



**Jersey Care
Commission**

INSPECTION REPORT

Le Petit Bosquet

Care Home Service

La Rue de Haut

St Lawrence

JE3 1JZ

10 & 22 August 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 Le Petit Bosquet Care Home. The service is situated in the parish of St Lawrence in a quiet residential area. A large park is nearby, and bus stops for easy access to town. The home is over three floors, and all bedrooms are en-suite. Care receivers' family and friends have access to drinks and snacks at the drinks station in the dining room throughout the day. Access to the home is through a private gate into the garden and the main entrance to the home.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: Personal care, Personal support and Nursing care. Category of care: Adult 60+ Maximum number of care receivers: 26 Maximum number in receipt of nursing care: 20 Age range of care receivers: 60+ Maximum number of care receivers that can be accommodated in the following rooms: 1 – 12 & 14 – 27 one person. Bedrooms 21 – 26 one

	person (for the provision of personal care/support only). <u>Discretionary</u> None
Dates of Inspection	10 & 22 August 2023
Times of Inspection	10:00 – 13:30 & 10:00 – 17:20
Type of Inspection	Unannounced on 10 August Announced on 22 August
Number of areas for improvement	none
Number of care receivers accommodated on the day of the inspection	25

The Care Home is operated by LV Group and there is a Registered Manager in place.

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 home had a friendly and welcoming atmosphere. Interactions between care receivers and staff were found to be caring, respectful and complimentary to the care receivers' personalities whilst maintaining professional boundaries as referenced in the Adult Care Home Standards.

It was clear that the staff used a person-centred approach with all the care receivers.

The homes' Statement of Purpose was updated and sent to the Jersey Care Commission during the inspection process, and it was evident that the care provided reflects the philosophy.

The Regulation Officer observed excellent communication between staff and care receivers, and the care receivers and their families also highlighted this to the Regulation Officer during feedback.

At the time of the inspection, the home was nearing completion of an extension to accommodate a further sixteen care receivers. The Registered Manager discussed the process of registering the new extension with the Commission with the Regulation Officer. There were minimal concerns raised by the care receivers, their relatives and staff concerning the new wing, with the main one being that they hoped the home dynamic would stay the same with more care receivers.

The Registered Manager and Deputy Manager were happy to spend time with the Regulation Officer throughout the inspection and confidently answered all questions.

There were no areas for improvement identified at this inspection.

INSPECTION PROCESS

This inspection was unannounced on the first visit, announced thereafter and completed on 22 August 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**

¹ 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 email correspondence.

The Regulation Officer sought the views of the people who use the service and or their representatives and spoke with managerial and other staff.

The Regulation Officer established contact with five care receivers face-to-face during the visits and contacted five relatives by email.

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

It was requested that a poster be displayed in the home's reception area to advise any visitors (relatives, professionals, staff members) that an inspection was in progress and that any feedback about the quality-of-care provision in the home would be welcome.

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

After the inspection, the Regulation Officer provided feedback to the Registered Manager face-to-face and by email.

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

INSPECTION FINDINGS

At the last inspection, one area for improvement was identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how this area would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that the improvement had been made, and there was evidence of specific detail in the care plans to ensure the care receivers' health, safety, and welfare.

The review of policies shows an effective system of work in place. All staff must document that they have read individual policies on a policy sign-off sheet.

There is a robust recruitment process for new staff, which includes an induction programme. Once completed, staff are given ongoing supervision, appraisals, and mandatory training. Relevant Disclosure and Barring Service certificates were viewed, and the Regulation Officer gave the Registered Manager confirmation during the inspection.

All staff complete mandatory training, and any additional study sessions specifically required to suit individual care receivers in the home. This was evidenced in the training matrix.

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 providers' Statement of Purpose was reviewed before the inspection, and a minor amendment was requested. This was done by the Registered Manager and sent to the Commission. This complies with Standard 1.1 of the Adult Care Home Standards.

The home's Statement of Purpose says:

"Our service is to provide an inclusive and transparent way of providing a care service that is tailor made to meet the individual needs of the person using the service." This is reflected in the care plans.

There is a clear management structure within this home, reflecting the home's size and the care receivers' care needs. The lines of accountability are clear so that care receivers, their relatives and staff know who to speak to if any issues arise, as stated in Standard 11.1 of the Adult Care Home Standards.

The Business Continuity Plan for the home establishes in detail what is required to enable the home to continue to operate, with the least disruption, in the event of an unexpected crisis or disaster, for example:

- Situations that would reduce staff by less than 50% (e.g., Pandemic Flu).
- Inability to access and use the building (e.g., Fire/Flood/Gas).

To ensure adequate Health and Safety in the home, the Compliance Officer performs monthly quality assurance audits. These are shared with the Registered Manager and were shown to the Regulation Officer during the inspection. Comprehensive risk assessments are in place and reviewed regularly. This is an area of good practice.

The home's monthly quality reports were reviewed during the inspection. These are completed by the Compliance Officer each month, refer to the Care Home Standards and have actions attached for the Registered Manager. These were found to be inciteful and comprehensive during the inspection. The Registered Manager stated that these were "useful in ensuring continuous improvements are made as nowhere is perfect."

Under Standard 11.3 of the Adult Care Homes Standards, the homes' liability insurance certificate was in date and displayed in the reception area. The care home is a member of the Jersey Office of the Information Commissioner (JOIC).

The fire log was found to be up to date, and recent issues with emergency lighting and self-closing doors were dealt with by an external company and documented in the logbook. Fire drills are carried out and recorded. Personal Emergency Evacuation Plans (PEEPs) are kept for all care receivers in their care plans and an emergency bag should the home need to evacuate.

The Provider's Maintenance Technician carries out routine checks, including water management in the home, and documents their findings using an electronic system called 'Upkeep'. A list of contractors is available to maintain equipment, including hoists, passenger lifts, laundry machines and beds. The Registered Manager keeps all maintenance records.

The duty rotas were examined during the inspection and evidenced that staff numbers consistently met the required minimum standards in Appendix 8 of the Adult Care Home Standards.

The care staff who have completed Level 2 and Level 3 qualifications in Health and Social Care and Registered Nurses have the skills and experience necessary to deliver the care as stated in the Statement of Purpose and the standards. All staff are given the opportunity to complete the Care Certificate before moving onto Level 2.

Professional feedback was obtained by email, and responses were highly positive, including comments like "the compliment of Registered General Nurses is of a high calibre" and "the staff are always so courteous, and the patient I visit is always so smartly dressed. My patients' Keyworker is extremely pro-active in his case management".

A discussion around notifications of incidents to the Jersey Care Commission reassured the Regulation Officer that their processes are transparent and match the information held by the Commission. The Compliance Manager keeps a central register of all incidents in the home and uses the data to highlight any training needs. This is an area of good practice.

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.

Before admission and after a care needs assessment, prospective care receivers are given a brochure to look through and invited to visit the home, meet the staff, and mingle with other care receivers before deciding to move there. The admission process is thorough, whilst remaining sensitive to the individual's needs. This corresponds with Standards 1.4, 2.1 and 2.2 of the Adult Care Home Standards.

The home uses an electronic care system called 'Fusion' to create care plans specific to the care needs of the care receivers in line with Standard 2.4 of the Adult Care Home Standards. The Regulation Officer reviewed several care plans and found these to be person-centred, detailed and updated regularly. The Registered Manager acknowledged that the care receivers and their families were not as involved in the care planning as they should be. However, plans are in place to involve them more formally moving forward.

The Adult Care Home Standards, Appendix 9 states, "Medicines will be managed in compliance with legislative requirements, professional standards and best practice guidelines".

The Pharmacist Inspector and the Regulation Officer carried out a medication review on the second visit, specifically looking at the homes' medication policies,

transcribing onto Medication Administration Record (MAR) sheets, staff training, and storing and disposing of medications. They were provided with evidence that the medication policies and training were current.

Staff administering medications were either Registered General Nurses or carers with a Level 3 qualification in medications.

The Registered Manager agreed that all staff who transcribe must copy the text exactly from either the medication box or the prescription as supplied by the hospital and has since gone through transcribing guidelines with the relevant staff.

During the inspection, the Registered Manager obtained copies of prescriptions from the group pharmacy to meet Appendix 3 and Appendix 9 of the Adult Care Home Standards as these were not immediately available to view.

Positively, all the MAR sheets were signed appropriately.

Used transdermal patches were placed in a destruction kit, and on further discussion with the Deputy Manager, it was agreed they would be locked in the controlled medication cupboard until full or use a sharps bin to dispose of patches in their packaging as an alternative.

Good processes were in place for storing medication. However, during the inspection, the medication room thermometers were reading above the recommended temperature. The Regulation Officer was shown an alternative medication room, which will be operational in the coming weeks.

The Deputy Manager advised that a poster will be placed on the front of the medication fridges to ensure the minimum and maximum temperatures will be reset each day by staff. The Regulation Officer was advised that this has been actioned immediately after the inspection.

Positive feedback was received from care receivers' relatives/friends:

"The place is so lovely, warmly inviting and has that sense of love shown between the residents and staff. "

"The chef who makes the most delicious cakes is also a credit to the staff!"

"Amanda and her team have been amazing with XXX, and he is so happy living at Le Petit Bosquet; he calls it "home".

"The extension looks amazing, and I can't wait to have a peek inside as, from the outside, it looks fab. I'm sure it will be filled in no time as more and more people need professional care."

"Often, I come through the garden gate to gales of laughter from the residents outside on the terrace with their carers."

"The staff, without exception, are very friendly. From the singing smiley cleaners to Amanda, the manager."

"I would recommend Le Petit Bosquet to any family considering care for a loved one. "

As part of the inspection, the Regulation Officer had a tour of the home with the Registered Manager. The environment smelled fresh, was cleaned to a high standard, and the care receivers were observed to fully use the garden, the dining room and the lounges. The furniture and décor were suited to care receivers' needs and the environment was found to be comfortable and homely. The Maintenance Technician was busy carrying out any jobs needing to be completed in the home. Staff were chatting with the care receivers or assisting with care needs and were noted to answer the call bell quickly during the inspection visits.

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.

The findings of this inspection were positive, and there are effective communication processes in place between management, staff, care receivers and their relatives.

There are regular documented meetings between care receivers and staff. They have an agenda on a variety of subjects:

- Introduction of new staff
- Food with the chef
- Nutrition
- Care
- Activities
- Complaints
- Health & Safety
- New extension
- Hairdressing/chiroprapist

All care receivers' views and comments are welcomed, and the Registered Manager will accommodate all requests where possible.

Care receivers and staff are given anonymous quality questionnaires twice yearly to complete. These are then passed to the Providers' Compliance Officer, who will collate the data and pass the information onto the Registered Manager to guide improvements.

The home promotes independence whilst making sure that continuing care needs are met. The staff regularly review the care plans and update them according to the

individual levels of support required. This was highlighted by a relative who said, "My relative is incredibly independent, and they take great care to encourage that whilst gently adjusting her care to her increasing needs".

Various food choices are available, with alternatives on request as far as possible, and the chef actively encourages care receivers to voice their preferences. This was reiterated during feedback:

"My Mother has had a few issues with the food, but these have been discussed and taken on board at the residents' meeting. She seems much happier now."

The home employs a full-time activity coordinator, and they have a structured activity programme to suit individuals and groups daily. However, the views of care receivers are sought regularly through residents' meetings. They have the use of a minibus every week for outings.

There are a variety of activities to suit individual care receivers, and during the first inspection visit, the activities coordinator played a game of Scrabble with a care receiver. Another care receiver told the Regulation Officer that he had enjoyed a session with Wet Wheels the day before, where he was taken out in a specially adapted boat, which he thoroughly enjoyed. During the second visit, the activity taking place was flowerpot painting. Another comment from a relative was:

"The activities are varied and creative. My Mother especially loves the trips out on the minibus, and she was delighted recently to go out on the Wet Wheels boat."

The home operates an "open door" policy for relatives and friends to visit and actively encourages care receivers to go out and about in accordance with their care plan. During the inspection visits, the Regulation Officer observed visitors attending the home and enjoying social interactions with care receivers and staff.

There have been no safeguarding referrals since the last inspection. The home has a safeguarding policy and training for all staff to adhere to should the need arise as per Standard 4.1 of the Adult Care Home Standards.

Four Significant Restriction of Liberty (SROL) authorisations were in place at the time of the inspection, with no recommendations or conditions in place. The Regulation Officer was reassured that the Registered Manager is familiar with the application process and renewal of SROL.

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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