



**Jersey Care
Commission**

INSPECTION REPORT

17/18 Le Grand Clos

Care Home Service

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

20 March 2023

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

ABOUT THE SERVICE

This is a report of the inspection of 17/18 Le Grand Clos care home. The home is situated in the parish of St Helier within a large housing estate. The property consists of two adjoining houses, one with three bedrooms and another with two bedrooms plus a sleep-in room for staff. Each house has a shared bathroom, lounge, kitchen and downstairs toilets. Both have private rear gardens and vehicle parking at the front of the properties. The home can access one vehicle to support care receivers with social activities and appointments.

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

17/18 Le Grand Clos is one of eleven care home services operated by Les Amis.

Regulated Activity	Care home
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care, personal support</p> <p>Category of care: learning disability, autism</p> <p>Maximum number of care receivers: Five</p> <p>Maximum number in receipt of personal care / support: Five</p> <p>Age range of care receivers: 18 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>Bedroom 1-5 1 care receiver in each room</p> <p><u>Discretionary</u></p> <p>There are no discretionary conditions</p>
Date of Inspection	20 March 2023
Time of Inspection	1pm to 5pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	Three

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

Since the last inspection on 23 and 24 May 2022, the Commission received an updated copy of the service's Statement of Purpose. This was submitted as part of the Registered Manager's annual review and update.

The Regulation Officer reviewed the Statement of Purpose (SoP) as part of the inspection process, with no specific issues noted. However, it was considered to be overly generic rather than service specific.

Updating of SoPs was discussed at a meeting with the Head of Human Resources (HR) and the Learning and Development Assistant on 30 March 2023. It was identified that some consideration needs to be given to reviewing SoPs in 2023 across all services carried on by the same provider.

Advanced notification of the absence of the Registered Manager was received in February 2023. This confirmed the resignation of the Registered Manager and included details of the Registered Provider's intention to make a new appointment before the existing Registered Manager leaves their post.

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.

17/18 Le Grand Clos was a welcoming environment where care receivers live as independently as possible. There is a strong focus on person-centred practices within the home. This was observed through the day-to-day decision-making of care receivers and how they are supported to engage in activities of their choice.

The staff respected the environment, acknowledging that they were within the care receivers' homes. The level of support offered was agreed upon with care receivers. Care plans reflected the inclusion of care receivers in determining how support would be delivered.

Care receivers provided detailed feedback on their experiences of living in the home. This was consistently positive, demonstrating that they had a voice, their opinions were valued and their wishes / preferences were respected.

There is a consistent managerial presence within the home. There is daily contact between the Registered Manager and Team Leader, with one or both present daily. Both staff and care receivers spoke positively of the management team and their input into running the home while encouraging others to contribute to and lead new ideas and initiatives.

Multiple processes were observed which contribute to the safe delivery of support. This includes interventions to minimise risks, promote health and safety and ensure continuity of service delivery. However, all such practices respect the individuality of care receivers and their right to choice and independence, as well as recognising that the home is a private residence for care receivers.

INSPECTION PROCESS

This inspection was announced and was completed on 20 March 2023. Notice of the inspection visit was given to the home four days before the visit.

The Care Home Standards were referenced throughout the inspection.¹ This inspection focussed on the following lines of enquiry:

- **Management of the service**
- **Care and support**
- **Choice and safety**

Before our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report, Statement of Purpose, notifications and communications with the Commission.

During the inspection visit the Regulation Officer spoke with the Registered Manager, Team Leader and all the care receivers who live in the home.

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

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

Contact was also made with three staff members who were invited to provide feedback on their experiences of working in the home.

Records, including care records, risk assessments, incidents, staff competencies and task schedules, were examined during the inspection. At the conclusion of the inspection, 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.

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 all improvements had been made. This means there was evidence of fire risk assessments, drills and evacuation plans being in place.

Management of the service

The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size and complexity of the service.

The Registered Manager for the service is responsible for another care home carried on by the same Provider and splits his time between these two homes. There is no set pattern to the time spent in each home. The Registered Manager explained that this would be determined by each home's needs and the communications required with team leaders and staff members. Care receivers and staff confirmed this during feedback.

An example was given of support required to ensure that care plans were being updated appropriately. A staff member requested help during a supervision session. The Registered Manager then set aside time to spend in the home and work with the staff member.

The Registered Manager described the mechanisms in place to support managers. There is a weekly Monday meeting for registered managers to look at rotas, and this is conducted face-to-face. In addition, there are monthly Registered Manager meetings to discuss operational issues that the Head of Finance, HR, and senior management team members also attend. There are also strong links between registered managers on a day-to-day basis for access to advice or sharing ideas.

The Registered Manager gave an overview of the staffing within the home. One staff member is present in the home over a 24-hour period. Additional staff are rostered at key times during the week to facilitate care receivers' activities, outings and appointments. Rotas can also be adjusted to support special events. The Registered Manager confirmed that he would occasionally provide direct support within the home for unplanned events, such as sickness.

A well-established permanent staff team of four has worked in the home for some time. They are supported by the occasional use of zero-hour contracted staff and some cross-over from another home within the organisation, with staff who know and understand the needs of the care receivers.

Training logs for staff were accessed via the Learning and Development team. All staff were found to be up to date with mandatory training. The Registered Manager explained that due to a change in the online systems of the organisation, managers do not currently have access to training logs. To compensate, the Learning and Development team sent an annual training plan to registered managers for each area they oversee. This is supported by monthly reports and reminders to staff when training courses are due to be undertaken.

The Registered Manager monitors the training logs of any zero-hours staff that may be required to work at the home to ensure they have the appropriate up-to-date training before offering shifts.

There were several new training initiatives available to staff in 2023. Examples of this were training in autism and epilepsy. The Behaviour and Practice Development Manager is undertaking SPELL train the trainer (this is a framework for understanding and responding to the needs of children and adults on the autism spectrum).

In addition, an advanced epilepsy awareness training course has been sourced. The Regulation Officer was shown the content of this course as evidence. The content was comprehensive and included education about the different types of seizures and treatment/management.

Two staff are currently on a Makaton train-the-trainer pathway and are due to complete this in 2024. This training can then be disseminated to all staff within the service. Staff within the organisation had also recently undertaken training in dementia care and end-of-life care.

The home has received no formal or informal complaints since the last inspection. The Team Leader described relationships with neighbours as cheerful and friendly. Care receivers are welcomed and have formed some cordial relationships within the local area.

The Head of Governance completes the monthly reports for the service; the last three-monthly reports were requested and reviewed as evidence. The reports contained details of the areas examined each month with conclusions and actions identified.

An overview of the governance arrangements for the organisation was requested as part of the inspection but was not received before the completion of the process.

The Registered Manager provided details of the process for risk escalation, which creates a link from support staff to the senior management team. Examples were also given of recent risks discussed.

There have been no notifications submitted to the Commission since the last inspection. The Regulation Officer reviewed incidents and accidents reported internally in the last 12 months and found no evidence of underreporting.

A sample of policies was requested as part of the inspection process from the Head of HR. These included, for example, whistleblowing, management of finances, confidentiality, complaints and safeguarding. Staff have access to all policies online.

There is also a lone-worker policy. The Registered Manager reported that this had recently been reviewed and a plan is in place to implement lone worker risk assessments for all staff members.

A copy of the organisation's development plan was requested as part of the inspection but was not received before the completion of the process.

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>

17/18 Le Grand Clos comprises of two adjoining domestic properties. Two care receivers live in one property, where there is provision for sleep-in staff. The other property is self-contained. This has been utilised by one care receiver who has been preparing to move to their own property, where they can live independently with access to home care support.

The team described their experiences in preparing the care receiver for independent living. This has involved the development of domestic, budgeting, problem-solving and independent travel skills.

During this time, the care receiver has had the opportunity to make decisions about their future based upon the experiences and opportunities created. The Registered Manager also had a crucial role in supporting the care receiver in finding and securing a new property.

Staff felt a sense of pride in being able to support the care receiver to reach their goal. This was a view shared by the care receiver, who was pleased to be moving on but expressed that they would miss the staff and their fellow care receivers.

To ensure a smooth transition, Les Amis continued supporting the placement until the care receiver could explore all future home care support options available.

The remaining two care receivers require an increased level of support. However, all opportunities to maintain and develop independence are supported. One member of staff described the care receivers' desire to engage in joint activities but have different preferences regarding modes of transport. For example, one care receiver prefers to travel independently and meet with staff and fellow care receivers at their chosen venues.

Both care receivers expressed satisfaction with living in a small, quiet environment and felt that the staff respected this. Individual strengths and needs are recognised. This was evident within the division of household chores. Each has taken responsibility for the jobs that they enjoy and fit into their routines, with staff only intervening where required. One care receiver commented, *"I enjoy living here; the staff know me"*.

The environment was comfortable and homely. It was noted that there had been upgrades to the kitchen areas since the last inspection. Both homes were clean and in a good state of repair. There was strong evidence of personalisation throughout, with care receivers eager to share their interests and hobbies with the Regulation Officer.

The care records are maintained on an electronic system. The Regulation Officer was able to review all of these remotely. The care plans were generally well-organised and easy to navigate. There was evidence of regular daily updates and reviews. The Registered Manager reviews all care plans quarterly.

The Regulation Officer observed positive and respectful interactions between care receivers and staff. The knowledge of staff about care receivers' needs was evident. The Regulation Officer found evidence of the communication strategies staff use detailed within the care plans.

Members of the team could describe the interventions they use in response to changes in behaviour. Clear guidance was available within each care receiver's care plan.

There is a strong focus on ensuring that care receivers are included in all aspects of their support. Care plans are detailed and easy to follow. This ensures that all staff provide a consistent approach based on care receivers' preferences.

Care plan reviews include opportunities to highlight areas where additional information may be required or to obtain updates on existing data. Staff will then use naturalistic opportunities to gain feedback from care receivers on their wishes and preferences.

The Team Leader shared an example of recent practice. During a discussion about the recent bereavement of a friend, care receivers were offered the opportunity to express what type of funeral they would choose to have. Care receivers responded positively and provided details of their wishes. This information has now been documented within their care records.

The Regulation Officer noted that the consistency of the staff team is of great benefit to the care receivers, with close working relationships evident. However, staff were aware of the professional boundaries that need to be maintained. The organisation also has a Maintaining Personal Boundaries policy. This is in place to guide and support staff in remaining within the professional scope of their role.

Choice and safety

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. People will be supported, enabled and empowered to be as independent and autonomous as practicable. People's rights will be supported and protected.

Care receivers were observed to have a voice within the home. This included the confidence to speak out when they had a concern. One care receiver initiated a conversation with the Registered Manager to request that a staff member be reminded how they like to take their medication. Another told the Regulation Officer of an issue they had with one aspect of their personal care. This had been raised with the Registered Manager, who had taken steps to resolve the matter to the care receiver's satisfaction.

The Regulation Officer found evidence of a focus on support for care receivers to make their own decisions, even when this can be challenging for individuals. Staff spoke of the communication techniques used to assist care receivers in making informed decisions. An example was given of one care receiver who could not attend a preferred activity at the venue of their choice. This can be a source of anxiety for them. Staff delivered information on alternative options and allowed the care receiver time to process the information without distraction. This resulted in alternative arrangements being made based on the decisions made by the care receiver.

All care receivers are supported to attend various activities. Each care-receiver has a weekly activity timetable displayed on a notice board in the sleep-in room. The activities range from swimming, walking and art classes to activities organised by the Provider and external organisations. Care receivers reported that they valued their activities and saw them as a real focus in their week. Some comments included,

"Staff always tell me I can choose what I want to do".

"I love to go swimming; I get to meet my friends".

"I like to go out walking on my own every day".

One professional also commented, *"Every time I have contact with my client, he is well-presented and cheerful and tells me about all the activities he has been doing. I also occasionally see this client out and about in the community, which gives me confidence that my client is living their best life with lots of opportunities".*

The Regulation Officer noted various systems to ensure continuity of service delivery, quality assurance and maintenance of health and safety standards. A series of daily, weekly and monthly checks were undertaken to ensure standards were maintained. This included cleaning schedules, shift records, finances, and fire alarm tests. A daily maintenance check was also undertaken, the results of which are sent to the Provider for review.

Fire procedures were reviewed as part of the inspection. All entries in the fire service logbook were up to date and there was evidence of regular fire drills. A pictorial fire evacuation plan is available inside the home's front entrance, which also contains details of the personal evacuation needs of each individual living in the home. Two care receivers were able to demonstrate an understanding of the evacuation process.

The handling of care receivers' finances was discussed. A comprehensive policy for "Management of Service Users' Money and Financial Arrangements" exists. The policy provides precise details of the responsibilities of anyone who deals with finances and the processes in place should financial irregularities occur. The Registered Manager explained that the organisation is currently reviewing the requirements for delegation for care receivers' finances.

A review of medication management confirmed that there is an up-to-date medication policy in place. All staff undertake medication training in the first few weeks of employment with appropriate follow-up in practice to check and record competency. Competency checks are then repeated on a six-monthly basis.

Evidence of the most recent reviews was provided as evidence to the Regulation Officer. Staff eventually progress to the Level 3 Regulated Qualifications Framework (RQF) in medication administration.

The home does not currently use agency staff. The Regulation Officer discussed with the Registered Manager that registered managers must routinely check the confirmation of competency for agency staff. They must regularly complete the Provider's competency framework when employed at home. The Regulation Officers discussed that a medication training/competency certificate should be provided as part of pre-employment checks for agency staff. Ongoing competency checks should be carried out in line with service requirements.

The Regulation Officer reviewed the recruitment process and a sample of recruitment files during the visit with the Head of HR. All recruitment files were neatly organised and contained references, a registration card, ID checks, DBS certificates, a contract, and a job description. All files were satisfactory regarding pre-employment checks being in place before the staff member's commencement date.

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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