



Jersey Care
Commission

INSPECTION REPORT

Rosevale

Care Home Service

Les Amis Head Office

La Grande Route de St Martin

St Saviour

JE2 7JA

27 April and 17 May 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 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 St Helier, Gorey and Jersey Zoo routes.

The home is a two-storey domestic property with 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. A car is also available to facilitate care receivers' outings and appointments.

Rosevale is one of eleven care homes operated by Les Amis.

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.

Care receivers were fully involved with the inspection process. The second inspection visit focused on gaining their views and learning about their experiences of living at Rosevale.

The Registered Manager and staff team had a positive approach to the inspection process and responded positively to all requests for information. The Regulation Officer witnessed multiple positive interactions between staff and care receivers, demonstrating their professionalism, positive attitudes and understanding of individual needs.

The Registered Manager has responsibility for two homes; however, they maintain a solid managerial presence within the home. The Team Leader supports the Registered Manager in ensuring that daily / weekly tasks are undertaken by the staff team and coordinating activities for care receivers.

Care receivers were found to be leading their care and support based on their choices and preferences. This was reflected in the care plans and risk assessments that were in place. Staff recognised the abilities and strengths of each care receiver. Support was provided in a way which respected individual wishes whilst ensuring that all elements of need were met.

Multiple processes were observed which contribute to the safe delivery of support. This includes risk assessment and management processes, maintenance schedules, safe recruitment, and staff training. However, it was noted that there were some instances where policies and procedures had not been followed concerning medicine management and accident reporting.

Practices within the home were found to 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.

There are two areas of improvement identified as a result of this inspection.

INSPECTION PROCESS

This inspection was announced and was completed on the 27 April and 17 May 2023. Notice of the inspection visit was given to the Registered Manager in advance of the visit. This was to ensure that the Registered Manager would be available during 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 Rosevale 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 and the Support Worker on duty. A second visit was arranged to meet with the care receivers to obtain their views on living at Rosevale.

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

Following the inspection, the views of two professionals and two family members were obtained as part of the inspection process.

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

Records, including care records, risk assessments, incidents / accidents, staff competencies, training logs and supervision records, were examined during the inspection.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager. This was followed by final written feedback following the inspection visits.

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an improvement plan is attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, two areas for improvement were identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that all improvements had been made. This means there was evidence of adequate maintenance schedules and regular reviews of first aid supplies within the home.

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 has responsibility for two homes within Les Amis. Their time is split evenly between both homes, with fluctuations dependent upon the pressures within each home. This includes annual leave, sickness or any care receiver specific issues which may arise. The Registered Manager reported that they felt this was manageable.

Staff reported that they were supported in their roles. All expressed that they could raise any concerns, and the Registered Manager would act upon these. All staff also commented on their confidence to raise personal and developmental needs. Any such issues are dealt with sensitively with appropriate support given. Effective communication was also highlighted as a key strength of the Registered Manager.

The Registered Manager described the support systems in place for them. The Behaviour and Practice Development Manager provides regular supervision. Monthly registered manager meetings discuss general operational issues and review compliance with Care Home Standards. Human Resources (HR), finance and management representatives attend when required.

The Registered Manager gave an example of a recent discussion where it was agreed that the interview questions for support staff required updating. This was completed and trialled through mock interviews with administration staff. Care receivers were also given the opportunity to contribute, and there are plans to facilitate care receiver involvement in future interviews. This is an area of good practice.

In addition, registered managers meet weekly to discuss staffing requirements across the organisation. There are also strong links between registered managers which enable them to source advice or to share ideas on a day-to-day basis.

Any issues which require escalation are brought to the senior management planning meeting by a registered manager representative for discussion and resolution. All outcomes are then feedback via the registered manager representative.

An overview of the governance arrangements for the organisation was discussed at a meeting with the Governance Manager and Chief Executive Officer (CEO). They confirmed the processes for risk escalation and the systems in place for reporting incidents and concerns. There is also a robust business continuity plan in place.

There are several mechanisms in place to review the service. This ranges from daily reports from each home relating to operational issues to quarterly health and safety meetings to discuss organisational risks. This includes quarterly reports on medication management and accident / incident reporting audits. Annual care planning audits are also undertaken.

The Head of Governance completes the monthly reports for all of the regulated services within Les Amis. This is undertaken remotely, with information being provided by registered managers. Each service has an onsite visit every three months. The governance manager will look at key themes and undertake a review of the care planning system.

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. The Registered Manager reported that they find the reports useful and view them as an additional reassurance that standards are being met.

The organisation has an interim business plan for 2023. The CEO explained that this had been implemented following a decision to halt the progress of plans for a new development within Les Amis. However, the organisation is working with the relevant services to determine the current and future needs of people with learning disabilities.

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, safeguarding, medication, and accident reporting. Staff have access to all policies online.

There is a system in place for reporting incidents and accidents relating to care receivers linked to the online care planning system. The Regulation Officer reviewed the incident logs for all care receivers, which provided clear descriptions and detailed outcomes. No incidents met the threshold for notification to the Commission.

Incidents relating to staff are recorded separately. There was a record of one incident of an injury to staff. The Registered Manager reviewed this, and appropriate steps were taken to assess future risks and ensure the welfare of the staff member. However, it was noted that notice of the incident had not been reported in accordance with the accident reporting policy. This is an area for improvement.

The Registered Manager reported that no formal or informal complaints had been raised since the last inspection, and no safeguarding alerts were submitted. Discussions with care receivers and relatives confirmed they would know what actions to take to raise a concern or make a complaint.

Training logs for staff were accessed via the Learning and Development team. All staff were found to be up to date with mandatory training. 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.

It was noted that 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.

The Registered Manager reported that they had also recently undertaken training in dementia care and end-of-life care.

The home has an established and consistent staff team. During feedback, the team viewed this as a key strength. They felt that communication was positive, and that the team's knowledge of the care receivers' needs allowed them to provide a high standard of person-centred support. The team 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.

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. There is an overlap of staff between 8am and 3pm during the week. This helps to facilitate care receivers' activities and appointments. Rotas can also be adjusted to support special events.

Staff are often lone workers within the home. There is a lone worker policy to support this, and all staff have risk assessments in place to identify any difficulties or additional requirements where they may need support. Staff generally reported feeling supported by the Registered Manager and on-call system for out-of-hours assistance. They also identified some of the practical steps taken to reduce the workload for staff when they are lone working. However, some identified it as additional pressure, mainly when all care receivers are at home, or care receivers are unwell.

All staff receive regular supervision and an annual appraisal. The Regulation Officer viewed three samples of supervision records. Examples were found where staff had raised concerns or identified areas of developmental need. These had all been acknowledged by the Registered Manager, and appropriate action plans were developed. Staff reported during feedback that they found the supervision process useful.

Care and support

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.

The Regulation Officer noted that the consistency of the staff team was of great benefit to the care receivers, with friendly and positive working relationships observed.

The organisation has a Maintaining Personal Boundaries policy. This is in place to guide and support staff in remaining within the professional scope of their role. During feedback, all staff demonstrated a good understanding of professional boundaries, with one commenting, *'We all have good relationships with the residents we support at Rosevale. It is important to have a professional boundary to these relationships as we must remember they are vulnerable. We have a duty to keep them safe and support them'*.

Observations of the Regulation Officer noted a calm and welcoming atmosphere within the home. Care receivers have their own timetable of activities, with some coming and going independently.

Staff demonstrated a high level of professionalism during both inspection visits. Interactions with care receivers were positive and relaxed. They understand their roles and are invested in providing the best support to care receivers. The Regulation Officer also observed staff using communication techniques identified in the care plans to communicate effectively with all care receivers.

Information was also provided to the Regulation Officer regarding individual communication needs, which assisted in gaining feedback from each care receiver.

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.

Care receivers were asked *'Why Rosevale feels like home'* as part of the feedback process. Staff supported each care receiver in taking a photograph that illustrated this and provided a narrative of why this was important to them.

One care receiver chose a photograph of them doing their puzzles as this is one of their favourite pastimes. Another chose a picture of them watching television with their fellow residents after a busy day of activities. All commented on enjoying spending time with each other at home, chatting and laughing. This is an area of good practice.

All staff at Rosevale participated in the feedback process, which was consistently positive. Some of the comments included,

'The management at Rosevale is super supportive, and always there if you need them'.

'Any ideas I have are always listened to'.

'It's a great place to be and work; we have a great selection of residents to keep us all smiling and on our toes, excellent team, and excellent manager who keeps the ship running'.

'All issues raised are dealt with ASAP, and you are given full support during this'.
'I've built great relationships with my colleagues, and it's an amazing team to work with, and it's been nice to really get to know the residents and build a relationship with them too. I never thought I would work in this sort of environment, but I'm glad I

fell into it because I love what I do and what the company does for people with learning disabilities'.

'The Registered Manager is an excellent communicator and is always available to talk through any issues or concerns that I may have, and they are very supportive and professional'.

One parent commented on the excellent communication from the staff. They felt that their opinions were sought, and the team made suggestions to them. They also felt that their relative was very much included in decisions about the support they receive. Other comments from relatives included,

'Things are fine. No complaints at all'.

'Staff keep me updated and support Xxx to phone me regularly. They do everything Xxx needs and look after Xxx well'.

'Xxx is thrilled with Rosevale and passes on all their news when they visit'.

'I have a good relationship with the Registered Manager. They listen, and they understand their role'.

One professional made the following observations of their visits to the home.

'There appears to be a consistent staff team in situ, who demonstrate a high level of commitment to the residents of the house and very obviously display compassion, dignity, and a high level of respect.

'I have witnessed on many occasions' residents being offered choices in all aspects of their daily lives, and there is always a 'buzz' about the place with residents going about their daily business and arranging their outings for the day and being encouraged by the staff team to remain as independent as practically possible but within a safe environment'.

This was confirmed by another professional who said,

'The staff are all very experienced and all very happy and friendly. The residents all appear very happy and settled'.

Both also commented on the professionalism of the Registered Manager, their active presence within the home, and their positive attitude.

Choice and safety

<p>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.</p>

Care receivers viewed Rosevale as their home. They all contribute towards day-to-day life, leading the planning and decision-making with staff support. The Regulation Officer witnessed a discussion between care receivers and a staff member where they were deciding which social club events they wished to attend. Individual wishes were respected, staff provided alternative solutions where events clashed with other activities and time was given to allow care receivers to make their choices.

One care receiver described their activities from the previous day, where they had been to the shops to purchase some summer games for the home, which they all enjoy. Another spoke of their freedom to pursue their activities during the day out of the home. However, they enjoy coming home and spending time with their housemates in the evening.

All care receivers spoke of their confidence in the staff team to respect their wishes and preferences and support them appropriately when they require help.

When staff were asked how they supported care receivers to be autonomous they gave the following examples.

'We don't do anything without talking and going over things with the residents. We are talking daily with them about all sorts of things they might like to do; if someone wants to do something, we make sure staff work around the residents to get it done.'

'I feel like the wishes and aspirations of the residents are fully met; we all work collaboratively to ensure all the residents have a chance to do what they wish, and they are regularly asked about the future and what they want to do. The residents are always asked before decisions are made or if something must be changed or cancelled to keep them in the loop.'

'I will sit down with the residents and go through their care plans to review and update them when their reviews are due, but also if there is anything which has changed in the way the individual wishes to be supported.'

The environment of the home is maintained to a good standard. All areas of repair highlighted at the last inspection have been attended to. This has included the replacement of windows and painting of the exterior of the property. Internally there has been a re-paint and replacement / upgrade of flooring within the home.

All communal areas are comfortable and welcoming. The personal belongings of the care receivers are present. Bedrooms are decorated according to the wishes and preferences of the care receivers, who spoke positively of their input in choosing colours and furnishings for their rooms.

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

There are periodic staff meetings covering various topics, including a review of care receivers, registered manager updates, finances and teamwork. Minutes of two meetings were reviewed, which were found to be inclusive of all staff members and covered a range of issues relevant to the effective running of the home and appropriate support of care receivers.

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. Each care receiver has a personal emergency evacuation plan, and details of their evacuation needs are identified in the home's fire evacuation plan. One care receiver on the ground floor has a fire exit leading from their bedroom. They could describe to the Regulation Officer the process they would follow if the fire alarm sounded.

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, and appropriate referrals will be made in the coming weeks.

A review of medication management confirmed 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 Regulation Officer reviewed medication storage and practices. The medication folder has a section for each care receiver that contains information about their medication, what it is for, and any potential side effects. There is also information relating to the specific needs of some individuals, which is supported by guidance from relevant professionals.

Medication Administration Records (MAR) were found to be up to date with appropriate recordings and use of administration codes. Self-medication competencies were also in place for care receivers who manage their own medication administration. Daily audits are undertaken to ensure that all medication has been administered.

One care receiver was noted to receive "as required" medication for periods of agitation. However, there needed to be evidence of written guidance from a professional to advise on the parameters of use, which is a requirement of the Care Home Standards. This is an area for improvement.

It was further noted that up-to-date transcribing guidelines were absent. This was brought to the attention of the Registered Manager, who rectified the situation by the time of the second inspection visit.

Recruitment process and a sample of recruitment files during the visit with the Head of HR. All recruitment files were well 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.

A comprehensive practice-based induction programme for new recruits assesses competency as they progress in their role. This is undertaken alongside an online training programme which meets the requirements of the care certificate.

There has been one new recruit since the last inspection. The Regulation Officer viewed all induction paperwork. The staff member also shared their experiences of induction with the Regulation Officer. They initially found the volume of courses and

computer work daunting; however, they described the support they received from the team and Registered Manager, which helped them complete their induction.

The home occasionally uses agency staff. The Regulation Officer discussed with the Registered Manager the need to confirm the competency of agency staff, ensuring that they undertake an induction to the home. The Registered Manager provided evidence of an information checklist for agency staff assigned to work at Rosevale.

The Regulation Officer 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.

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 6.4 and 6.8</p> <p>To be completed by: 1 months from the date of inspection (27April &17 May 2023).</p>	<p>The Registered Manager must ensure that each care receiver who is prescribed 'as required' medication for periods of agitation has a care plan which clearly details the strategies to be put in place and the specific circumstances for which 'as required' medication is to be administered.</p>
	<p>Response of Registered Provider:</p> <p>This improvement has since been resolved. The Registered Manager will ensure if this should arise again that the correct information is clearly stated in each care receivers care plans, with a detailed plan and strategy of how and when to administer the medication.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 4.3</p> <p>To be completed by: with immediate effect.</p>	<p>All accidents must be reported in line with the Les Amis accident reporting policy and Care Home Standards.</p>
	<p>Response of Registered Provider:</p> <p>The Registered Manager has re-read Les Amis Accident and Incident policy with regards to reporting staff's Accidents or Incidents within the home, and is confident in following this policy and procedure.</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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