



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**La Mabonnerie**

**Care Home Service**

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

**16 and 20 May 2024**

## **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 La Mabonnerie Care Home. The service is a four-bedroom detached property situated in the parish of Trinity. There is a garden centre, adult education centre, and local shop within walking distance. A bus stop is nearby with a route directly to St Helier.

The home is a two-storey building with en-suite bedroom facilities on the ground floor to accommodate a care receiver with physical disabilities. There are three double bedrooms on the first floor, a shared bathroom, and a staff sleep-in room. The home also has a lounge, kitchen, and enclosed garden area.

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	<p>Type of care: Personal care and personal support</p> <p>Category of care: learning disability, autism, physical disability/or sensory impairment</p> <p>Maximum number of care receivers in receipt of combined personal care and support: four</p> <p>Age range of care receivers: 18 years and over</p> <p>Maximum number of care receivers to be accommodated in the following rooms: Rooms 1-4 one person</p>
Discretionary Condition of Registration	The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 2 January 2027 or by that time to have demonstrated an equivalent.
Dates of Inspection	16 and 20 May 2024
Times of Inspection	10:45-12:15 and 14:10-14:55
Type of Inspection	Announced
Number of areas for improvement	None
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 has commenced the training and expects to complete it within the given timeframe.

Since the last inspection 25 April and 4 May 2023, the Commission received a new manager application in November 2023. The application was approved by the Commission on 2 January 2024 and the register updated.

Before this inspection, the Commission received an updated copy of the service's Statement of Purpose as part of the manager application.

## **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 and staff team were engaged in the inspection process and ensured all required documentation was readily available. The overall findings were positive.

There was evidence of policies and procedures being in place to protect care receivers and staff. An example of this was medication administration and policy.

The care plans evidenced individualised care, and the Regulation Officer observed this first-hand during both visits to the home. An example of this was a care receiver being supported with the daily living routine at their own pace, not hurried and in a dignified manner.

Access to person-centred activities that reflect their individual wishes and preferences is available for care receivers. Feedback from care receivers and a relative was positive concerning the home and staff.

The Registered Manager continues to develop and support a core staff team with additional support from staff from another service carried on by the same provider and bank staff. There was evidence of staff induction, training and supervision in line with the Care Home Standards.

There was a clear management structure within the home comprising the Registered Manager and Team Lead, and a clear organisational structure and oversight supported this.

There are no areas for improvement from this inspection.

## INSPECTION PROCESS

This inspection was announced and completed on 16 and 20 May 2024. Notice of the inspection visit was given to the Registered Manager two days before the visit. This was to ensure that the Registered Manager would be available during the visit.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

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

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

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<sup>1</sup> 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 gathered feedback from two care receivers and one of their representatives. They also had discussions with the service's management and three additional staff members. Further feedback was provided by two health professionals external to the service.

As part of the inspection process, 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 outlines the findings and includes areas of good practice identified during the inspection.

## **INSPECTION FINDINGS**

Four areas for improvement were identified at the last inspection, and the Registered Provider submitted an improvement plan to the Commission setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that all the improvements had been made. This means that there was evidence of adequate management and leadership arrangements being in place, fire and safety checks and procedures met statutory requirements, the Statement of Purpose was reviewed and updated regularly, and there was access to first aid kits that were routinely checked.

## 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.
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There was evidence of appropriate checks and procedures in place to ensure the safety of staff and care receivers. The fire log evidenced regular weekly fire alarm checks, fire drills every three months for staff, and a fire risk assessment reviewed every six months. There are two first aid boxes, one in the firebox and one in the kitchen. Staff check and sign off on the first aid boxes weekly. A helpful addition to the checklist would be a box to sign off that the expiry dates of the contents have also been reviewed.

Policies are in place to support staff, which are stored electronically in 'People HR'. When new policies are introduced or updated, staff receive an alert that prompts them to read and sign to indicate understanding. A sample of policies, including complaints and whistleblowing policies, was reviewed before the Regulation Officer's inspection. These were found to be detailed and up to date. One staff member, when asked about what policy they had most recently needed to refer to, confirmed the medication policy, and this was for the purpose of keeping up to date.

There is clear evidence of a homely atmosphere within the home where the wishes and preferences of care receivers are reflected. Examples of this are: one care receiver had recently transitioned into the home, and there was lovely evidence of personalisation in their bedroom decoration. In another care receiver's room, there was evidence of the visual crafts (a loom and a mood board) completed as part of the advanced care planning work. This is highlighted further under the heading of 'caring'. In the living room, a new, large whiteboard had been added; the care receivers designed this. At the time of the inspection, it was entitled "What Makes Me Happy" and was decorated with pom-poms, pictures, and bright colours. This makes for such a positive introduction to the home when you come in through the front door.

The Registered Manager discussed that the home is gradually being refurbished as required. New flooring had recently been laid upstairs. Plans are being made to decorate the communal areas and perhaps build a new kitchen. The care receivers had requested a BBQ for the outside area, and there are plans for joint BBQs with the service next door (carried on by the same provider). There was also evidence outside of strawberry planting by the care receivers.

The Regulation Officer discussed with the Registered Manager the narrow staircase within the home; a stair lift further reduces its width. One care receiver requires a stair lift, and the Registered Manager confirmed that the other two care receivers use the stairs safely. However, a risk assessment is in place concerning the use of the stairs, which would be reviewed as and when necessary.

Medication management in the home was reviewed. Medication was stored and administered safely. The medication administration charts for three care receivers were reviewed. Appropriate signatures and running totals for the medications were randomly checked and found to be satisfactory.

No safeguarding concerns had been escalated to the Commission or reported by the Registered Manager at the inspection. Staff were clear about their safeguarding responsibilities and how to escalate them appropriately. On review of each individual staff member's training matrix, safeguarding training was found to be up to date.



## Is the Service Effective and Responsive?

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

The service demonstrated compliance with its mandatory registration conditions. The feedback provided and the care plans evidenced collaborative working. One professional external to the service described a "good working relationship" with the team. The staff team within the home was also described as a team that worked well together. Care plans documented regular visits by the General Practitioner (GP), chiroprapist, and dental appointments, indicating a proactive approach to addressing the care receivers' healthcare needs.

Daily, weekly and monthly checks were in place to ensure quality oversight and the safe running of the home. For example, medication audits at each shift changeover and weekly cleaning schedules. An annual planner is used to identify when required health and safety checks should be carried out. The Team Lead will review checks in the home monthly to ensure these are completed. In addition, the Head of Governance completes a monthly report for the service; a sample of three monthly reports was requested and reviewed as evidence. There are clear actions (outcomes) at the end of each report.

There was evidence of the service being responsive to care receivers' wishes concerning their choice of activities and community involvement. The Registered Manager stated that staff sit with care receivers, and then they highlight what activities the care receivers wish to do, which are then recorded in the diary. This is good practice. Some of the care receivers are currently involved in choir rehearsals. Others have jobs in the local community.

One care receiver hopes to move into more independent living accommodation, and staff are looking to facilitate this.

Two care receivers have a Significant Restriction on Liberty (SRoL) authorisation under the Capacity and Self-Determination (Jersey) Law 2016. These are filed in care receivers' personal files. The Registered Manager was clear of their responsibility to notify the Commission of any SRoL authorisations and renewals.

### **Is the Service Caring?**

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

The care records are recorded on an electronic system. The Regulation Officer was able to review a sample of these remotely. The care plans were generally well-organised and easy to navigate. There was evidence of regular daily updates and referrals to healthcare professionals. The care plans are reviewed three monthly. This can be completed by any staff member but is signed off by the Registered Manager. The care records were divided into profiles, medical information, communications, care plans, charts, and assessments.

A review of the care plans highlighted good practice. Two examples were the work on end-of-life care and the work done around supporting a current care receiver and a new care receiver's transition into the home.

Significant work was being undertaken in advance care planning following two staff members' training in the 'end of life/no barriers here' training. The Regulation Officer observed how this has been implemented and evidenced within the home concerning one care receiver. The care plan has been created in addition to visual aids as part of this project. The care receiver discusses their wishes for end-of-life care using visual crafts such as a mood board and a loom to assist in the discussion throughout three workshops. This is a unique, inclusive and innovative approach to advance care planning.

Another area of good practice highlighted from a review of the care plans concerned the work done with one of the existing care receivers to introduce and support them with transitioning a new care receiver into the home.

The Regulation Officer received positive feedback regarding the home from care receivers, relatives and health professionals. Examples of what was reported are given below;

*“I like the staff here and it’s quieter. I enjoy my job and watching films.”*

*“We think the care at the house is fantastic. Staff are always very helpful and any problems they tell us straight away.”*

*“I’ve worked with the service for several years. Several of the team are really dedicated ensuring people get to their activities, and making the most of things e.g. dressing up for discos. They have a very caring style and great communication with the guys. They have faced a lot of changes this past year or so and appear to be proactive in how they manage it against all the challenges that staffing in this sector is facing.”*

The staff team also provided positive feedback concerning the home and the Registered Manager. Some examples are given below;

*“The home is the most settled it’s been in a while, staff are happier.”*

*“There is a good staff team and the new Registered Manager is doing well.”*

*“Good team, could do with a couple more staff but xxxx about to start soon”.*

*“Zuri is good but could be streamlined for example when reporting an incident.”*

All staff members highlighted that one of the things that the home does well is supporting care receivers with their activities in the community. This was also evidenced in the inspection findings.

The Registered Manager demonstrated to the Regulation Officer satisfactory evidence of supervision recording and frequency on the 'People HR' system. The appraisal system was also viewed; this involves multiple questions and the setting of goals. The Regulation Officer viewed the supervision template online, which the Registered Manager had edited to make it more bespoke to the service. The Registered Manager also described how situational leadership (adapting your leadership style to meet the needs of team members) is used to aid supervision.

There was evidence that tools such as the Picture Exchange Communication System (PECS) enhance communication with care receivers; for example, PECS is used to identify staff members and activities.

### **Is the Service Well-Led?**

Evaluating the effectiveness of the service leadership and management.
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The staff team comprises the Registered Manager, the Team Lead, and three care staff (one zero-hour). There are currently two vacancies within the service. Staff from the adjacent home (carried on by the same provider) and the organisation's bank staff are currently filling these shifts. No agency staff were being used at the time of the inspection.

Staff were clear about their roles and responsibilities. Staff advised the Regulation Officer that they were reassured and relieved by having a permanent registered manager in the post.

The Registered Manager discussed feeling well-supported by the other registered managers within the organisation and the management team. 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, which the Head of Finance, HR, and the senior management team also attend. The registered managers and/or team leads attend another monthly meeting to review the Standards. A member of the senior management team is now attending this meeting.

Two regulation officers reviewed the recruitment process and a sample of recruitment files during a visit with the Head of HR and the Learning and Development Manager on 21 March 2024. There was evidence of safer recruitment checks in line with the Standards being in place before the staff member's commencement date.

The Learning and Development Manager 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. In addition to mandatory training, examples of more specialist training are highlighted below.

It was discussed how the organisation had become a member of the British Institute of Learning Disability, and as a result, the staff could access free webinars; a recent example was a webinar on menopause.

The Oliver McGowan (learning disability) training continues. With Tier One complete, two staff members are undertaking training for the trainer in Tier Two. In addition, two staff members recently attended sexual health training.

The Regulation Officer requested the training log for each staff member from the Learning and Development Manager as part of the inspection process. The Learning and Development team will send reminders to all staff and reports to the registered managers of training requirements. Training is also captured in the monthly reports. The training logs for four staff members were reviewed and found to be up to date, with one course renewal coming up in May. The Learning and Development Manager confirmed that Buccal medication workshops (a medication given between the gums and the inner lining of the cheek) are also booked for May & July for three staff.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during this inspection and an Improvement Plan is not required.

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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