



**Jersey Care
Commission**

INSPECTION REPORT

12 Le Clos de la Ville

Care Home Service

**Clarke Avenue,
St Helier,
Jersey
JE2 3WJ**

27 July 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 80 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 12 Le Clos de la Ville Care Home.

The property is a six-bedroom house which provides accommodation to five residents and sleeping-in facilities for one staff member. One bedroom is situated on the ground floor with en-suite facilities and a shared bathroom and shower room on the first floor. Other facilities include a large sitting room, kitchen with dining area, laundry room, staff office and private garden.

Les Amis operates 12 Le Clos de la Ville and there is a registered manager in post.

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: five Maximum number in receipt of personal care / support: five Age range of care receivers: 18 years and over

The previous inspection concluded that there needed to be a structured and consistent training plan for staff to support and promote the communication needs of individual care receivers. This area for improvement has been achieved in full.

Care receivers benefitted from well-established routines, with opportunities to participate in work and leisure opportunities in accordance with their needs, wishes and preferences. They are supported by a consistent team of staff who have a detailed understanding of individual needs. Positive and respectful interactions with care receivers were observed.

INSPECTION PROCESS

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**

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

The Regulation Officer sought the views of the people who used the service or their representatives and also spoke with managerial and other staff. Each of the care receivers was consulted during the inspection visits, and four relatives were contacted before the conclusion of the inspection visits, both via telephone and email.

Records, including policies, care records, incidents, and complaints, were examined during the inspection. This inspection included a tour of the premises.

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

After the inspection, the Regulation Officer provided feedback to the Registered Manager.

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

INSPECTION FINDINGS

At the last inspection in June 2022, 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 both areas for improvement had been addressed fully.

Specifically, it was a requirement that the Registered Provider ensure that care staff be provided with appropriate training to meet the communication needs of all individuals living in the home. This requirement included the provision of communication training in Makaton.

The Registered Manager advised that Les Amis sourced the Makaton Train the Trainer qualification and that La Clos de Ville staff have successfully completed internal Makaton training.

Where care receivers residing in the care home communicate using Makaton, this is promoted by including Makaton symbols in activity books and on a whiteboard positioned in the home.

Additionally, Makaton sessions have been introduced in team meetings to promote the future development of the staff team.

The second area for improvement related to communication with relatives of care receivers. It was a requirement that both the Provider and Registered Manager took steps to ensure that there are systems in place to facilitate effective communication with relatives and that they are actively involved in care planning where they wish to be.

A review of the current system to ensure regular communication with family members has taken place. This resulted in two relatives becoming involved with social care package reviews.

Also, the Registered Manager/ Team Leader have ensured that communication takes place with families around any medical appointments and or reviews (with consent from service users), to enable them to be actively engaged in the process if they so wish.

Feedback from relatives indicated that there had been a significant improvement in communication since the previous inspection.

Both of these areas for improvement are resolved in full.

Management of the service

<p>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.</p>
--

The Registered Manager provided a comprehensive service overview and was open and approachable throughout the inspection process. She had a clear philosophy in regarding how care and support should be delivered to the care receivers; although the care receivers needed support, care, and encouragement, the care home was their home, and they should be able to influence how care was delivered.

The service promotes care receivers' independence as far as is practicable through person-centred planning to maximise daily skills retention and resilience. However,

the service and the Registered Manager recognise that there is sometimes a delicate balance between care receivers' safety, care receivers' wishes and positive risk-taking. There were several examples of care receivers being supported to undertake new and varied activities. Each care receiver cited examples of activities which are important to them and which they are supported to undertake. It was apparent that each care receiver had a varied programme of weekly activities, including paid employment. This is an area of good practice.

Staff members who were consulted reflected an ethos of care which was person-centred and bespoke to each care receiver. Comments included:

'This is the first job I have had where I get up on a morning and really look forward to coming to work.'

'There is a cohesive team. The training provided is excellent as are the levels of supervision and support.'

The staff team in the care home is very consistent. There is very low staff turnover, and the service meets the minimum care staffing requirements per the Adult Care Home Standards and in line with its Statement of Purpose. There was one vacancy at the time of the inspection, but this was not causing a problem regarding maintaining adequate staffing. One relative cited the use of agency staff as having caused confusion to a care receiver on one occasion since the previous inspection. While acknowledged, it was apparent that the need to rely on agency staff is rare and is typically avoided. One staff member had a zero-hours contract. However, this accords with their wishes and is a long-term arrangement which works well.

The Regulation Officer examined a personnel file of a care staff member and found that all anticipated records were in place and up to date. Records evidenced that supervision of care staff had taken place per the Adult Care Homes Standards. The Registered Manager advised that supervision is utilised as an opportunity to discuss matters relating to training and policy. Whilst a staff member may complete a training course or may read a policy, effort needs to be made to ensure that the

learning is embedded into practice. It was apparent that this is achieved through formal supervision.

Additionally, staff members are encouraged to complete a pre-supervision document. This allows staff members to contribute to agenda-setting and enables the Registered Manager to prepare for and respond to any matters of concern.

The Regulation Officer reviewed the central training record for all care staff and was satisfied that this service met the minimum mandatory training requirements per the Adult Care Home Standards. Whilst some training was overdue, this was minimal and, in each case, a plan was recorded as to how these deficits would be addressed, with an identified timeframe. Training is provided through a range of means including e-learning and face-to face/classroom-based settings.

A review of staff training records evidenced that two staff members have a Level 3 RQF, or National Vocational Qualification (NVQ) in Health and Social Care. One staff member has a Level 2 RQF, and the Registered Manager has RQF Level 5.

The most recent monthly reports were reviewed and were found to be sufficiently comprehensive. The reports include an analysis of staffing rotas, recruitment and retention, staff training, accidents, incidents or safeguarding concerns, and complaints received. By comparing a series of such reports, it is possible to monitor developments and improvements in the service. It is noted that the monthly reports include only limited feedback from either care receivers, relatives, and staff. Whilst this is not an area for improvement, since the Regulation Officer was able to source such feedback independently, it would benefit the service if more concerted efforts were made to ensure that such feedback is captured and included.

Notifications of notifiable events are received from this service as routine and were noted to be appropriate. Six such notifications had been received since the previous inspection. None of these were of concern, and each was managed and resolved by the service with no input from the Commission having been necessary. A review of internal records enabled the Regulation Officer to be assured that there were no further incidents which needed to have resulted in a notification to the Commission.

The Registered Manager advised the Regulation Officer that the service undertakes regular review of notifications to inform care planning for care receivers and to promote service development.

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.

Part of the inspection included a tour of the premises. The environment of the home is homely and suitably domestic. It was found to be in a good state of repair and maintenance. The Regulation Officer was shown around by one care receiver who had a sense of pride in their home, being keen to show the Regulation Officer their room, which was appropriately personalised with pictures and photographs.

The Regulation Officer asked the Registered Manager as to whether it is simple to source any repairs as these are needed. It was evident that the broader organisation ensures that any such matters are responded to promptly and, by coincidence, a maintenance person was on-site at the time of the inspection, undertaking a minor repair.

The lounge area contained personal items such as photographs, DVDs, games, and jigsaws. There is also a seating area in the garden to benefit care receivers.

Although there have been no recent admissions to the service, the service has suitable arrangements in place if this happens. Any new care receiver receives a welcome pack. This is available to all care receivers and is displayed in the home alongside the complaints policy.

The Regulation Officer examined care plans and care receiver records. As each care receiver had different needs and abilities, care plans needed to relate directly to these needs. Accordingly, each care receiver had multiple care plans related to their

individual needs. These were written in a way which was accessible and easy to understand, providing a point of reference for all staff and particularly for any new staff being introduced to working with the care receivers.

There was evidence of regular reviews of these care plans. Documents, including 'All About Me' records and health passports, were also in place and current. Where risk was identified, risk assessments were in place. For example, each care receiver had fire risk assessments on file. These were detailed and related directly to the needs of each care receiver. It was apparent that where risk assessments were in place, the outcome of these fed into care receivers' care plans. There was evidence of comprehensive daily notes being completed by care staff, and a sample of these were reviewed during the inspection.

At the time of the inspection, some of the care receivers were arranging to go out to various activities. This enabled the Regulation Officer to observe care staff supporting the care receivers. Care staff demonstrated an approach which was respectful, kind, and proactive.

Care receivers and their family members were consulted as part of this inspection. Their feedback was consistently positive. Comments included:

'Communication, the organisation of the service, and the support provided are all good'.

'(My relative) is supported to stay active, they attend the gym regularly and their health needs are actively followed up by staff.'

'(Relative's name)'s needs are well met; they are very well looked after and catered for. They are extremely happy in the home.'

As communication between the home and relatives was an area for improvement at the time of the previous inspection, this was explored with family members. There appeared to be a consensus that communication had improved markedly, with one relative advising that there was now 'excellent communication'.

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 in this home are offered a range of organised activities promoted daily and planned well ahead. There were visual aids on display in the home to assist in familiarising each care receiver with weekly routines (chores, meal preparation) and daily activities. Each care receiver had specific interests, hobbies, and weekly routines, and it was clear that these were both respected and promoted.

During the inspection visit, the Regulation Officer was able to ask each of the care receivers about their plans for that day. Each indicated that they had a planned activity outside of the home that they were looking forward to. One care receiver was at work during the first inspection visit. Therefore, the Regulation Officer returned to the home later in the day to ensure their views were captured during the inspection process.

The Registered Manager promotes care receivers' continued independence through a person-centred care planning process focussing on meaningful activity, skills retention and acquisition and resilience. The service recognises the need to balance care receivers' safety and the importance of positive risk-taking. It is acknowledged that this is not always simple to achieve as there is also a balance between adhering to care receivers' preferences and ensuring that they are appropriately challenged as a means of enhancing and maintaining their independence. That this is accomplished is an area of good practice.

It was apparent from discussion and a review of care records that some care receivers had spiritual/ religious beliefs and interests. These are respected, and care receivers are supported to attend services in the community where requested.

The Regulation Officer spent time with each of the care receivers. It was encouraging that they were visibly relaxed, confident in one another's company and keen to discuss their lives in the care home.

One care receiver spoke at length about their interests and routines and commented, *'I like living here'*. To support this person to complete their daily routines, the service uses a video, which they use as a point of reference, and which they can mirror. This has been in place for a long time, but as the care receiver's needs have changed, the Registered Manager explained that the video would be changed to more accurately correspond to the pace at which the care receiver completes their routines.

Another care receiver discussed their preferences and plans for the week. They commented, *'I like living here; there are lovely staff and I get on well with the people who live here.'* It was apparent that the pictorial references on the walls of the home were of benefit for this care receiver as they were able to refer to them in their conversation with the Regulation Officer.

It was evident that communication methods and approaches were included in staff supervision. An example of how this has led to a positive outcome was provided in that a staff member has, following a discussion between the care receiver and the staff member, developed a pictorial book of hairstyles for a care receiver (who was particularly interested in their appearance and in feeling positive about this).

The care receivers could inform the Regulation Officer who their key worker is. It was apparent from a discussion with care receivers, staff members and relatives that there is a very positive relationship between the staff team and the care receivers. This is enhanced by there being a consistent and well-established staff team in place.

The service's philosophy of care focuses on domestic living and promoting independence. This is reflected in the home's Statement of Purpose which was reviewed prior to the inspection visit; and which was found to be reflective of the overall aims and function of the service.

Therefore, it is appropriate that care receivers are directly involved in meal preparation. This depends upon individual ability and motivation, but it was evident that efforts are made to encourage such involvement. The kitchen was clean and well-organised, with pictorial references to each of the care receivers' domestic responsibilities for that week, e.g., who would do the cleaning, as well as references to meals which would be prepared. This practice is helpful as it provides a point of reference and encourages direct involvement in the upkeep of the home, and participation in daily activity, as would be the case in a domestic dwelling.

It is identified that some care receivers cannot consent to all aspects of care and support provided at the care home. The service manages these situations per the Code of Practice for the Capacity and Self Determination (Jersey) Law 2016. A Significant Restriction of Liberty (SRoL) authorisation was in place for one care receiver in this service. The Registered Manager advised that the authorisation is overdue a renewal but, whilst it was requested from Health and Community Services, it had not yet been acted upon. However, the service will continue to support the care receiver appropriately until the assessment is complete.

IMPROVEMENT PLAN

No areas for improvement were 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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je