



**Jersey Care
Commission**

INSPECTION REPORT

Rosevale

Care Home Service

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

**Inspection date
23 May 2024**

**Publication Date
13 June 2024**

1. THE JERSEY CARE COMMISSION

This inspection was carried out in accordance with Regulation 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

2. ABOUT THE SERVICE

This is a report of the inspection of Rosevale Care Home and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Care Home
Mandatory Conditions of Registration	
Type of care	Personal care, personal support
Categories of care	Learning disability, autism
Maximum number of care receivers	Four
Maximum number in receipt of personal care/personal support	Four
Age range of care receivers	18 years and over
Maximum number of care receivers that can be accommodated in each room	Room 1-4: one person
Discretionary Conditions of Registration	
There are no discretionary conditions	
Additional information:	
The Commission received an updated Statement of Purpose in April 2024	

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager one week before the visit.

Inspection information	Detail
Dates and times of this inspection	23 April 2024 09:00-11:00
Number of areas for development from this inspection	None
Number of care receivers accommodated on day of the inspection	Four
Date of previous inspection: Areas for development noted in 2023	27 April and 17 May 2023 1. The Registered Manager must ensure that each care receiver who is prescribed 'as required' medication for period of agitation has a care plan which clearly details the strategies to be put in place and the specific circumstances for which 'as required' medication is to be administered. 2. All accidents must be reported in line with the Les Amis accident reporting policy and Care Home Standards.
Link to previous inspection report	IR-Rosevale-202304270517-Complete.pdf (carecommission.je)

3.2 Focus for this inspection

This inspection included a focus on the areas for development identified at the previous inspection on 23 May 2024 as well as these specific new lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for development identified at the last inspection

At the last inspection, two of 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 all improvements had been made. This means that there was evidence that the service ensures that the correct information is clearly stated in each care receiver's care plans, with a detailed plan and strategy of how and when to administer the medication. In relation to the second area for improvement, the service is following Les Amis accident and incident policy, and the Commission has been notified, as per Care Home Standards.

Overall, the regulation officers was impressed by how the service responded to the last inspection and addressed the areas for improvement.

4.2 Observations and overall findings from this inspection

Care receivers and their relatives provided feedback indicating their satisfaction with the service, highlighting its ability to create a familiar environment that meets care needs and improves overall well-being. Additionally, the service was praised for its commitment to open communication, transparency, and regular updates, which built trust and kept families well-informed.

The regulation officers found evidence in the care plans of effective collaboration with external health and social care professionals.

The service shows effective management and governance practices in the care home. These include strong leadership, clear policies and procedures, efficient communication, and a commitment to ongoing improvement.

The service consistently meets staffing level standards for the current number of individuals receiving care.

The activities program is a notable strength of the service. The activities provided meet the care receivers' preferences and enhance their quality of life.

The service has improved its staff training program by focusing more on face-to-face training sessions and introducing further bespoke training.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care Home Standards were referenced throughout the inspection.¹

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report from 27 April and 17 May 2023, reviews of the Statement of Purpose and notification of incidents.

This inspection was announced and was completed on 23 May 2024. Notice of the inspection visit was given to the Registered Manager a week before the visit. This was to ensure that the Registered Manager would be available during the visit.

Two regulation officers gathered feedback from four care receivers and their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was sought from three professionals external to the service.

As part of the inspection process, records including policies, care records, incidents and monthly provider reports were examined.

At the conclusion of the inspection, the regulation officers provided feedback to Registered Manager.

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

5.2 Sources of evidence

The sources of evidence reviewed as part of this inspection are listed in Appendix 1.

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

6. INSPECTION FINDINGS

Is the service safe?

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

The regulation officers checked the safety procedures and risk assessments of the organisation. They found that risk assessments were made and reviewed regularly through a system called "Zuri". Feedback showed that care receiver's representatives were involved: *"They involve us in what is happening"*.

*Feedback from a staff member:
"The service is very safe, and we are very focused on creating a safe environment for the Care receivers, it is our top priority. And we do everything in our power to keep them from harm, and we are guided by our policies and procedures."*

During the inspection process, the regulation officers reviewed the duty rotas and confirmed that there was enough competent and experienced support workers to meet the needs of the individuals receiving care. This was supported by feedback from the workforce: *"Our team is very flexible, we all understand each other, and the manager is very supportive"*.

Staff recruitment was reviewed during a previous visit to the head office. Examination of the staff folders showed that the recruitment process met the Care Home Standards. All essential documents for staff members were in place before employment began. Additionally, staff received an induction consistent with the Standards, and records indicated that probationary reviews were conducted, and performance was monitored and assessed.

The regulation officers analysed the medication management protocols implemented by the service. This analysis demonstrated the safety of the care receivers, showing that measures were in place to mitigate risks associated with medication errors and that best practices were followed in medication administration.

These measures included comprehensive policies and procedures, regular medication assessments, routine medication reviews, and the completion of regular medication audits.

*Feedback from a staff member:
“We ensure any safety issues which are noticed we contact maintenance. This is followed by policies and procedures which are in place such as Health and Safety.”*

The service demonstrated effective Health and Safety procedures. Support workers regularly conducted safety checks, as documented in the monthly reports. These practices underline the service's dedication to maintaining a safe

environment for care receivers, aligning with regulatory standards for health and safety in care facilities.

Additionally, infection control measures were consistently observed during the inspection. Cleaning schedules were followed, with the active participation of the care receivers. The overall cleanliness and tidiness of the home were visibly maintained. The Registered Manager also confirmed this in our visit: *“We try our best to fulfil infection control measurements, considering this is their home”*.

The regulation officers were satisfied that Health & safety measures, risk assessments, and medicines management protocols were in place to keep the care receivers safe. Staffing levels consistently meet the standards, and the home is cleaned effectively.

Is the service effective and responsive?

Assessing the organisation of the service so that care receiver's needs are respected and met.

During the inspection, the regulation officers checked if the service followed the important rules set by the regulatory framework. They looked at what the care receivers needed and how the service helped them. It was found that the service only provided personal care and support to the care receivers, which meets the conditions of their registration.

The regulation officers observed strong teamwork and communication in the home. This was seen in the care plans and how the service arranged healthcare appointments like General Practitioner (GP) visits and eye tests. The care plan notes and feedback from healthcare professionals supported this observation: *"We work well together. The staff has a good knowledge about their care receivers"*.

During the inspection, the regulation officers found evidence supporting the service dedication to person-centred care. The documentation and practices showed a strong commitment to recognising and implementing this approach. Care receivers were actively involved in planning and adjusting their care plans, ensuring their preferences were respected. Regular reviews allowed for discussions on changing needs, promptly addressing any adjustments needed.

*Feedback from a care receiver:
"They ask me what I want every day, and I always choose."*

Furthermore, staff training highlighted the importance of respecting individual choices, understanding legal aspects like consent and capacity, and improving communication with care receivers to understand their preferences better. This commitment to these principles was visible in both observed care practices and positive feedback from care receivers and their families, indicating the effectiveness of the provider's approach to care: *"We make decisions together, taking Xxx into account at all times"*.

The regulation officers examined the care plans for all care receivers. It was evident that the service tailors care plans and collaborates with health and social care professionals. Additionally, discussions with the Registered Manager revealed how the service addresses sensitive topics like Do Not Attempt Cardiopulmonary Resuscitation (DNACPR).

Feedback from a staff member:

“Families were involved and felt relieved and grateful, knowing that this difficult time was being addressed now, whilst they are still ok and able to make decisions.”

End-of-life considerations were discussed during the inspection. The service showed commendable efforts in this aspect of care and support, as seen through tailored arts and crafts projects which give care receivers the opportunity to discuss their wishes for end of life. Additionally, the Registered Manager underwent specialised training off Island to support the organisation.

The regulation officers concluded that the service meets the standards. Care plans are person-centred and involve care receivers. Staff understand local legislation on capacity and self-determination. The service also takes appropriate measures for end-of-life care.

Is the service caring?

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

Feedback from a staff member:

“The residents needs are met and respected by ensuring care plans are followed to how they wish to be supported and ensure the support is consistent throughout their day-to-day lives.”

It was evident that the service pays close attention to the care receivers' well-being and values their input, as per feedback received by the staff: *“We created a very nice bond and awareness with all care receivers”*. The care plans emphasised important aspects of care provision and are divided into five main sections: profile, medical information, communications, care plan (which includes charts and assessments), and care visits. The care plan section is further divided into six subsections: community and inclusion, finances, health and medical information, independent living skills, keeping safe, and prospects, dreams and goals.

Care plans are established with continuous input from care receivers, reflecting ongoing development. Staff members document daily notes detailing the care provided. The regulation officers gathered feedback from both staff and care receivers, which echoed positively regarding the care provided.

Feedback from a care receiver:

“Staff is good to me; they know me very well.”

Feedback from a professional:

“I have no concerns, they provide good handovers of the care receivers, The bond is evident.”

Furthermore, feedback received by the care receiver's representatives and health professionals also highlights this evidence: *“It's perfect, they know Xxx so well and are very well connected”*.

The regulation officers observed a structured person-strength approach implemented by the service to engage support workers in ongoing discussions about their responsibilities during the inspection. They noted clear evidence of formal supervision and performance appraisal systems, aimed at identifying and addressing any challenges encountered by the support workers, while also soliciting their feedback.

This approach highlights the service's commitment to continuous improvement and also promotes overall well-being, which was noted by feedback received by staff.

Feedback from a staff member:

“We have regular supervisions, but we also know that we can speak with the manager at any time, she is always there for us.”

The regulation officers observed that staff are involved and aware of care receivers' needs and contribute to care plans. There is evidence of healthcare professionals' involvement. Supervisions and appraisals meet Care Home Standards. Feedback is taken seriously and helps promote the service.

Is the service well led?

Evaluating the effectiveness of the service leadership and management.

Feedback from a staff member:

“I have confidence to go to any senior management, with any question, problem or query, and I will get a response, the Registered Manager is always there for us, and offers nothing but unwavering support and advice, should we need it, and operates with the upmost professionalism, with a very human touch.”

During the inspection, the regulation officers saw that the service had set up ways to hear and deal with feedback well. This includes ways to report worries, a clear process for handling complaints, and open lines of communication between care receivers, families, and staff. The service listens to feedback and

takes it seriously, making changes when needed. Positive feedback from care receivers' representatives show that the service is open and responds well to feedback: *“If I am not happy, I know that they will hear me out and sort it. I have a very good relationship with the manager and remaining staff. They are always available”*.

The service demonstrated its commitment to diversity by actively participating in cultural celebrations and making living spaces personal. They organise and join in various cultural events, considering the diverse backgrounds of both care receivers and staff. Also, personalised decorations in rooms, making the atmosphere warm and familiar. These practices greatly improve life quality and adopt inclusivity in the care setting. Feedback from care receivers and staff underscores how these efforts create a more fulfilling environment.

“We do lots of different decorations on several occasions, such as Valentines, Liberation day, Christmas....”

“I love Abba and the Royal Family and have lots of things about them in my Room.”

The service demonstrated comprehensive training for its workforce, providing bespoke ongoing learning and staff development. This commitment not only enhances the quality of the care and support delivered but also boosts staff

Feedback from a staff member:

“We are trained to the highest standards and are offered any extra training we might like to also do, for self-development, and to give our clients an even better service.”

satisfaction, as confirmed by feedback from staff members: *“We have lots of trainings. It is very organised. If we want to do something else, Les Amis is very open to new training opportunities”*.

Feedback from a professional:

“The staff are very knowledgeable. I never had concerns working with them.”

In summary, the regulation officers were satisfied that the home adheres to its complaints policies and procedures, values equality and diversity, and provides bespoke training aligned with Care Home Standards

DEVELOPMENT PLAN

There were no areas for development identified during this inspection and a development plan is not required.

Appendix 1 – Sources of Evidence

Follow up on previous areas for development	
Focus	Evidence Reviewed
Safety	Management of Medicines: <ul style="list-style-type: none"> • Policy • Medication competency assessment • Care plans • Evidence of collaborative work
Effective / Responsive	Notifications: <ul style="list-style-type: none"> • Care plans • Log of accidents and incidents • Feedback
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<ul style="list-style-type: none"> • Care plans & Risk assessments • Feedback • Policies and procedures • Training • Staff recruitment • Monthly provider reports: health and safety • Infection control measurements
Is the service effective and responsive	<ul style="list-style-type: none"> • Mandatory conditions • Duty rotas • Training • Feedback • Evidence of collaborative work • Care plans

Is the service caring	<ul style="list-style-type: none">• Supervision and appraisals log• Staff meetings• Feedback• Care plan
Is the service well-led	<ul style="list-style-type: none">• Policies and procedures• Training• Monthly provider reports• Feedback

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for development 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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