



**Jersey Care
Commission**

INSPECTION REPORT

Mourant Lodge

Care Home Service

La Rue Asplet

Trinity

Jersey

JE3 5JF

21 November and 9 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 Mourant Lodge. The property is a four-bedroom detached house situated near Trinity Church, with easy access to a local shop, garden centre, public house and a bus route which goes to St Helier town centre. The service provides overnight respite to 22 young people and adults from the age of 16.

The home is two storey, with the first floor comprising of three double bedrooms, a shared bathroom and sleep-in / office facilities for staff. On the ground floor there is an open plan lounge and kitchen which has a height adaptable sink, allowing easy access for wheelchair users. Access to an enclosed patio garden is via the lounge. There is provision for one bedroom on the ground floor with an en-suite bathroom and hoisting equipment which can meet the needs of people with mobility needs. The ground floor also has a toilet and separate laundry facilities.

This is one of 11 care home services operated by Les Amis. The service was registered with the Commission on 1 January 2019.

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, physical disability and/or sensory impairment</p> <p>Maximum number of care receivers: Four</p> <p>Maximum number in receipt of personal care / support: Four</p> <p>Age range of care receivers: 16 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>Bedrooms 1- 4, 1 care receiver Persons with physical disability can be accommodated in ground floor bedroom only</p> <p><u>Discretionary</u></p> <p>As the Registered Manager, Anna Bisson must complete a Level 5 Diploma in Leadership in Health and Social Care by 2 September 2024.</p>
Dates of Inspection	21 November 2022 and 9 December 2022
Times of Inspection	1pm to 4:30pm and 2:30pm to 4pm
Type of Inspection	Announced
Number of areas for improvement	Two
Number of care receivers accommodated on the day of the inspection	Three

The Care Home is operated by Les Amis Ltd and the Registered Manager is Anna Bisson.

Since the last inspection on 24 November and 8 December 2021, no formal applications to vary the home's conditions of registration have been received by the Commission.

The discretionary condition on the service's registration was discussed with the Registered Manager reporting that she is progressing well with her Level 5 Diploma in Leadership and Management in Health and Social Care.

The Regulation Officers reviewed the Statement of Purpose as part of the inspection process, and it was found to be generally reflective of the services provided. However, it was noted that there was a lack of specific reference to respite provision, which is the main focus of the service. This was shared with the Registered Manager, who acknowledged the changes required and agreed to submit an updated Statement of Purpose.

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. Furthermore, care receivers and family members were happy to provide feedback which was consistently positive in relation to the quality of the care provided.

All feedback received highlighted that the provision of the service is not consistent which has resulted in reduced access. A lack of permanent staffing impacts upon the respite options available to care receivers and their families. This is an area for improvement.

There were several examples of robust safe systems of working practices within the home. This includes accident and incident reporting, risk management and recruitment practices. A review of medication practices highlighted that standards were being met; however, it was noted that some improvement was required to meet the transcribing guidance requirements. 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.

A review of care plans demonstrated a good understanding of care receivers needs. They were personalised and respected individual wishes and preferences.

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

This inspection was announced and completed on 21 November and 9 December 2022. Notice of the inspection visit was given to the Registered Manager seven 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 Registered Manager was informed that two Regulation Officers would be undertaking the inspection. The second visit was for the purposes of meeting with care receivers who access the service and the staff who support them.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

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

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

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 Officers 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 Officers spoke with the Registered Manager and two of the care receivers who access the service. There was also an opportunity to speak with two members of staff.

Following the inspection visit, the Regulation Officer sought the views of five family members who had given consent to be contacted.

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

During the inspection, records including policies, training records, care records, incident reports and staff rotas were examined.

At the conclusion of the inspection visit, the Regulation Officers provided initial feedback to the Registered Manager. Final written feedback was provided on 13 December 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, 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 a training plan is now in place to ensure support staff can meet the communication needs of care receivers.

Mourant Lodge offers overnight respite provision for a total of 22 care receivers. Access to the service is via referral from the Health and Community Services (HCS), Adult Social Care team. The level of service provision offered is based upon the assessed needs of each individual.

The service is commissioned to provide care commencing from 14:30 including an overnight stay with the short break ending at 10:00 the following morning. This is for a maximum of four beds per day. Staffing levels are determined by the number of care receivers accessing the services and the level of support required.

The Registered Manager explained that there were three vacancies, with only one full time and one part time members of staff in post at the time of the inspection. The service also has access to a zero hours contracted member of staff and the Registered Manager will provide direct support also.

The lack of staffing has resulted in the delivery of a reduced respite service which is led by staff availability rather than care receiver needs or choice.

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 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 are robust safe recruitment practices in place which are overseen by the central Human Resources (HR) team. Work has been undertaken to implement 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 2 November 2022. All files were found to have all the necessary documentation in place and were compliant with the requirements of safe recruitment practices.

There has been one written complaint received since the last inspection. This was in relation to the lack of respite stays being made available at Mourant Lodge and was ongoing at the time of the inspection. Difficulties with access to regular respite was noted by the Regulation Officers and is discussed in more detail under the "Care and Support" section of this report.

No safeguarding concerns have been noted or reported. The Registered Manager is aware of their responsibilities in relation to safeguarding and knows how to seek advice when required.

There were no Significant Restriction of Liberty (SROL) authorisation in place at the time of the inspection. The Registered Manager has identified six care receivers who require SROL applications to be submitted and is aware of the application process to be followed.

There were no notifications submitted to the Commission since the last inspection. However, it was acknowledged that there has been limited availability of the service in recent times. A sample of 12 incidents / accidents were reviewed and no notifiable events were identified.

The organisation has a lone worker policy in place and staff also have access to the on-call system at evenings and weekends. In addition, staff spoken to commented on the positive support that they receive from the Registered Manager.

There was a robust fire evacuation plan for the home which had been recently updated and an easy read version is available for care receivers. Personal emergency evacuation plans for all care receivers were found to be in place and are reviewed regularly. The fire logbook was up to date with evidence of regular fire drills.

The provision of personal protective equipment (PPE) is available within the home. A pragmatic approach has been adopted by the staff team in relation to mask wearing, which is responsive to individual needs, for example communication difficulties.

The Regulation Officers reviewed the provision for first aid. All staff receive first aid training which is updated every three years. A first aid box was available within the home. All supplies are checked regularly.

Medication administration practices were reviewed. This included an examination of transcribing guidelines, storage facilities, and appropriate use of medication administration records. Practices were generally positive; however, an issue was identified which did not meet the current requirements for transcribing.

This was highlighted to the Registered Manager who acknowledged that changes were required. This is an area for improvement.

The home does not have responsibility for the ordering of medication and all supplies are received from parents / carers. The Regulation Officers discussed the importance of ensuring that the home has copies of the most recent prescriptions at all times.

During the first inspection visit, it was noted that advantage was being taken of a two week pre-determined closure of the home to complete a programme of maintenance and upgrade. All areas requiring attention had been identified by the Registered Manager, with the work being undertaken by the Les Amis maintenance team.

Monthly quality assurance reports are undertaken by the Head of Governance. The Registered Manager supplied the reports for August, September and October 2022. Upon review, the reports were found to have clearly identified actions in relation to the Care Home Standards. The Registered Manager also has a tracker document for all actions identified which sets targets for completion and provides updates on progress made.

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 a referral process in place which helps 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 home also has a detailed welcome pack which has photos of the environment and staff members which is given to care receivers and their families at the point of referral.

The Registered Manager gave several examples of the quality of the transition process. This takes account of individual needs and involves families and other agencies involved.

The Registered Manager explained that she will commence transition by going to visit the care receiver in an existing environment, such as their existing respite provision or school. This will often involve working alongside the staff team in a familiar environment to get to know the care receiver and build a relationship with them. Parents / carers are then invited to visit Mourant Lodge and meet with the team.

Once ready, the care receiver will commence short visits to Mourant Lodge and gradually build up to an overnight stay. For one recent transition, staff from the existing respite provision supported the care receiver for a period of time at Mourant Lodge to allow them to settle in. This is an area of good practice.

Parents / carers and care receivers are involved in the initial care planning process and provide information relating to personalities, routines, likes, dislikes and advice on the best way to provide support. The service will also provide continuity of activities / interests, supporting care receivers to attend social clubs, college and work placements.

Care plans and risk assessments were reviewed for a sample of 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, dreams 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 regular reviews are undertaken.

Upon review, the care plans were found to be very informative. There was evidence of a good understanding of care receivers' needs. They were person centred and focused upon what good support looks like for the individual, based upon their unique needs.

The Registered Manager explained that the purpose of the service is to provide a safe and relaxed environment for individuals to spend time away from home, interact with their friends and peers, whilst engaging in activities of their choice.

There is also focus upon encouraging and supporting people to develop their independent living skills, which can be transferred to home life and help them to become more independent in the future.

Prior to each respite visit, the Registered Manager contacts families to undertake a "welfare check". This includes discussing any activities that the care receiver wishes to undertake, any equipment or supplies that may be required, how they have been since their last visit and confirmation of arrangements for pick up and drop off. This was confirmed by relatives who spoke with the Regulation Officer and was welcomed by them as a positive way of communicating / keeping up to date.

As part of the second inspection visit, Regulation Officers had the opportunity to speak with two care receivers who were accessing the service that day. Both expressed how much they were looking forward to their stay and spoke of the activities they were undertaking that evening. One also expressed their delight at being able to access the ground floor bedroom as this was their favourite room.

The Regulation Officers also witnessed some very positive interactions between care receivers and staff members. It was evident that staff know care receivers well, understand their needs and create a relaxed, friendly atmosphere with lots of laughing and joking.

The environment within Mourant Lodge is that of a domestic property which is welcoming. Bedrooms are spacious and tastefully decorated and can be personalised for each stay. Some individuals have preferences relating to lighting which can be accommodated. In one room there is a television as a care receiver likes to fall asleep while watching TV. Care receivers can choose their own bedding and can bring their own personal belongings for their stay.

Mourant Lodge is also used as a base for some of the Les Amis social club events. The Registered Manager explained that care receivers are informed prior to their visit if any social club events are planned. Should they express that they are not happy with this then events will be re-arranged.

Regulation Officers were present during a sing and sign session during the second inspection visit. Care receivers attending respite confirmed that they were happy for the event to take place. All care receivers in attendance were fully engaged in the event and enjoying the social aspect that it provided.

The respite services offered by Mourant Lodge are considered to be a valuable resource which provide high quality, person centred services to care receivers. In addition, parents / carers are provided with the assurance that their family members are being cared for in a safe and supportive environment.

As previously stated, there have been some significant staffing pressures which are impacting upon service delivery, resulting in reduced access to the service which does not meet the assessed needs of care receivers.

This was a concern which was consistently highlighted by both parents / carers and professionals. With the importance of respite being emphasised as essential support for families. Some comments included,

“The only issue is the lack of staffing. I believe they only have one permanent staff member and appear unable to recruit. This causes issues for families as they are currently only able to offer one overnight support session per month and some families are assessed as needing much more”.

“Mourant Lodge delivers so much less than we would be delighted to commission, and there is a widely held frustration that more people cannot receive more services”. We know the delivery has pushed some families below their assessed need in terms of what they actually receive”.

“We recognise respite nights at Mourant Lodge need to be increased; we have witnessed families becoming more and more desperate for their allocated nights”.

“The biggest thing is not being able to tell Xxx why they can’t go and the lack of structure that this creates for Xxx”.

While it is acknowledged that alternative options within other provisions have been offered by via HCS and the newly formed Respite Alliance, families consistently reported that they felt Mourant Lodge was the most appropriate provision to meet their relative’s needs.

There was also evidence that the service has been open to new referrals during the current staffing and service delivery issues. Regulation Officers discussed the importance of meeting the needs of existing care receivers before considering any further referrals.

During discussions with the Registered Manager, Regulation Officers also noted a lack of information relating to assessed allocations for all care receivers. Regulation Officers were therefore unable to ascertain the level of deficits in service delivery for 2022.

Regulation Officers acknowledged the difficulties that the organisation has experienced in relation to staff recruitment and retention. However, this has had a significant impact upon the care receivers and their families and the importance of consistent respite facilities cannot be overlooked. It was also surprising to note that the service has inconsistent records of the level of service it is being asked to provide for each care receiver.

The home must ensure that they are aware of and have capacity to meet the assessed needs of care receivers. This is an area for improvement.

Regulation Officers spoke with two members of staff as part of the feedback process. It was evident that they had a sense of pride in their work and the service being provided. They also understood the vital function that respite has in supporting families and the importance of creating positive working relationships, that create confidence with the team supporting their relative.

Both staff and the Registered Manager expressed that the ongoing lack of respite services does impact upon them and their relationships with families. Whilst all reported that they felt supported by their immediate line management and the organisation, consideration may need to be given to the impact that sustained negative feedback about the lack of service provision may have upon staff.

There was consistent praise for the Registered Manager. Staff spoke of her positive attitude and dedication to providing a quality respite service, which focuses on recognising individual needs and promoting independence. Parents / carers and professionals spoke of her helpfulness and willingness to work with others.

Other feedback comments received from parents and professionals include,

“Both Mourant Lodge manager and staff are generally very supportive, communicate well and develop appropriate care plans. I have no issues with their professionalism”.

“Mourant Lodge does well, it doesn’t attract complaints in terms of service delivery and is highly valued”.

“The staff we have met so far have been caring and lovely”.

“The Registered Manager is doing her best to work with families organising bookings three months in advance”.

“The Registered Manager is great, so helpful and understanding of Xxx”.

“The staff member that looks after Xxx when at respite is a star only wish there were more like them around. Xxx loves going to the lodge and get to meet up with their friends”.

“Xxx loves it”.

“The Registered Manager and the staff are brilliant”.

“It provides a good break for the family”.

“It works for us and Xxx enjoys it”

“Xxx really looks forward to going there and settled in really well”.

“Xxx has a diary which the staff fill in and then I can talk to them about what they have done during their stay”.

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. The Registered Manager reported that there have been no recruits since the last inspection.

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. However, one member of staff highlighted some irregularity in the supervision they had received. This was due to staff sickness and a transfer of their area of work which would require a

different manager to undertake their supervision. It was anticipated that this would be resolved in due course.

The process for addressing aspects of poor practice were discussed with the Registered Manager and examples given of informal pathways that have been utilised. The Registered Manager is aware of the processes and support available should any issues require escalation.

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. This was confirmed by a review of training records.

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 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. However, ongoing staff shortages have impacted upon progress.

Work has been undertaken in recent months to review training and a new online training provider has been sourced. There will be an online training programme for all new recruits which meets the requirements of the care certificate. This will be supplemented by documented observations in practice to assess competency. The Learning and Development team have also been working with external training provider to update the requirements for training updates.

The organisation also has accredited trainers for MAYBO, which provides positive and safer approaches to behaviour support, and a key trainer for safe handling. Practical training sessions for First Aid are sourced externally.

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 Regulated Qualification Framework (RQF) qualification.

The Registered Manager reported that the two members of the existing staff team has a Level 2 RQF, or National Vocational Qualification (NVQ) in Health and Social Care.

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. The team reported that they are also exploring training opportunities via Autism Jersey and the National Autistic Society.

Training in the Capacity and Self Determination (Jersey) Law 2016 (CSDL) is available to all staff who have not undertaken previous training based specifically on Jersey law. This has been running throughout 2022 and is facilitated by the capacity and liberty assessment team.

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 which capture the activities undertaken during reviews. All staff progress to a Level 3 administration of medication unit as part of their RQF qualification.

Some members of the staff team have received additional training to support percutaneous endoscopic gastrostomy (PEG) feeding. Training was provided as part of the RQF training framework and delivered by accredited trainers. Annual competency checks are currently being arranged by the Registered Manager.

During feedback, a member of staff explained that they had been temporarily redeployed to another area. When they returned, they felt that they required to refresh their skills for the administration of PEG feeding. Arrangements were made for the member of staff to attend another area to observe experienced staff in practice. This was successful in refreshing knowledge and giving confidence to the staff member to resume PEG feeding. This is an area of good practice.

The team have identified that they would like to undertake more advanced training in epilepsy in order to enhance their knowledge and skills when supporting care receivers. This has been passed to the Learning and Development Team for their consideration.

During the first inspection visit, it was identified that some care receivers to receive support to check and maintain their skin integrity. The Regulation Officers discussed with the Registered Manager the benefits of having some basic pressure care training in place for the staff team. The Registered Manager acknowledged this and agreed to take forward.

The home has moving and handling equipment which supports care receivers with mobility needs. Initial training is offered to all new members of staff and six-monthly updates are facilitated by the organisation's key trainer for safe handling.

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>Area for Improvement 1</p> <p>Ref: Standard 6.8</p> <p>To be completed by: 1 month from the date of inspection (9 January 2023)</p>	<p>Medicines will be managed in compliance with legislative requirements, professional standards and best practice guidelines.</p>
	<p>Response by registered provider:</p> <p>Recommendation made by the inspecting officer around transcribing have been carried out and are now in place.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 1.3</p> <p>To be completed by: 3 months from the date of inspection (9 March 2022).</p>	<p>The Registered Provider must ensure that they are aware of and have capacity to meet the assessed needs of care receivers. The provision of respite services must be clearly identified in the Statement of Purpose as the main focus of the service and be reflective of current best practice / specialist guidance.</p>
	<p>Response by registered provider:</p> <p>The Statement of Purpose has been amended to reflect best practice and also been sent to the inspecting officer to confirm that the alterations made meet with the requirements in this area of improvement.</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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