks 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 Adult Day Care Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

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

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

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report.

The Regulation Officer sought the views of the people who use the service, and their representatives, and spoke with managerial and other staff. The Regulation Officer undertook an additional visit to this service on the 2 December 2022 in order to gather feedback from staff and care receivers for the purposes of this inspection and to observe care and support being provided to the care receivers. Three relatives of care receivers were contacted by phone to seek their feedback on the care their family members were provided with by this service.

The views of two professionals were also obtained as part of the inspection process.

During the inspection, records including policies, care records and incidents were examined. The Commission was made aware of a single complaint made about this service since the last inspection in May 2021.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager and the two deputy managers.

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

INSPECTION FINDINGS

At the last inspection in May 2021, two of 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 with the Registered Manager during this inspection, and it was positive to note that all of the improvements had been made.

This means that there was evidence of the following:

1. Person centred care plans, which are care receiver led and accessible to them and their families.
2. An auditable trail for all the maintenance schedules for the building and serviceable equipment was in place.

No new areas for improvement were identified as part of this inspection.

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.

Safe recruitment practice was observed by this service in respect of the five new staff members who joined this service since the last inspection in May 2021. The Regulation Officer also evidenced that criminal record checks (Disclosure and Barring Service – DBS), were completed on existing staff members every three years. The Registered Manager has access to the human resource portal of the organisation, so can view application forms and references as part of recruitment processes.

This service benefits from being a government agency, so it has access to wide ranging policies and procedures. A sample of these policies and procedures were inspected in detail as part of this inspection and were found to be clear, concise, factual and being actively used in this service.

Some care receivers require medication to be administered by staff or require specialist support that requires specific training. The Regulation Officer was assured that staff were appropriately trained in these areas and following policy and procedure to ensure care receiver safety.

Medication Administration Records (MAR) were viewed by the Regulation Officer and found to be in good order. These records are audited by one of the deputy managers on a monthly basis. This service benefits from a newly refurbished clinical room, where medications are securely stored alongside other sterile equipment needed for some care receivers who access this service.

This service has qualified staff to deliver in house training to staff in respect of the specialist moving and handling equipment used with care receivers. Following training, staff are signed off through observations as competent to provide this specialist care.

The fire safety logbook was audited by the Regulation Officer and found to be in good order. All alarms, emergency lighting and self-closing door checks were correctly checked and logged. The annual fire safety assessment had been completed and any recommendations had been actioned. Fire safety equipment had been serviced within the last twelve months and each care receiver had a Personal Emergency Evacuation Plan (PEEP) in place. This is a good area of practice.

No notifiable events were made to the Commission since the last inspection in May 2021. The Regulation Officer made enquiries with the Registered Manager about this matter and was satisfied that there were no incidents, accidents or events that would have required notification to the Commission.

A single complaint was made about this service since the last inspection in May 2021. The Regulation Officer was assured that this matter is being formally dealt with through the organisation's complaints procedure and was now being investigated at a senior management level.

The Registered Manager reported that they have not made any direct safeguarding referrals to the adult safeguarding team. However, they have attended multi-disciplinary safeguarding meetings in respect of some care receivers they support, when requested to do so.

All staff had completed first aid training, with evidence of this training being renewed every three years. In addition, all staff undertook Basic Life Support (BLS) training on an annual basis.

This service has domestic cleaners to support infection control. All hazardous substances are secured in a separate locked room. This service has a regular internal health and safety check and also has regular checks on the water supply to prevent water borne infections, such as Legionella.

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>

This service is proactive in understanding its current and future resourcing needs, for example tracking young people who may access the service from 14 years old as part of their pathway to adulthood planning. New care receivers and their carers are given a welcome pack, detailing what the service offers, who to contact and how to provide feedback or make a complaint. This is an area of good practice.

The individual profile records for five care receivers were viewed by the Regulation Officer. Various person centred support plans were viewed by the Regulation Officer, providing assurance that care receivers individual needs were identified, and a plan was in place to meet these needs. There was also evidence that these support plans are regularly reviewed, either due to this being needs led or a periodic review. A communication passport was also present in each file that detailed the communication needs of the care receiver and how these were being met. These files also contained the following:

- Aims and goals of the support plans
- Activity plans, likes and dislikes
- Emergency contact details of relatives and carers
- Details of the professionals and/or providers involved with the care receiver
- Personal Emergency Evacuation Plan (PEEP)
- Risk assessments
- Transport strategy in case contingency is needed
- Feedback from care receivers about the activities they have completed

The Registered Manager confirmed that where possible, care receivers are supported to read or understand and participate in the support plans that are in place for them. This is an area of good practice.

As care receivers enter the building, they pass the activity board for the morning or afternoon, which informs them, through pictures and photographs, of what the planned activities are, and which staff will be supporting them. Care receivers are offered alternative activities if they wish.

The Registered Manager reported that this service had been developing a more 'blended approach' to the support and care they provide to care receivers. This included community based activities outside the centre where they had made links with other services who provide similar support and care.

The Registered Manager provided examples of where some care receivers are now accessing other services as part of this blended approach. Examples of the activities undertaken in the community are:

- Swimming, sports, and walks
- Cinema and café outings
- Wetwheels, Healing Waves and the Flowrider at the Merton hotel
- Accessing farm based activities with animals
- Running a recycling group and soup kitchen

This service recognises the importance of advocating for the people accessing support and care to empower and enable care receivers to have their voice heard, to be the best they can be and achieve. An area of good practice in relation to this is risk assessment, where careful thought is given to how to extend care receivers experiences of this service whilst on community-based activities.

The vast majority of care receivers are supported to manage their own finances in terms of paying for activities. However, in cases where the care receiver does not have capacity to do so, this service keeps care receivers' money secure and has an auditable system in place to record when money is deposited or used by the care receiver. The Regulation Officer had sight of electronic records in place and was assured that sign off was completed by two staff members on each occasion and that care receiver finances were regularly audited.

The Regulation Officer observed warm, nurturing, and respectful communication from staff towards care receivers. Communication aids were used to assist in the exchange of information, with staff taking time to listen and respond in language that was concise, kind and in line with the communication needs of the care receiver. The Regulation Officer noted that some care receivers expressed joy and contentment through direct communication or through smiles and body language.

The Registered Manager updated that they had just purchased the 'widget symbol' system, which will transform how they communicate with the majority of care receivers in the future. Widget symbols are used in special schools in Jersey, so to have this system in place for new care receivers will be of real benefit to all.

Several care receivers have been involved in creating a 'goals tree', which is located in the main hallway as you enter the building. The Registered Manager reported that this is something new that they have been trialling with care receivers and the plan is to have a celebration when care receivers achieve their goals. This is an area of good practice.

This service was nominated for the Government of Jersey 'Our Stars' awards and although they did not win, the Registered Manager and staff team were 'highly commended', which is something they are all very proud of.

Staff spoken to as part of this inspection provided the following comments about their role in this service:

'I really enjoy my work and do as much with the care receivers as we can. I feel the care receivers appreciate the support we provide them, and the families are happy with the service we provide'

Professionals spoken to as part of this inspection provided the following comments:

'As a benchmark for knowledge and delivery of care, the Day Service offers a high standard of care and support across many areas of the islands community, encompassing clients, their family and friends.'

'There is much evidence of choices being offered and social inclusion being paramount to their day; the teams knowledge base helps support and validate choices offered as well as opportunities to spend time with friends. The high level of care needs required for this care receiver, is delivered with the upmost dignity and compassion.'

'The manager and staff team are always flexible and receptive to requests for support. Clients are always treated with dignity and are valued for who they are, and they have observed really good communication styles from staff.'

Three relatives were contacted as part of this inspection, they all provided extremely positive feedback about this service and provided the following comments:

The service is 'very good indeed and my son loves it. I feel confident that he will be well looked after and given time to make choices about activities he likes. The management and staff are fantastic, and we have a communication book where they share what my son has been up to.'

The service 'could not be better with the staff being invested in giving my daughter a nice time, where they focus on her skills development to provide her with a full life as possible. The staff know my daughter really well and she is in a very supportive environment. This service is 'the rock' for me and many families in my position, we are so lucky. The management team are exceptional.'

'The service is amazing, my daughter is so excited when she accesses Le Geyt Centre, where she can meet her friends and undertake lots of activities in the centre or in the community. The continuity of staff has been important for my daughter where she has trusting built relationships. I have no complaints, only good things to say about this service. The staff always keep me apprised of any issues.'

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.

This service operates a comprehensive induction process for new staff. Inductees are initially supernumerary to rostered staff, in order to shadow the care and support provided to care receivers and also to undertake the necessary mandatory and service specific training required to meet the needs of individual care receivers. Staff are also given ample time to familiarise themselves with the care receivers individual profile records.

The Registered Manager and her deputy managers ensure that an induction checklist is completed for all new staff members. New staff members are assigned a more experienced staff member to act as their mentor, who supports them to understand their role as a keyworker. Inductions can last anywhere between one and four weeks dependent on the experience and qualifications of the individual.

The new staff members spoken as part of this inspection provided the following comments in relation to their induction:

'The team were really welcoming; I was given time to complete my training and I completed my induction checklist.'

'Due to previous experience, I was able to transfer my knowledge and skills, the induction was made personal to my needs, and we have an amazing support network here within the organisation which is received from all levels.'

'The staff team here have a wealth of knowledge with extensive experience which ensures new staff receive an in depth shadowing/ induction on commencement of employment.'

'The induction went well due to the time given to go through care receivers' files and to have observation time. I felt comfortable with my role once independence was given.'

This service keeps a central supervision log detailing when staff have received supervision, with the target to complete six supervisions per year. The Regulation Officer evidenced that this service had achieved a 92% success rate for this target, with staff illness preventing this target being fully achieved. Staff also have an appraisal process, which is updated every four months. This is an area of good practice.

Staff spoken to as part of this inspection provided the following comments in respect of supervision:

'We are in constant discussions surrounding all aspects surrounding supervision which entail the future of the service and my personal development.'

This service provides a high level of training for its staff, both mandatory and specific training to meet the needs of the care receivers. A central training record for all staff was seen by the Regulation Officer and evidenced that mandatory training had been completed and where refresher training was required, such as basic life support, infection control, medications management and fire safety this had been completed. This service closes for two days per year in order to make sure identified training needs are met.

Policies are in place regarding the specialist training required by staff in relation to medication management and the use of specialist equipment. This includes a competency and sign-off procedure by a registered nurse.

Staff spoken with as part of this inspection provided the following comments in respect of the training they received:

'I have attended many training sessions through online and face to face which my manager is always supportive of. Training is bespoke to the individuals we support and to the needs of my personal / professional development.'

This service meets the requirement to have 50% of staff to have a certified level 2 qualification in adult care. Staff who have not yet completed this minimum training requirement have started or are near completion of the qualification.

This service undertakes training audits on a monthly basis to ensure that the training needs are met for staff to deliver the right care and support to care receivers. This is a good area of practice.

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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