



**Jersey Care
Commission**

INSPECTION REPORT

43 Clubley Estate

Care Home Service

**Les Amis Head Office,
La Grande Route de St Martin
St Saviour, JE2 7JA**

14 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 of the inspection of 43 Clubley Estate Care Home. The service is situated within a residential area of St Helier.

The home is a domestic property, and all care receivers have their own bedrooms which are located on the first floor, along with two communal bathrooms and a staff sleepover room. The ground floor has a lounge, dining room and kitchen and there is outside space at the rear of the home. There is parking at the front of the property.

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 above

	Maximum number of care receivers that can be accommodated in the following rooms: bedrooms 1-5, one person
Date of Inspection	14 July 2023
Time of Inspection	10am-1pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	Four

43 Clubley Estate is operated by Les Amis Ltd and a Registered Manager is in post.

Since the last inspection on 22 June 2022, a discretionary condition on the service's registration has been fully satisfied and no longer applies.

The Commission received an updated copy of the service's Statement of Purpose in January 2023. The Statement of Purpose appropriately reflects the aims and objectives of the service.

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.

The findings of this inspection were positive and there are no areas for improvement. The Registered Manager and Team Leader each engaged fully in the inspection process. They ensured that any requests for information and records were met. Where there were requests for additional information to be submitted electronically following the inspection visit, these were provided promptly.

Care receivers, their family members and members of staff were confident in providing feedback about the home, all of which was positive.

The Regulation Officer reviewed the organisational policies, procedures, and other documentation. These were found to be in order and appropriately reflected the requirements of the Care Home Standards.

There had been two areas for improvement following the previous inspection in 2022. Considerable effort had been made to ensure these deficits were fully resolved, which was encouraging to note. These areas for improvement are now satisfied and there are no new areas for improvement arising from this inspection.

The care home benefits from a small, consistent, and cohesive staff team. Since the previous inspection, staff turnover has been limited and there are no significant concerns associated with staffing, other than that there are two current vacancies. However, this is being managed successfully by the Registered Manager.

The home is well managed, and the Registered Manager promotes an overall ethos of inclusion, meaningful activity, and person-centredness. Care plans were found to be of good quality and reflective of the needs and personalities of the care receivers. The care receivers appeared relaxed, content and very positive about the home and the care provided.

INSPECTION PROCESS

This inspection was announced to ensure that the Registered Manager would be available and was completed on 14 July 2023.

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 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 use the service and their representatives and spoke with managerial and other staff. Specifically, all four care receivers were consulted during the inspection visit, as were the Registered Manager, Team Leader and two other staff members. Relatives of the care receivers were contacted via telephone and email following the inspection visit.

During inspections, it is usual to consult with any professionals involved with the service. However, as none of the care receivers were receiving professional input of any type, this was not feasible to achieve.

Records including policies, care records, incidents and monthly reports were examined. 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 and the Team Leader.

This report sets outlines our findings and includes areas of good practice identified during the inspection. No areas for improvement have been identified.

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 both improvements had been made. As a result, there was evidence of significant improvement associated with fire safety and specialist communication with care receivers (Makaton).

43 Clubley Estate has five permanent members of staff who work between 22.5 and 45 hours per week, one of whom is the Team Leader. Only one staff member is contracted for 45 hours. There were two staff vacancies at the time of the inspection. The home is supported by three zero-hour contracted staff members who cover vacancies, sickness, and annual leave.

There are currently four care receivers living in the home and one vacancy exists. Each of the care receivers has active lives and, as a result, the home has an energy and high-spirited atmosphere. However, the home's size and layout lends itself to there being the option for care receivers to enjoy a quieter environment if they prefer.

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 evidence from the inspection indicates that the service is well-led and appropriately managed. The Registered Manager is firmly established in the role, ensuring stability, competency, and consistency in how the service is delivered.

Both the Registered Manager and the Team Leader spoke warmly about each of the four care receivers, and it was immediately apparent that they thoroughly understood their needs and expectations. Examples were given which indicated a culture where indicators of an escalation in the anxieties of any of the care receivers are well understood and can be acted upon promptly, to facilitate de-escalation and divergence to reduce the likelihood of adverse incidents. That the service operates in this way is an example of best practice.

However, it also indicates a staff team that knows and understands the care receivers well. The Registered Manager acknowledged that there are currently two staff vacancies but advised that this is manageable. The employment of two staff members on zero-hours contracts is beneficial because it enables flexibility in the event of an unanticipated absence. The use of bank/agency staff is deliberately avoided because this has tended to be ineffective. When staff members are new to the service, this may unsettle the stability of the care home. Whilst permanent staff receive a full induction and a gradual introduction to the home and the care receivers, this is more difficult to achieve when bank staff are employed.

Supervision documentation was reviewed and was found to be in order and comprehensive. It was acknowledged that facilitating regular supervision is a challenge on account of the needs of the care receivers and the need to prioritise these needs. However, the Registered Manager was able to assure that supervision is taking place regularly and that efforts are made to ensure that any outstanding supervision is acted upon.

It was asked whether the Registered Manager feels sufficiently supported in their role. There is a good level of support available to the Registered Manager from within the wider Les Amis organisation and that regular structured supervision takes place. The Registered Managers within Les Amis meet together every Monday. It was commented that this is a supportive meeting, with the opportunity to share any areas of learning, best practices, or difficulties as they arise.

Although there is the possibility for some overlap between the Registered Manager and Team Leader roles, on account of the small scale of the organisation, it was evident that there is healthy boundary distinction, with the Team Leader having the responsibility for ensuring that standards within the home are met, managing rotas, issuing notifications, and generally leading the Team. The Team Leader can also effectively step into the Registered Manager role if the Registered Manager is absent for any reason.

Les Amis' Head of Governance undertakes monthly reporting in line with Regulation 19 (4) of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018. A sample of monthly reports was reviewed. These were comprehensive and covered staff recruitment and retention, incidents and accidents, feedback from staff, care receivers and relatives/representatives, and staff training. By comparing reports across subsequent months, it was possible to track progress and identify that the beneficial in driving change and improvement where it is identified as being needed. The Registered Manager advised that the tracking and progress of tasks are reviewed by senior management within the organisation and that if any difficulties are identified, these are discussed in supervision to determine how best these can be resolved.

It was questioned whether staff members are involved in compiling the monthly reports. Currently, the Registered Manager provides the data required for them to be completed. All staff members are emailed by the Head of Governance to enable the opportunity to provide feedback.

The home's Statement of Purpose was reviewed during the inspection process. It is comprehensive and documents the home's philosophy, aims and function. It is acknowledged that the document has a generic element in that it references the mission and values of the broader organisation. However, it is also apparent that much consideration has been given to making it bespoke to the individual service.

Staff training records were made available to the Regulation Officer. Training is provided to all staff through classroom-based learning and online training. Training is specific to the requirements of the service/care receivers. It includes adult safeguarding, autism spectrum disorder, epilepsy, mental capacity, food hygiene and health and safety. The training records indicate that training for all staff members is generally up to date. Some training was outstanding at the time of the inspection, but the Regulation Officer was satisfied that there, in each case, there was a plan and a scheduled training date recorded.

Staff members are provided with specific training associated with medication administration. The Regulation Officer reviewed an in-house guide to medication competencies which is available for reference by all staff members. Every support worker is observed three times when administering medication and is signed off as competent to administer medication by a staff member who is trained to Regulated Qualification Framework (RQF) Level 3, and the Registered Manager. If PRN medication (medication administered only when needed) is prescribed, this is clearly documented on Medication administration records (MAR) sheets with directions from the pharmacy recorded.

Aside from the Registered Manager and Team Leader, the Regulation Officer met with two other staff members. One was a newer employee who discussed that they enjoyed their role and find the employer/ organisation supportive, and that their wellbeing is a high priority for the organisation. They described that their working hours are reasonable and that they are not having difficulties in taking breaks or in maintaining a positive work/life balance.

The other staff member had been in post for a more extended period and described their role as being ‘the best job I’ve ever had.’ They discussed the work they undertake with care receivers including supporting care receivers to go swimming, supporting them to make healthy dietary choices, and motivating the care receivers to be involved in chores around the home.

The staff commented about supervision; that it takes place frequently and is of a high quality. One staff member described the Team Leader as ‘fantastic’. A comment was also made about the home’s ethos is to involve and communicate with family frequently. This perspective was supported by testimony from family members.

Care and support

<p>The Standards outline that people in receipt of care and support should experience compassion, dignity, and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality, and beliefs.</p>

The Regulation Officer examined a sample of care plans and care receiver records. It was apparent that all care receivers had multiple care plans corresponding to their individual needs. There was evidence of regular reviews of these care plans and that care plans were updated as needs evolved. Each care receiver has a ‘positive support passport’, an online document which is highly accessible in format and content. These documents enable new staff members to source an immediate overview of each care receiver’s needs, preferences, and personalities.

It was evident that comprehensive daily notes were completed by care staff. Staff have access to a computer in the main office and a portable laptop, enabling them to make changes and update care receiver records. Each care receiver has a highly comprehensive ‘All About Me’ document. It was evident that these are reviewed regularly.

As part of the pre-inspection activity, an audit was completed on the notification of notifiable events to the Commission as per the Adult Care Home Standards. There were four examples of this and two related to the same incident.

The Regulation Officer was able to review internal records and the monthly reports, both of which indicated that where there was a need to notify the Commission, such notifications had been made promptly. The Registered Manager clearly understood the adult safeguarding policy and procedure, and it was evident that safeguarding alerts, though rare, were made appropriately.

The Regulation Officer noted that where risk assessments were in place, these informed care receiver care plans. Following instances of conflict between residents, various actions have been taken to minimise risk. These include reviewing care arrangements to ensure that one care receiver travels separately from other care receivers when being escorted in the community, and that they use the kitchen separately to other care receivers. The rota has been amended to ensure that there are always a minimum of three staff members on duty at any one time. There is also the availability of out-of-hours support if required. Input from Speech and Language therapy has led to the creation of a social story for staff members to use if a care receiver becomes anxious or upset. All staff members are trained in MAYBO (de-escalation and intervention).

Care receivers and their family members were consulted as part of this inspection. Their feedback was consistently positive, with a few comments detailed below:

'The staff are really excellent. I was in hospital recently and staff brought (my relative) to see me three times'

'We are really grateful that my (relative) lives (and has always lived) in a home managed by Les Amis. The staff tend to stay for a long time and when more senior / longstanding staff move on, it's usually because they have achieved a qualification that allows them to have more of a management role at another house. The staff genuinely seem to care for and look after the interests of the (care receivers).'

'I like the fact that the (care receivers) are all treated differently, according to their needs and interests'.

'When I visit (my relative) at home, it is always very apparent how clean and tidy the place is. Even the fridge was clean and tidy with the bottles / food date labelled etc. as per food hygiene standard requirements'.

'I only ever have positive interactions with the staff. They are courteous, helpful, they seem to like working at Clubley.'

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.
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Care receivers in this home are offered a range of organised activities promoted daily and planned well ahead. Each has interests, hobbies, and weekly routines, that are respected. During the inspection visit, the Regulation Officer was able to ask each of the care receivers about their plans for that day. Each was able to indicate that they had a planned activity outside of the home that they were looking forward to.

The Registered Manager promotes care receivers' continued independence through a person-centred care planning process that focuses 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. That this is accomplished successfully is an area of good practice.

Some of the 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.

Some comments included:

'I like going out at weekends. (Living here) is good. I like watching TV and we have a movie night on Fridays.'

'If anything is wrong, I can go to (the Registered Manager). She is lovely.'

The care receivers could tell the Regulation Officer who their key worker is. They described a positive relationship with the staff team.

The service's philosophy of care focuses on domestic living and the promotion of independence. 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 is 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 etc. This practice is helpful as it provides a point of reference and encourages direct involvement in the upkeep of the home, as would be the case in a domestic dwelling.

The Regulation Officer was satisfied that this service had a food hygiene policy in place and was following guidance regarding the safe storage, preparation, and cooking of food.

There are two First Aid boxes in the home. The Regulation Officer examined these and confirmed that all contents were in date.

As fire safety was an area for improvement at the conclusion of the previous inspection, this was an area of focus. A fire evacuation plan and a fire precautions logbook were in place. The latter includes scenarios which are incorporated into staff supervision. This practice enables a discussion on a one-to-one basis which encourages staff members to consider the actions they would take in the event of an emergency. A fire test is undertaken every week, and a fire drill was recently undertaken, which has been recorded on the electronic recording system used in the home. The fire service undertakes an annual fire inspection.

The documentation associated with this has been made available to care receivers in a format which is accessible.

It was apparent that all the care receiver files accessed contained personalised Personal Emergency Evacuation plans, which detailed how each care receiver would be supported to evacuate the premises in the event of a fire.

The need to ensure that care receivers' abilities to communicate and make their needs known through the use of Makaton was an area for improvement at the time of the previous inspection. Specifically, it was a requirement that the Registered Provider must ensure that care receivers are supported by a staff team who have training that meets individual communication needs/styles and promotes effective communication. This matter has been taken seriously, and appropriate steps have been taken to address it fully. It is acknowledged that only some care receivers use Makaton and that signage/symbols are situated around the home's communal areas to promote this. All staff members employed in the home have received one day of formal training in Makaton. It is accepted that this could be developed further and, to this end, Les Amis has committed to developing two of its staff to become trainers in Makaton, who will then be available to support staff members throughout the organisation, including those employed at Clubley Estate.

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. Significant Restriction of Liberty (SRoL) authorisations are in place for two care receivers in this service. The Registered Manager advised that both of these authorisations had recently been renewed.

The service is establishing court-appointed Delegates for each care receivers, as recommended by both the Legislation Team which processes SRoL applications and care receivers' social workers. This would aim to ensure that arrangements are made to ensure that care receivers' finances are managed appropriately in the future. This is a new process for the service to oversee but steady progress is being made in bringing this to a conclusion.

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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