



**Jersey Care
Commission**

INSPECTION REPORT

Le Geyt Adult Day Centre

Adult Day Care Service

**La Grande Route de St Martin
Five Oaks
St Saviour
JE2 7GS**

27 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 Le Geyt Day Centre. The service is situated in the Parish of St Saviour, near to local shops and some community facilities. The centre is located on a good bus route, which enables care receivers, including those who are wheelchair users, to have access to the building. The service also has access to some vehicles, which, along with public transport, enables care receivers to access a range of community-based facilities and social activities as part of their plan of support that is coordinated from the centre.

The service operates from a large single-story building that incorporates several spacious rooms. These spaces provide a range of therapeutic environments and include a large communal dining/activity room, a sensory kitchen, a hobby/craft room, a games room, a relaxation room, a sensory room, and a clinical room for storing medications and sterile equipment.

This service provides a limited amount of home care and is also equipped to deliver emergency respite care to care receivers who access the day service when necessary.

The service's aims and objectives, as described in the Statement of Purpose, are to "provide essential daytime respite for families with individuals living at home who have a diagnosis of a learning disability, autism and/or associated conditions. The service supports individuals to access the community, to establish and develop life skills whilst promoting positive relationships".

Regulated Activity	Adult Day Care service
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: Personal care and personal support</p> <p>Category of care: Learning Disability, Autism</p> <p>Maximum number of care receivers: 30</p> <p>Maximum number in receipt of personal care/ personal support: 30</p> <p>Age range of care receivers: 18 years and above</p> <p><u>Discretionary</u></p> <p>The Registered Manager must complete a Level 5 Diploma in Health and Social Care by 12 October 2026</p>
Dates of Inspection	27 October 2023
Times of Inspection	11am to 3.45pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on both days of the inspection	21

The Government of Jersey operates this Adult Day Care service under the Health and Community Services Learning Disability Service, and a Registered Manager is in place.

The Commission has received a revised Statement of Purpose to reflect the registration of the new Manager. As part of this registration on 12 October 2023, a discretionary condition was placed for the Manager to complete a Level 5 Diploma in Health and Social Care by 12 October 2026.

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 service remains well-led, characterised by a robust management team that comprehensively understands the service's scope. This leadership is further bolstered by a dedicated, passionate, and well-trained staff team committed to their respective roles. The feedback from care staff working in this service was overwhelmingly positive.

Transition planning for potential care receivers is thorough and involves collaborative efforts with multi-agency partners and family members right from the initial stages. This proactive approach ensures prospective care receivers are well-prepared to access the service.

Care staff training, supervision, and appraisal are carried out in accordance with the Day Care Standards. In addition, care staff undertake specialist training where necessary, such as delegated tasks as defined in the guidance issued by Family Nursing and Home Care.

The assessment of care receivers' needs is thorough, and care is administered with a focus on dignity, respect, and warmth. Examination of care receiver records revealed comprehensive planning and risk assessment, with a notable emphasis on addressing the communication needs of care receivers.

Daily feedback is actively sought from care receivers regarding the activities they engage in. This continuous input serves as valuable information for activity planning, allowing for a person-centred approach that considers each care receivers' likes and dislikes.

The Pharmacist Inspector reviewed the management of medicines in this service. This was found to be an area of good practice.

Effective systems are in place to monitor health and safety and report adverse events and near misses. These processes contribute to fostering a learning culture within this service and throughout the wider organisation.

INSPECTION PROCESS

This inspection was announced two weeks before the inspection was completed on 27 October 2023. This was to ensure the Registered Manager would be available during the visit. The Commission's Pharmacist Inspector also inspected the management of medicines within this service.

The Adult Day Care 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.

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

The Regulation Officer sought the views of two relatives of people who use the service by phone and obtained the written views of 15 care staff as part of the inspection process. In addition, the views of one professional was also obtained.

Records, including policies, care records, incidents, and complaints, were examined during the inspection.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager and the Day Services and Short Breaks Manager.

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

INSPECTION FINDINGS

At the last inspection, no areas for improvement were identified that required any follow-up on this visit.

Management of the service

The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size, and complexity of the service.

The centre is open daily, Monday to Friday, with core hours identified in the Statement of Purpose as 8.30am to 4pm. The service is staffed by a full-time manager, two deputies, and a team of care staff with relevant qualifications, which include Regulated Qualification Framework (RQF) Level 2 and 3 diplomas in adult social care.

This service benefits from being a government agency operating within the Health and Community Service Learning Disability Service, so it has access to an extensive array of online policies and procedures.

During the inspection process, a sample of these policies and procedures were examined and determined to be clear, concise, factual, and actively implemented within the service.

The transition planning for future care recipients is well-developed within this service, involving collaboration with multi-agency partners to build a comprehensive understanding of potential numbers and the identified needs of prospective service users. This proactive approach assists the management team in planning the necessary resources to ensure adequate provision for those individuals seeking access to this vital service.

This service has received no complaints since the last inspection.

Staffing has remained stable and commensurate with this service's Statement of Purpose. Currently, there are three vacancies, and five new care staff have joined the staff team since the last inspection in November 2022. The Regulation Officer satisfactorily completed safe recruitment checks on these new staff and was satisfied that criminal record checks had been updated for existing care staff. Feedback from care staff indicated some periods during 2023 where service delivery has been compromised, however this has been rectified with additional recruitment.

The requirement for monthly service reports per the Day Care Standards was met and completed on the Commission's template. The reports were a comprehensive account of the previous month's activity, including action plans for areas of deficit or addressing identified risks. Quality assurance measures undertaken by the management team during the period were also detailed.

The Registered Manager provided several compliments received from care receivers, their families, or professionals from the monthly reports, which demonstrated person-centred planning and effective multi-agency working.

The Regulation Officer reviewed the training records for care staff. It was noted that mandatory training was current, and plans were in place to update training where necessary.

In addition, care staff undertake positive behaviour support training and other training to meet the identified needs of care receivers, for example, safe handling.

The Regulation Officer was satisfied that at least 50% of the care staff on duty had the requisite Regulated Qualification Framework (RQF) Level 2 diploma in adult social care. In addition, most care staff were qualified to manage and administer medicines, with competency reviewed annually.

The supervision and appraisal of care staff has been undertaken per the Day Care Standards. The supervision model used is person centred and reflects the need to connect with care staff. This approach aims to foster an honest and genuine relationship between supervisor and supervisee, allowing for a thorough exploration of personal issues that may impact work or specific areas of the care tasks.

Induction procedures for new recruits is robust. The following comments were gathered from care staff who had recently experienced an induction:

“I feel supported by senior care staff and the management, they are easily accessible, and no questions are too silly.”

“The induction I received was spot on and I felt 100% sure on everything the staff was showing me. They made sure I was comfortable with everything and made sure if I understood. I couldn’t ask for much more in my induction period.”

“I really enjoyed my induction, staff and managers were so supportive to help me adjust to a new environment.”

This approach aims to foster an honest and genuine relationship, allowing for a thorough exploration of personal issues that may impact work or specific areas of the care tasks.

This service continues to be well-led by an experienced management team. In addition, the staff team is committed and passionate about delivering high-quality care and support to care receivers.

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.

New care receivers and their families receive a welcome package that outlines the provided services, offers contact information, and explains the process for providing feedback or filing a complaint.

As part of transition planning, prospective care receivers are identified at an early stage, as young as 14 years of age, to ensure that their needs are identified and can be planned for; for example, the right environment or specific staff training is in place. The practicalities of transition planning are person-centred and are tailored to an individual's pace and preferences.

The Regulation Officer examined individual profile records for several care receivers. Various person-centred support plans were reviewed, assuring that the unique needs of care receivers were identified, and plans were in place to address these needs. Additionally, evidence indicates that these support plans undergo regular reviews, either based on the changing needs of care receivers or through periodic reassessment.

Each file included a communication passport outlining the communication needs of the care receiver and how these needs were being addressed. Furthermore, the files contained the following information:

- Aims and goals of the support plans
- Activity plans, including likes and dislikes
- Emergency contact details of relatives and carers
- Personal Emergency Evacuation Plan (PEEP)
- Risk assessments and behaviour management plans
- Transport strategy in case contingency is needed
- Feedback from care receivers regarding completed activities

The individual needs of care receivers are identified, and plans are put in place to address these. The Regulation Officer was satisfied that where delegated tasks were required, care staff had adequate training and oversight by a qualified professional as per the guidance issued by Family Nursing and Home Care.

The specific needs of care receivers are identified, and comprehensive plans are implemented to cater to these needs. The Regulation Officer was assured that regarding performing delegated tasks, care staff undergo sufficient training and are supervised by a qualified professional.

The staff team comes together every morning to plan the day ahead and allocate staff. This information is then transferred onto a large communication board where care receivers can visually see their activity, who they will be supported by, and what transport they will be using. This is an area of good practice.

Feedback from care receivers and their families is sought regularly. Care receivers are asked to provide feedback on all their activities and use several mediums, such as emoji stickers and an electronic touch pad. Families can access monthly forums and a yearly survey, where they can contribute to helping the service develop and improve.

On the day of the inspection, it was Fun Friday, which is held once a month. The theme for the day was Halloween celebrations.

The observations of this event made by the Regulation Officer were positive, noting various activities occurring in the main communal area that catered to diverse needs, preferences, and communication styles. Care receivers were seen enjoying the festivities, and care staff exhibited warm and nurturing interactions with them, creating a clear atmosphere of fun.

The Registered Manager emphasised that recognising and celebrating the achievements of care receivers is a fundamental aspect of their approach.

Care staff collaboratively set goals with care receivers, and upon their achievement, special events like celebratory breakfasts are organised to commemorate these milestones.

The Regulation Officer was assured that the limited home care service operated by this service was for the benefit of care receivers who utilise the Day Care service. Additionally, the care is delivered by care staff who are familiar with and understand the unique needs of the care receivers. The care plans were fit for purpose and subject to regular review.

One professional provided feedback as part of this inspection and made the following comments:

“Care receivers are always engaged in activities and appear happy.”

“Staff are friendly and welcoming.”

“Recommendations after assessment are put in place.”

The feedback from 15 care staff who were consulted was overwhelmingly positive, a sample of the comments provided were:

“Managers are always available when requiring further help/guidance and are always able to signpost staff to other resources when needed.”

“We have a number of senior care staff around the building at all times. We also have an open-door policy for the managers. We are able to speak to anyone at any time and feel supported.”

“I do feel listened to as we hold what is called a daily hub meeting in the morning to discuss the daily plan and we also have a daily hub meeting in the afternoon to talk about the day and share any feedback amongst the team.”

“I feel like I do make a difference and can see that when a client tells me they have had a great day, or they are smiling broadly.”

“We encourage our individuals to complete daily activity feedback forms which helps us identify things we could improve on. This is fed back at the end of day Hub and dealt with from there.”

“We communicate and listen to our individuals to encourage them to express positives and negatives situations.”

“I feel everyone is treated fairly with dignity and respect at all times.”

“As a Key Worker for some of the Service Users I support them to choose and to work towards their personal goals and to achieve them.”

“Any concerns or issues are brought up immediately and discussed with the team or management to ensure we can deliver the best care possible.”

“From employee perspective Le Geyt is a great workplace which offers many professional development opportunities for staff.”

Two relatives were contacted to seek their views of the service that their loved ones access, a sample of the comments were:

“The service is vital to be honest and helps my XXX get the best out of their day.”

“Le Geyt staff are really good at providing stimulation and encouragement.”

“Le Geyt is extremely important to our XXX and they appear happy to go every day, which does indicate to us that he enjoys what the staff offer.”

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.

Notifications received from this service were reviewed. This included the safeguarding of people accessing this service and care staff. The Regulation Officer was satisfied that appropriate procedures were followed and where risk assessments were in place, these were revised accordingly.

This service operates the ABC, or Antecedent-Behaviour-Consequence model, which is an analysis framework that helps carers gain insights into the root causes of behaviours, allowing for more targeted and effective care strategies. This is an area of good practice.

Although a management of medicines policy is in place, the Registered Manager acknowledged that the existing policy is a general Health and Community Services document. To better cater to the unique needs of care receivers who access this service, the Registered Manager recognised the benefits of developing a tailored, bespoke policy. It was noted by the Pharmacist Inspector that there was specific guidance in place regarding the management of particular medications.

Medicines are stored in a locked, temperature-controlled clinical room, which fully complies with NICE guidance. The Pharmacist Inspector provided some advice on some areas that could be improved, such as the daily resetting of the medication fridge thermometer and having signed records of medicines returned to a pharmacy or family member.

Where medication is self-administered by care receivers, a risk assessment was in place. This is an area of good practice.

The Regulation Officer conducted an audit of the fire safety logbook. All essential checks, including alarms, emergency lighting tests, and self-closing door inspections, were appropriately documented and within the recommended timescales of the States of Jersey Fire Service. The annual fire safety assessment had been conducted, and any recommended actions had been promptly addressed. Furthermore, the fire safety equipment had been serviced within the last twelve months, and each care receiver had an individualized Personal Emergency Evacuation Plan (PEEP).

Moving and handling training is carried out in-house by a qualified trainer. The Regulation Officer noted that specialist hoisting equipment had been serviced within the last year.

There are systems in place to log and track identified health and safety measures, whether these are annual checks, such as legionella or portable appliance testing, or where health and safety risks have been identified. Building maintenance matters can also be logged and tracked, with one current identified risk that is being appropriately managed.

All care staff receive training in Datix reporting, which is a risk management information system designed to collect and manage data on adverse events. The purpose of collecting such data is to identify learning, implement improvement, and make the service safer. The Regulation Officer was assured that reporting was taking place and that the management team had appropriate oversight.

This service continues to provide a wide range of activities for care receivers through a 'blended approach' using the centre or multi-site options in the community. Activity schedules are planned a month in advance, involving the active participation of care receivers who contribute to the planning process by expressing their goals and aspirations. Care receivers can change a preplanned activity and will be provided options in their preferred communication style by care staff.

Some care staff in their feedback felt that the service lacked some resources for some carer receivers, for example those with a diagnosis of Autism and the building required refurbishment to have doors that are large enough and automatic opening.

The activities offered by the service actively encourage the development of independence skills, incorporating a positive approach to managing and embracing certain levels of risk.

Care receivers are responsible for paying for their own activities and are supported by care staff to manage their money where possible. Where care receivers do not have the capacity to manage their own money, the Regulation Officer was assured that a secure, auditable system was in place to manage care receivers' finances.

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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