



**Jersey Care
Commission**

INSPECTION REPORT

Garden Flat

Care Home Service

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

23 and 26 October 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 the Garden Flat. The service is situated in the parish of St Saviour. It is on a main road with a regular bus route which operates between St Helier and Trinity. There is a petrol station, local shop, bank, and public house within walking distance of the property.

The Garden Flat provides ground floor accommodation with access to an enclosed courtyard area. The interior has a central lounge with a conservatory area. At one end of the home is a large kitchen diner, with a range of domestic kitchen appliances fitted. A second conservatory area is situated at the entrance to the building which is used as a lounge/activity area. A further area has been created within the home to allow for a private sitting room for one resident.

There are seven single bedrooms; five of which have an en-suite bath or shower, toilet, and wash basin. In addition to en-suite facilities, the home has two separate toilets, and one level access wet room with a toilet and wash basin.

Regulated Activity	Care Home service
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support. Category of care: learning disability, autism. Maximum number of care receivers: 7

	Age range of care receivers: 18 years and above. <u>Discretionary</u> The Registered Manager must obtain a Level 5 Diploma in Management and Leadership In Health and Social Care by 23 December 2023.
Dates of Inspection	23 and 26 October 2023
Times of Inspection	14:00-16:40 and 14:25-16:15
Type of Inspection	Unannounced and Announced
Number of areas for improvement	One
Number of care receivers using the service on the day of the inspection	Four

The Care Home service is operated by Les Amis Limited and there is a Registered Manager in place.

The discretionary condition on the service's registration was discussed and the Registered Manager is on track for completion of this within the given timeframe.

Since the last inspection on 31 March and 1 April 2022, the Commission received an application to register the current Registered Manager in September 2022. The Commission approved this application on 11 October 2022 and the register was updated.

The Commission received an updated copy of the service's Statement of Purpose in January 2023. This was submitted following the change in management. The Garden Flat's aim is outlined in the Statement of Purpose as offering 'a homely environment where the service users feel free to express themselves and make real choices and affect their lives'.

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.

There was evidence of a stable core staff team securely led by the Registered Manager and the Team Leader. Staff spoke of being well supported in their roles and of policies and procedures being in place within the home to assure the safety of the care receivers.

The Registered Manager also received good support from other managers within the organisation and the senior management team. There were clear escalation and reporting procedures within the organisation. However, there had been underreporting of some incidents to the Commission. This area for improvement is highlighted further under the heading of 'choice and safety'.

The staff have strived to make the home environment as comfortable and welcoming for the care receivers as possible. There was evidence of new soft furnishings and personalisation in the care receivers' rooms. In addition, new blinds and flooring were on order for the kitchen.

The Registered Manager discussed a complete overhaul of the care plans recently. A sample of care plans were reviewed as part of the inspection process and were found to be clear, person-centred and contained achievable goals. This is good practice.

Staff were observed respecting care receivers' wishes and preferences and promoting independence, for example, concerning chores within the home. Care receivers were observed to be relaxed and happy in their interactions with staff members. There was also evidence of access to meaningful activities for care receivers.

There was evidence of appropriate audit and quality monitoring within the service, for example, medication audit. A medication review with the Pharmacist Inspector demonstrated that medication practices within the home were generally good. It was identified that a more detailed care plan was required for a specialist medication being administered within the home.

INSPECTION PROCESS

This inspection was completed on 23 and 26 October 2023. The first visit was unannounced. The Regulation Officer spent time with the Registered Manager and the Team Leader and conducted a brief tour of the premises. The second visit was announced and carried out by the Regulation Officer and Pharmacist Inspector. This visit provided an opportunity to review medication management within the home and meet with staff and care receivers who were unavailable at the time of the first visit. 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 our 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 or their representatives, and spoke with managerial and other staff.

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 Human Resources (HR) and the Learning and Development Assistant in March 2023 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. Another visit is scheduled for December 2023 between Human Resources and the regulation officers to check the recruitment files for staff members recruited since end of March 2023.

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

The Regulation Officer established contact with two care receivers, and this contact was face-to-face. Two relatives were contacted by email but then spoke with the Regulation Officer by phone.

In addition to the Registered Manager, the Regulation Officer spoke with the Team Leader and one additional staff member.

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

During the inspection, records including policies, care records, incidents and monthly reports were examined.

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, three 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 care plans being up to date and reflective of care receivers' needs. A sensory room is about to undergo the final stages of decoration, and an activity area has been created within the lounge conservatory. Finally, the Registered Manager and Team Leader reported that their managerial/supernumerary time has been more

consistently achievable. However, there are still periods when they have to provide more hands-on support, especially if there are staff vacancies and staff on holiday.

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. However, the other home is currently non-operational. The Registered Manager is supported by a team leader in the home and eight other full-time and bank staff members. There are currently two staff vacancies within the home. Therefore, staff pick up extra shifts, and the home also uses agency staff. The Registered Manager expects one of the vacancies to be filled in November – December 2023. Four weeks of duty rota was provided to the Regulation Officer as evidence. Two staff are on duty between 07:30 and 21:30, one from 09:30 to 18:00 and one wake-in staff overnight.

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, which is proportionate to the size and needs of the service.

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. The Registered Manager discussed their plans for the Team Leader to attend more of these meetings in the near future. 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 Registered Manager commented positively regarding the visits from the Head of Governance and described the benefit of an “extra pair of eyes”. The Behaviour and Practice Development Manager also regularly “pops in” to the home and may work alongside staff to ensure further quality assurance.

The Registered Manager discussed that there had been one informal complaint made to the service since the last inspection, which had been addressed per the complaints policy. There is an organisational complaints policy, which is available online and is also in easy-to-read format.

There were also regular audits and checks in place to assure the safety of care receivers, for example, daily medication audits. The staff member coming on duty checks that the previous dose of medication has been given appropriately and signed for.

The Registered Manager carries out staff supervision every other month. It may take different formats, such as one-to-one supervision or working alongside staff. The Registered Manager discussed that the frequency of supervision was challenging to accommodate at times. The Regulation Officer advised that the Standards requirement is four times a year. Staff's probation and supervision records are stored electronically; the Regulation Officer viewed a sample of a supervision record at inspection. Staff also receive a midway and annual appraisal. The appraisal is divided into ten sections.

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.

Two sample training logs were reviewed as evidence and training was found to be up to date.

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.

The Team Leader discussed other specialist training that the staff had access to this year, including sepsis and Oliver McGowan training, which provides specialist training in learning disabilities and autism. They also described the benefit of positive behaviour support training (PBS) and how they could apply this in practice within the home.

Eight staff within the home are trained to Regulated Qualifications Framework (RQF) Level 2 or above. One staff member has just completed their probation period but will train to Level 2 with one remaining staff member when places become available. Staff can now directly access RQF Level 3 if they have previous experience in care.

The Registered Manager confirmed that all staff receive medication training at Level 3 RQF standard and in-house medication competencies.

There are adequate maintenance arrangements in place. The Registered Manager explained that maintenance requests are submitted daily and are usually acted upon quickly. Equipment within the home includes an overhead and portable hoist and a raiser chair. The Registered Manager advised that there is a regular servicing contract for this equipment.

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.

Care receivers are admitted to the home following an assessment process. The Registered Manager explained that care receivers can move internally from other homes within the organisation. Before any transfer/ admission, a reassessment would be carried out in conjunction with the social worker.

The Registered Manager commented that they were working on a welcome pack for the Garden Flat. This will be in an easy-to-read format.

The Regulation Officer carried out a brief tour of the home environment. The building itself is dated, but there have been recent improvements to the care receivers' bedrooms with some new decoration, furniture and curtains. New flooring and blinds for the kitchen were on order. A health professional also described the environment as being a 'bit dated and gloomy', but again, commented that staff did their best with the environment that they had. A relative, however, commented positively about the environment describing it as 'a nice little house', and 'good that it is all on one level'.

There was excellent evidence of personalisation of care receivers' rooms. For example, in one care receiver's room, there was a nod to their love of music.

There is an open-plan lounge with an activity table. A new sensory room was under development opposite the staff office. This room has been painted dark blue, and sensory equipment has already been purchased and is awaiting installation. A 'quiet' lounge had been established at the end of the ground floor corridor for one care receiver who preferred a quiet space; this was a good example of how individual preferences/wishes are respected within the home.

The Regulation Officer observed a relaxed atmosphere within the home, and as the Regulation Officer was leaving at the end of the first visit, care receivers were arriving for pumpkin carving, and the home was nicely decorated for Halloween.

The Registered Manager described a recent complete overhaul of the care plans. The Regulation Officer reviewed three care plans as part of the inspection process; the plans were found to be detailed, person-centred, with achievable goals and, in each case, demonstrated a fundamental understanding of the individual. There was evidence of care receiver independence being promoted where possible. In addition, the plans evidenced appropriate referral and collaborative working with other health professionals. One health professional commented "when I have carried out assessments, the staff have put in place all recommendations I have suggested straight away". This is an area of good practice.

The Regulation Officer and Pharmacist Inspector observed caring and respectful interactions between staff and care receivers. One care receiver verbalised their appreciation of the home and staff. The staff were observed to be responsive to the individual care receivers' wishes and preferences, whether this was playing their favourite music or supporting access to outings/activities in the community.

Feedback from relatives was also generally positive, below are some examples of feedback provided to the Regulation Officer;

"The service is absolutely five-star, xxxx is looked after so well and their needs are a priority. There is good medical care provided and the staff regularly liaise with relevant health professionals – such as the GP and the dietician." "There is person centred and considerate care and we are kept informed of incidents no matter how small."

“Communication has improved since xxxx has taken over as Registered Manager and we have a strong relationship with staff. My relative will communicate with us if they have any concerns and then we will liaise with staff.”

Health professional feedback was also positive;

“xxxx spoke positively regarding the care plans and risk assessments that were in place, also that staff were open to suggestions / not defensive. They described how staff members have the service users’ best interests at heart and displayed a warmth in their interactions.”

“It was apparent that the manager was knowledgeable regarding the services and supports available in the community and would seek these out independently, as and when they were required for the client. It was also apparent that they knew the client well and was able to share how best to communicate effectively with them.”

“The workers at the Garden flat presented as person-centred in their approach, during my visits. They appeared to know the client well, and ensured that the client was able to attend activities in the local community, catering to their interests and needs”.

“When I have been at the Garden Flat the staff are all very welcoming and friendly. On observation while at the home, staff engage extremely well with the residents and very supportive of their needs. The staff will do whatever they can to ensure the residents have what they need and getting them out and about in the community”.

Staff feedback was also positive, and staff described job satisfaction, a good staff team and being well supported by the Registered Manager. They also confirmed regular supervision and appraisal, and also good training opportunities. Staffing was mentioned when asked about any challenges, but this was now fairly settled. An agency staff member described the safe medication practices within the home and thorough cleaning schedules they had witnessed. Also, they had had an adequate induction into the home before commencing work.

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 regulation officers reviewed the recruitment process and a sample of recruitment files during the visit with the Head of HR in March 2023. All recruitment files were neatly organised and contained two-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 Registered Manager confirmed that they have access to all of the recruitment information electronically.

The Registered Manager discussed with the Regulation Officer that three Significant Restriction 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 Registered Manager was unaware of the need to notify the Commission of any renewals as per Appendix 8 of the Standards. In addition, the Commission had recently not been informed of a resident leaving the service. Therefore, this is an area of improvement with immediate effect. It is positive to note that the SRoL notifications were submitted retrospectively after inspection.

It was noted that there had also been underreporting of medication errors to the Commission. However, the Registered Manager stated that they had previously been advised that only controlled drug errors need to be reported to the Commission. The Regulation Officer and Pharmacist Inspector clarified the threshold for medication error notifications to the Commission at the second inspection visit.

The Regulation Officer and Pharmacist Inspector reviewed medication practices within the home. It was noted that any care receiver allergies were not recorded on the front of the medication administration chart (MAR). Even if there aren't any

allergies, this should be recorded as 'none'. The Registered Manager stated that they would rectify this with immediate effect.

Medications were stored appropriately within the home, and the Medication Policy was currently under review. It was brought to the Registered Manager's attention that the code for the door to the medication room was actually on display in the main conservatory of the home. This was taken down immediately by the Registered Manager. An appropriate system was in place to audit medication administration within the home. A body chart form guided staff when applying creams and other topical items. This includes opened on and used by dates. This is good practice.

There was a discussion with the Registered Manager regarding the staff's administration of nebulised medication and what access staff had to training in this respect. It was noted that it had been quite some time since initial training for some staff who now cascade that training to newer staff members. After inspection, the Regulation Officer discussed with the Registered Manager that although this is an acceptable task, the Registered Manager must be satisfied with the training process. The care plan for administering this medication should also be more detailed. A pictorial plan that details the assembly, cleaning of equipment, and correct fitting of the mask may be beneficial.

Promoting the independence of care receivers within the home was discussed with the Registered Manager. The Registered Manager commented that care receivers are encouraged to assist with chores such as unpacking the shopping, setting the table and making drinks. Staff discussed appropriate risk assessment within the kitchen for care receivers. The Registered Manager also described some care receivers' communication styles and techniques used to communicate with care receivers. Examples are 'an object of reference', an object used to represent a person, activity or event and Makaton. Makaton is a unique language program that uses symbols, signs and speech to enable people to communicate.

The home has two cars, which are wheelchair accessible for transporting care receivers to activities and/or appointments. The home is also on a good bus route.

The home's Registered Manager also helps run the Les Amis Social Club. The October social activity schedule was on display in the office. Care receivers also attend activities organised by MENCAP and Dementia Jersey. One health professional provided positive feedback concerning care receivers being “able to attend activities in the local community, catering to their interests and needs”.

At the second visit, the Regulation Officer and the Pharmacist Inspector examined the firebox, which evidenced regular fire checks and up-to-date first aid supplies. This reflected a commitment to care receivers’ safety and well-being.

Handling of finances was discussed with the Registered Manager. Three of the care receivers have financial delegates in place. The home has a card for any online shopping. However, care receivers are supported to shop individually for more personal items.

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

<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 the following notifiable incidents</p> <ul style="list-style-type: none"> • SROl renewal • Notice of termination of service/contract
	<p>Response of Registered Provider:</p> <p>Notification of 3 SROl renewals were submitted as soon as the oversight was identified. It was acknowledged that due to unplanned sickness of the RM at the time that the Notice of Termination of service/contract should have been submitted, this too has now been rectified and the JCC have been informed.</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
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je