



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Les Hoûmets Care Home**

**Care Home Service**

**Gorey Village  
Grouville  
JE3 9EP**

**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 (as amended) 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 on the inspection of Les Hoûmets Care Home. The service is situated in the heart of Gorey Village, surrounded by local residential houses, shops, and restaurants, and close to the beach. There are small gardens to the front and back of the home where care receivers can sit and socialise. They have two minibuses for outings and a full-time activities coordinator. Although services are nearby, the home has a range of visiting services, including hairdressers, chiropodists, and entertainment.

The philosophy of the home is to create a "home from home" feel in which care receivers can enjoy a high quality of life in a warm, welcoming, and homely environment.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u>  Type of care: Personal care  Category of care: Adult 60+

	<p>Maximum number of care receivers: 29</p> <p>Maximum number in receipt of personal care/personal support: 29</p> <p>Age range of care receivers: 60+</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:  Rooms 1-12A, Rooms 14-28: one person  Room 15: Two people</p> <p><u>Discretionary</u></p> <ol style="list-style-type: none"> <li>1. Suitable alterations in line with identified standards for such provision should be made to the existing rooms on the ground floor to provide one extra bathroom/shower facility. (Room 2 to be decommissioned to facilitate this).</li> <li>2. Alterations should also include decommission of Room 20 (9.6 sqm) which by limited dimensions does not meet the minimum standard of 12 sqm. (Room 19 &amp; 20 to be amalgamated into one premium en-suite room to facilitate this). The above conditions should be met by December 31st, 2023.</li> </ol>
Date of Inspection	27 July 2023
Time of Inspection	09:15 – 15:50
Type of Inspection	Unannounced
Number of areas for improvement	One
Number of care receivers accommodated on the day of the inspection	25

Les Hoûmets Care Home Limited operates the care home, and a Registered Manager is in place.

On 9 August 2022, the Commission received correspondence from the Provider requesting an extension to the discretionary condition regarding work needed to ensure that all the rooms meet the Standards for Care Homes requirements. The Commission granted an extension until 31 December 2023. The works are scheduled to be completed on time.

An updated copy of the service's Statement of Purpose was received. This was submitted as part of the inspection process and confirmed that it appropriately reflects the philosophy and function of the home.

## **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.

No areas for improvement were identified at the last inspection. However, one was found during this inspection. The Regulation Officer observed a need for complete employment histories in the recruitment folders as outlined in standard 3.2 of the Care Home Standards.

The Registered Manager and Senior Manager were happy to make time for the Regulation Officer. Therefore, much of the morning was spent in the office, during which time they both confidently answered a wide range of questions.

The home has a warm, welcoming feeling, and it was clear that the staff supported the care receivers in a positive and friendly way.

It was requested that a poster be put up inside the home's main entrance to advise any visitors (relatives, friends, staff members) that an inspection was in progress and that any feedback about the quality of care provided in the home would be welcome.

Before the construction project started, the care receivers received a personalised letter informing them of the works, as did their relatives. The Registered Manager and Senior Manager completed a comprehensive risk assessment which the builders signed, along with a confidentiality and data protection disclosure, to ensure the safety of the care receivers while the work is going on. There were no complaints from care receivers regarding the construction works during the inspection.

There was evidence of various organised activities for groups and individuals in the home. During the inspection, a group of care receivers enjoyed an afternoon tea party with a selection of cakes (some baked by them) and a choice of tea or coffee.

Staff participate in planned supervisions on a three-monthly basis and annual appraisals where they can highlight areas for training and development. Most of the staff have completed RQF Level 2 and Level 3 and are encouraged to complete any training courses relevant to their roles with mandatory training.

## INSPECTION PROCESS

This inspection was unannounced and was completed on 27 July 2023.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

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

---

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

Before our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection reports, notifications, and correspondence.

The Regulation Officer sought the views of several care receivers during the inspection, which were mostly positive. Following the inspection, feedback was obtained from some relatives by phone and email.

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

Records, including policies, care records, recruitment files, fire logs, and maintenance logs, were examined during the inspection.

The inspection included a tour of the premises.

After the inspection, the Regulation Officer gave the Registered Manager and Senior Manager feedback.

This report outlines 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, no areas for improvement were identified that required any follow up on this visit.

### **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 management structure comprises of two directors, a Senior Manager, Registered Manager, Care Manager, Finance Manager, and Business Manager . A Care Manager, Team Leader, and the Registered Manager support the care team.

The Regulation Officer, Registered Manager, and Senior Manager reviewed the Provider's Statement of Purpose. No adjustments were required, and it met Standard 1.1 of the Care Home Standards.

Various policies were examined, including medicines management, safeguarding, falls, record keeping, infection prevention and control, and missing persons. These were comprehensive; however, it took time to determine when they were due to be reviewed. The Registered Manager was aware of this and is currently working on a solution to ensure a straightforward process in line with Standard 4.6 of the Care Home Standards.

Annual fire inspections are undertaken by the fire service and documented in the logbook. A review of the home's log confirmed that all necessary fire checks, testing, and drills are being undertaken as required. There is a Personal Emergency Evacuation Plan (PEEP) for every care receiver, including a photograph of the care receiver, their mobility needs, and what equipment is required to assist them in the event of a fire. This is an area of good practice.

The home has contracts in place for the management of water, maintenance of lifting equipment and portable appliance testing. A current liability insurance certificate is displayed, and the Registered Manager is a member of the Jersey Office of Information Commissioner (JOIC).

Incidents were notified to the Commission within the required time frames. The Regulation Officer was satisfied that all incidents reported to the Commission corresponded with the home's incident book and there is an effective process of responding to incidents within the home.

There is a clear governance framework in place. A selection of monthly quality assurance reports were reviewed as part of the inspection process as stated in Standard 12.2 of the Care Home Standards. These clearly reported on the quality of care provided using the Care Home Standards and identifying any actions to be addressed each month. Regular audits are completed by the Senior Manager to ensure the care given corresponds with the care plans and policies.

The duty rotas were studied by the Regulation Officer and staffing levels are consistently above the minimum requirement as outlined in Appendix 5 of the Care Home Standards. The care staff are supported by a Care Manager who oversees the care provided and reports to the Registered Manager. The home has a well-established care team with a variety of skill sets benefiting the care receivers.

The home has replaced their visitors book with a wall mounted touch pad for visitors. There are different entries for friends/family, professional visitors and contractors.

### **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>
---



Before any care receivers are admitted to the home, a detailed assessment of need is carried out by either the Registered Manager or the Senior Manager. The senior management team discusses the assessment findings. A place is offered if the care needed is within the capacity of the home's Statement of Purpose and any conditions on registration with the Commission.

Professional feedback obtained reiterated that the assessment process is done patiently and sympathetically. One comment was, "*The home was very accommodating and kept the room available until the care receiver decided it was the right decision, especially given the current climate.*"

Further feedback from professionals included:

*"Carers are very caring towards the residents."*

*"Good communication between all members of Les Hoûmets and external organisations."*

*"They listen to advice and act accordingly."*

*"My clients describe Les Hoûmets as Homely and friendly. I have never had a negative comment from any of my clients."*

The home has recently implemented Person Centred Software (PCS) to replace handwritten care plans. The system is "*very versatile*," according to staff, easy to use, and individualised to meet the needs of the care receivers. Each carer on shift has a portable handheld device to ensure care plans are adhered to, and care notes are updated while with each care receiver.

The Regulation Officer was given access to the 'PCS' during the inspection and examined five care receivers' care plans and care notes.

Reassuringly, these demonstrated personalised programmes of care per Standards 2.6 and 2.7 of the Care Home Standards. The care plans are updated monthly or more frequently depending on the care receiver's needs. In accordance with the

home's Statement of Purpose, "*no decisions relating to the personal care of a resident are made without consultation where appropriate the individual, their relatives, and the senior care team.*" All the care plans reviewed were up to date, and the care notes were consistent with the care plans. Where a care receiver has an infection control issue or requires specialist equipment, this is documented on the staff handover sheet and is highlighted on a care plan. The maintaining of comprehensive care plans is an area of good practice.

Effective communication was highlighted by staff, care receivers, relatives, and professionals. The Registered Manager and Senior Manager were praised for their willingness to make themselves available to care receivers and relatives to answer any questions or concerns. Staff and care receivers commented:

*"Management goes above and beyond to help us."*

*"We have regular meetings with the Registered Manager, who will ask if anything can be improved."*

*"Any equipment we need is sourced."*

*"We can go on any training as long as it's relevant to the care home."*

There is a robust staff recruitment process in place, and it was observed that staff retention is exceptionally high in the home, with several long-standing staff. The Provider offers incentives as part of a recruiting strategy. The Regulation Officer studied the files of anyone recruited since the last inspection. While the files were comprehensive, several files needed to have more complete employment histories, as stated in Standard 5.2 of the Care Home Standards. This is an area for improvement.

The Regulation Officer viewed the new staff's DBS certificates and provided written confirmation to the Registered Manager as per Appendix 4 Section 4 of the Care Home Standards.

Induction, mentorship, and training are in place for all new staff. Newly appointed care staff have competency workbooks to complete under the supervision of the Registered Manager, Care Manager, and senior staff. They are allocated a named mentor for support and staff development. Measures are in place to support staff who struggle with using a computer or writing to enable them to be fully competent in their roles at the home. All mandatory training is completed during the induction period. This area of good practice is aligned with Standards 3.10 and 3.11 of the Care Home Standards.

In addition to mandatory training, the care staff are given the opportunity to obtain qualifications in RQF Level 2 and Level 3 Health and Social Care, along with other courses relevant to the care home, depending on the needs of the care receivers. The home follows the Gold Standard Framework (GSF) and receives training on evidence-based end-of-life care programmes.

All staff complete training in Capacity and Self-Determination Law (2016). The Registered Manager and Senior Manager demonstrated a good understanding of the requirements of this law when discussing authorisation for Significant Restrictions on Liberty (SRoL) for care receivers. Since the last inspection, one SRoL has been authorised.

Feedback from friends/families of care receivers was positive in relation to the home environment and staff:

*"We chose this home as it is small, friendly, and close to xxxx friends who visit regularly."*

*"My relative loves the trips out in the minibus and joins in singing when choirs come round."*

One further comment from a relative stated:

*"As we don't live on the island and communicate through devices, it would be great if the Wi-Fi was improved."*

The Regulation Officer walked around the home during the inspection and was reassured that the building works were not impacting the home's running.

The door to the room being converted was kept shut, and there was plastic matting along the corridor to the home's side door to catch any dust or debris from shoes.

The home was clean, free from odours, in a good state of repair, and had sufficient hand sanitiser supplies on display for both staff and care receivers.

### **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' care plans document the preferred routines of daily living, religious practices, food, and visitor arrangements under Standard 5.4 of the Care Home Standards. Staff encourages care receivers to maintain habits and close contact with friends and families. Daily newspapers are delivered to anyone who wishes, and there is a mobile library service.

The activities coordinator regularly communicates with the care receivers to ensure a range of activities are available that suit care receivers who choose to engage, and the display board in the corridor is updated weekly. The home encourages all care receivers and their families to spend quality time together and will support this by helping with transport or inviting families to stay for meals. The home has two minibuses to facilitate outings. However, a question was raised about one of the minibuses being unable to accommodate wheelchairs at present due to a fault. This has been addressed and waiting on a part to be delivered.

The home provides a range of daily food choices. Care receivers choose each day from a meat, fish or vegetarian option; and the catering staff endeavour to accommodate the preferences of individual care receivers. The menus are changed every month to incorporate seasonal fruit and vegetables into the meals. The catering staff indicated that although the kitchen is adequate and functional, it would

be lovely to have a new kitchen, but staff recognised that logistically it would take a lot of planning as the home cannot run without a kitchen.

Feedback relating to meals included:

"Good food choices."

"Food is excellent."

"We are regularly asked what we want to see on the menu."

**IMPROVEMENT PLAN**

There was one area for improvement identified during this inspection. The table below is the Registered Provider’s response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 3.2</p> <p><b>To be completed by:</b> following the inspection</p>	<p>The Registered Provider must ensure that during the application process a full employment history is provided by the potential recruit.</p>
	<p><b>Response of Registered Provider:</b></p> <p>The Company’s application and interview documentation have been revised to ensure compliance.</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.



Jersey Care Commission  
1<sup>st</sup> Floor, Capital House  
8 Church Street  
Jersey JE2 3NN

Tel: 01534 445801

Website: [www.carecommission.je](http://www.carecommission.je)

Enquiries: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)