



**Jersey Care
Commission**

INSPECTION REPORT

Mourant Lodge

Care Home Service

**Les Amis Limited
Five Oaks
St Saviour
JE2 7GS**

12 and 21 September 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 Mourant Lodge. The property is a four-bedroom detached house situated in Trinity, with easy access to a local shop, garden centre, public house and a bus route which goes to St Helier town centre. The service provides overnight respite to 20 young people and adults from the age of 16.

The home is two storey, with the first floor comprising of three double bedrooms, a shared bathroom and sleep-in / office facilities for staff. On the ground floor there is an open plan lounge and kitchen that has a height adaptable sink, allowing easy access for wheelchair users. Access to an enclosed patio garden is via the lounge. There is provision for one bedroom on the ground floor with an en-suite bathroom and hoisting equipment, which can meet the needs of people with mobility needs. The ground floor also has a toilet and separate utility room.

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| Regulated Activity | Care home |
| Conditions of Registration | <u>Mandatory</u> Type of care: personal care, personal support Category of care: learning disability, autism, physical disability and/or sensory impairment Maximum number of care receivers: Four |

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| | <p>Maximum number in receipt of personal care / support: Four</p> <p>Age range of care receivers: 16 and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>Rooms 1-4: one person Care receivers with a physical disability to be accommodated on the ground floor bedroom</p> <p><u>Discretionary</u></p> <p>None</p> |
| Dates of Inspection | 12 and 21 September 2023 |
| Times of Inspection | 14:00-16:55 and 14:00-16:15 |
| Type of Inspection | Announced |
| Number of areas for improvement | Two |
| Number of care receivers accommodated on the day of the inspection | None on 12 September 2023 Two on 21 September 2023 |

Les Amis Limited operates Mourant Lodge and there is a Registered Manager in place.

Since the last inspection on 21 November and 9 December 2022, the Commission received notification in April 2023 that the Registered Manager had completed the Regulated Qualifications Framework (RQF) Level 5 Diploma in Leadership and Management for Adult Care. The Commission confirmed in writing on 3 May 2023 that the discretionary condition on registration had been met, and the register was updated to reflect this change.

On 17 August 2023, the Commission received a notification of the absence of the Registered Manager. The notification included details of the Registered Provider's arrangements to ensure the service had a suitable interim management plan and when this would commence. At the time of writing this report, the Registered Manager had decided to remain in place.

A copy of the service's Statement of Purpose was submitted on request following the last inspection. The Statement of Purpose was reviewed as part of the inspection and was found to be current and up to date. It was noted that the service type had been wrongly recorded, this was brought to the Registered Manager's attention.

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 Registered Manager also manages another service carried on by the same provider. This service is adjacent to Mourant Lodge. The Registered Manager discussed that managing two homes is challenging but described good support from the management team and other registered managers.

There was evidence of safe recruitment practices within the service and appropriate supervision and appraisal processes for staff. The core staff team was increased from the last inspection to three full-time staff members and the Registered Manager, but still required one additional full-time staff member to be at full complement.

Staff training was blended and comprehensive, with staff being provided with regular mandatory and statutory training but also equipped with further specialist training in autism and epilepsy.

Feedback from care receivers, health professionals, and relatives concerning the care within the home was good. There was evidence of respecting care receivers' preferences and routines and that the service provided the opportunity for care receivers to spend time with friends and choose meaningful activities. The Regulation Officer observed positive interactions between staff and a care receiver, and staff expressed job satisfaction in their roles.

It was positive to note a real emphasis on person-centred care and promoting independence by the Registered Manager and the staff team. This was evidenced in feedback from the inspection and the care plans. This is a real strength of this team and an area of good practice. Care plans were detailed and easy to follow, and information given to care receivers was in an easy-to-read format.

There was appropriate medication management within the home, and the area for improvement concerning transcribing medication from the last inspection had been met. There will be an area for improvement from this inspection for a best-interest discussion concerning covert medication. This is highlighted further under the heading of 'choice and safety.'

There is one additional area for improvement regarding notification to the Commission of Authorisations of Significant Restriction on Liberty (SRoL). The Registered Manager needed to be made aware of this requirement as per Appendix 8 of the Standards. This is an area for improvement with immediate effect.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the Registered Manager on the day before the visit. The inspection visits took place on 12 and 21 September 2023. The first visit was to meet with the Registered Manager, and the second was to gather feedback from care receivers and staff.

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**

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

- **Choice and safety**

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

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

During the second visit, the Regulation Officer spoke with one care receiver and two staff members. This contact was made face-to-face. An additional staff member was contacted by email. The Regulation Officer also contacted three relatives by phone during the inspection process.

The Regulation Officer and a fellow regulation officer (responsible for other services carried on by the same provider) also met separately with the Head of HR and the Learning and Development Assistant as part of the inspection process. In addition, the regulation officers met with the Provider and the Head of Governance at a separate meeting in June 2023.

The views of three healthcare professionals were also sought as part of the inspection process. At the time of writing the report, one healthcare professional had provided feedback.

During the inspection, records including policies, care records, incidents and medication charts were examined. This inspection included a tour of the premises.

At the conclusion of the inspection, the Regulation Officer provided feedback to Registered Manager.

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 most of the improvements had been made. This means there was evidence of safe transcribing practices concerning care receivers' medications.

The Registered Manager asked whether the personal details regarding the care receiver, including, for example, medication allergies, could be typed up each month to assist with the time it takes to transcribe medications. This was discussed with the Pharmacist Inspector, and it was agreed that this was reasonable as long as two people check this information each time in case of error and/or a change in it.

In addition, the service's Statement of Purpose had been updated to reflect respite as the focus of the service, and the provision of respite sessions had improved due to an increased core staff team. The Registered Manager discussed that the service has only been operating Monday to Saturday since February 2023, meaning less availability of respite sessions across the week. However, this has had minimal impact on care receivers as Sunday and Monday were the least requested nights, and the change in working hours had made respite more attractive to the recruitment and retention of staff. The average monthly respite sessions over the last six months is 50.

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 also manages another service carried on by the same provider. This service is situated next to Mourant Lodge, and the Registered

Manager splits their time between the two homes. The Registered Manager is supported by a team lead in the home and two other full-time staff members. One full-time post is currently out for recruitment, but the Registered Manager is hopeful for an additional staff member in October 2023.

The Registered Manager is accountable to the Practice and Development Manager and management team. A clear organisational structure was provided to the Regulation Officer as evidence.

There is a weekly Monday meeting for registered managers to review rotas, and this is conducted face-to-face. In addition, there are monthly registered manager meetings to discuss operational issues that the Head of Finance, HR, and the senior management team also attend. Another monthly meeting is attended only by the registered managers and occasionally team leaders to look at the Standards, one or two each month. This is seen as good practice, reviewing and discussing the Standards to ensure quality oversight of services.

The Registered Manager writes a monthly quality report, which includes, for example, staffing, incidents, and medication errors. The report must be submitted to the Head of Governance on the first day of the month. The Head of Governance then completes the monthly reports for the service; a sample of three-monthly reports were requested and reviewed as evidence. The Head of Governance attends the home every other month. In alternate months, the reports are completed remotely. The reports contained clear areas reviewed each month with conclusions and actions identified.

The service has an easy-to-read complaints policy and leaflet for all care receivers. These are on display at the entrance to the home, and care receivers are encouraged to read and sign that they have understood these. The Registered Manager confirmed that no complaints had been reported since the last inspection.

A sample of policies was requested as part of the inspection process from the Head of HR. These included, for example, the professional boundaries and whistleblowing

policy. Staff have access to all policies online. The policies were clear and comprehensive.

The Registered Manager described a close working relationship with the Learning Disability (LD) Alliance in Jersey. The Alliance can provide respite sessions that include sessions that Mourant Lodge cannot fulfil, which take place in alternative locations, including hotels. The Registered Manager discussed that this alliance was working well, mainly stays in the hotels, which was preferable to those care receivers who liked one-to-one support.

Staff supervision is provided every other month or before if needed. The Registered Manager also carries out a midway and an annual appraisal of all staff. Staff spoke positively of the support provided by the Registered Manager and the organisation. One staff member confirmed having very regular supervision.

Care and support

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| <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> |
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The Registered Manager discussed that a social worker, who also determines how many respite sessions are required, usually makes referrals. The Registered Manager commented that they are open and transparent about what sessions they can offer at the outset. This is a commissioned service and an invoice for care receivers' sessions is forwarded to the Commissioning body at the end of every month.

An initial assessment would be completed after reading the FACE assessment (a care needs assessment tool) by the social worker and meeting the care receiver. All care receivers are given an easy-to-read welcome pack, which includes the contact details for the Provider and the Commission. Afterwards, the care receiver, their family and staff complete an 'All about me' document. This document is very detailed, person-centred, and comprehensively covers the care receiver's background information, wishes and preferences. It also includes social activities,

hobbies and interests. The 'All about me' document is filed electronically in the care plan.

The Regulation Officer, as evidence, reviewed a sample of four care plans. Each care plan is divided into five sections: community & inclusion, finances, health & medical, keeping safe and prospects and dreams and goals. There was also clear evidence of appropriate risk assessment. There was an example of this in one care receiver's care plan regarding self-medication. The Registered Manager also provided the Regulation Officer with a copy of the competencies for self-medicating within the home. This is a positive example of person-centred care and promoting independence, as this care receiver was very keen to keep ownership of their medication. Another example of promoting independence is when care receivers arrive for their respite session; they are encouraged to pick a room and bedding to make up the bed. Care receivers are also encouraged to assist in setting the table and tidying up regularly.

There was also evidence of appropriate detailed care plans for delegated tasks, such as percutaneous endoscopic gastrostomy (PEG) feeding for care receivers. In addition, the care plans and feedback evidenced close liaison with family members. The Registered Manager regularly reviews the care plans and there was evidence of daily updates in the plans.

Feedback from care receivers and relatives regarding the home was generally positive. Examples of what was reported to the Regulation Officer are given below.

"I like coming here and the staff. I sleep well and I like a room upstairs. I enjoy the food and being able to choose what I want".

"Since xxxx has been accessing respite it has changed their life. It has also improved their independence with respect to cooking and cleaning".

"The staff are brilliant, we were asked at the start – what nights are you looking for? xxxx now attending on a regular night each week which is fantastic".

“Having to drop xxxx off and pick up eats into the respite time”.

One relative expressed concern that not all staff members can drive currently, although the Registered Manager confirmed that this would be resolved soon.

Feedback from a healthcare professional described the home and staff as being of "a pretty high standard" and spoke positively regarding the manager and the care plans. They did mention, on occasion, cancellation of respite services due to staffing.

This was also mentioned by one relative regarding a couple of cancelled sessions this year but did clarify that this was an improvement on last year. It was also mentioned that pick-up and drop-off times had been altered, with an earlier pick-up on the second day and the rationale for this had not been communicated to relatives. This was discussed with the Registered Manager, who advised that this was due to staffing and trying to cover as many sessions as possible. Staff also spoke of their frustration when sessions must be cancelled but again confirmed that things had improved over the last year. All staff confirmed that one more staff member would make a significant difference.

The home environment was clean and homely, there was a relaxed atmosphere, and the Regulation Officer observed an easy interaction between staff and a care receiver. Staff described a good staff team and a supportive Registered Manager. They also spoke of their “robust induction and training”.

A new carpet had been fitted upstairs in the office/sleep-in room, and the Registered Manager confirmed that they were awaiting a new carpet for the stairs and landing. There is a daily reporting system for any concerns regarding maintenance and/or the environment, which the maintenance person picks up. There were no obvious areas for concern at inspection.

Choice and safety

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| 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 |
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as independent and autonomous as practicable. People's rights will be supported and protected.

The Registered Manager discussed with the Regulation Officer that five Significant Restrictions on Liberty (SRoL) authorisations were in place under the Capacity and Self-Determination (Jersey) Law 2016, these were electronically filed in the care receivers' care plans. The Commission had yet to be notified of these authorisations. It was discussed with the Registered Manager these are notifiable events in the Standards and will be an area for improvement. It is positive that these were submitted to the Commission immediately after the first inspection visit.

Handling of finances was discussed with the Registered Manager. The home keeps a small emergency fund for some provisions, for example, bread. Receipts are retained and returned to the finance team monthly. Food shopping is generally done online with a service credit card, and there is an account for petrol. The home does not handle finances for any of the residents.

Medication management was reviewed within the home. There was evidence of safe storage and administration of medications within the home. One resident was receiving medication covertly, although there was a letter from an appropriate health professional to sanction this and an SRoL in place. There was no evidence of the best-interest discussion having taken place. This is also contrary to the Les Amis Medications Policy and Procedure (2021), which states that there must be a best interests meeting, which should be recorded in the care plan.

The Registered Manager advised that the best interest meeting had probably occurred with the family out with the respite setting, but it was discussed that a copy should be in the care plan to show that due diligence had been completed. This is an area for improvement, and a template for a best-interest discussion was provided to the Registered Manager immediately following the inspection.

The regulation officers reviewed the recruitment process and a sample of recruitment files during the visit with the Head of HR. All recruitment files were neatly organised and contained two or three 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.

The Training and Development Assistant described appropriate training and learning assessment per the Standards. It was positive to note a blended training approach with e-learning and face-to-face. The Regulation Officer requested the training log for staff from the Learning and Development Team as part of the inspection process. The Learning and Development team will send reminders to all staff and reports to the registered managers. Training is also captured in the monthly reports.

There were also 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 officers were shown the content of this course as evidence, and the content was comprehensive and included education about the different types of seizures and treatment/management. Two staff are currently on Levels 3-4 of Makaton train the trainer training and are due to complete it in 2024. This training can then be disseminated to all staff within the service.

Staff within the organisation had also recently undertaken training in dementia care and end-of-life care. In addition, there is a designated MAYBO (managing challenging situations safely) trainer within the organisation. One staff member described the good training opportunities within the organisation and spoke positively regarding a course that they had attended the first day of the inspection.

The Regulation Officer was shown the September social activity schedule for the organisation, which included zoo trips, bowling, and bingo. There is a bowling league/competition the last Thursday of every month. Care receivers can also attend activities organised by MENCAP. The Registered Manager described other activities the care receivers arranged on a smaller scale within the home. One relative provided positive feedback regarding the care receivers having ownership of such activities.

There were appropriate measures in place to safeguard the staff and care receivers with regard to fire safety. There was also evidence of regular fire recaps with care receivers in the care plans. Staff ensure that care receivers have a reasonable understanding of what will happen should the fire alarm sound. This is good practice. In addition, fire drills for residents are every six months and for staff members every three months. A room allocation for use in a fire emergency is filled in daily as the care receivers change daily and their choice of room. The first aid supplies within the home were also found to be up to date.

In addition, there were measures in place to ensure the safety of staff whilst lone working within the home with an on-call service in place to support staff and a lone working policy.

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.

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| <p>Area for Improvement 1</p> <p>Ref: Standard 4.3, Appendix 8</p> <p>To be completed by: with immediate effect.</p> | <p>The Registered Provider must notify the Commission of such incidents, accidents or other events that have posed or may pose a risk of harm. This includes Authorisation of Significant Restriction of Liberty.</p> |
| | <p>Response of Registered Provider:</p> <p>All SROs have now been sent to the Care Commission so they are now in possession of the relevant documentation.</p> |

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| <p>Area for Improvement 2</p> <p>Ref: Standard 6.6, 6.7, Appendix 9, number 17.</p> <p>To be completed by: with immediate effect.</p> | <p>The act of administering medication in disguised or covert form should not occur, unless there has been a formal best interest decision made. This must be recorded in the care receiver's personal plan.</p> |
| | <p>Response of Registered Provider:</p> <p>Relevant alterations have now been made to address this issue which is clearly documented in individuals care plans with respect to administering medication.</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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