



**Jersey Care
Commission**

INSPECTION REPORT

Le Petit Bosquet

Care Home Service

**La Rue de Haut
St Lawrence
JE3 1JZ**

**Dates of inspection
17 & 18 July 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 Le Petit Bosquet Care Home. The care home is situated in the parish of St Lawrence in a quiet residential area, opposite a primary school and near a bus route to the town centre. There is a park and a beach close by. The care home boasts several lounges, a large dining room, and a hair salon; all the bedrooms have ensuite facilities. An extension to the home has been completed and opened since the last inspection. There are stations available for drinks and snacks throughout the day for visitors.

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	Type of care: Personal care, personal support, and nursing care Category of care: 60+ Maximum number of care receivers in receipt of combined personal care, personal support, and nursing care: 42 (36 nursing care, 6 personal care/support)

	Age range of care receivers: 60+
	Maximum number of care receivers that can be accommodated in the following rooms: bedrooms 1-12, 14, 15, 17-20, 27-43 (nursing) one person, bedrooms 21-26 (residential) one person for the provision of personal care/personal support only.
Discretionary Condition of Registration	The Registered Manager to complete a Level 5 Diploma in Leadership in Health and Social Care by 18 January 2027.
Dates of Inspection	17 & 18 July 2024
Times of Inspection	9am - 4pm and 1pm – 4pm
Type of Inspection	Announced
Number of areas for improvement	none
Number of care receivers using the service on the day of the inspection	41

The Care Home service is operated by LV Care Group, and there is a Registered Manager in place.

Since the last inspection in August 2023, there have been changes to the managerial arrangements. A Registered Manager application was completed and approved in January 2024.

The discretionary condition on the service's registration was discussed, and the Registered Manager feels confident in completing this by the required date.

The Commission received an application to vary the conditions of registration from 35 to 36 nursing beds. This was approved on 8 January 2024 and a new certificate of registration was issued.

The Commission Received a notification of absence of the Registered Manager in July 2024. The notification included details of the Registered Provider's arrangements to ensure that the service had a suitable interim management plan. The Commission received an updated copy of the service's Statement of Purpose, this was submitted following the change in the Registered Manager.

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.

This care home is welcoming, cleaned to a high standard and offers a variety of activities daily. The rooms are all en-suite with stylish designs, and the care receivers are encouraged to personalise their rooms with their belongings. The lounge areas have tea and coffee-making facilities. Care receivers and their families were observed using most of the lounges during the two visits.

The recently appointed manager is a registered nurse with relevant clinical experience to meet the needs of the care receivers and has experience as a Deputy Manager.

Overall, the feedback from staff, care receivers, representatives and professionals were positive, emphasising a hard-working staff team and caring managers.

The recruitment of local and overseas staff is carried out safely with all the relevant checks completed.

Feedback from staff indicates that the induction programme is satisfactory and includes mandatory training and supervision.

Formal staff supervisions are undertaken every three months, structured and documented.

The training matrix evidenced that most staff are up to date with their training, and emails have been sent to the remainder as prompts to book onto courses.

The number of staff on each shift meets the minimum requirement in the standards, including registered nurses.

Regular audits, health and safety checks, and maintenance checks are undertaken and documented to ensure continual compliance with legislation and good practice.

Medications are managed well in this care home, and the care staff administering medications have achieved the relevant Level 3 qualification.

INSPECTION PROCESS

This inspection was announced and was completed on 17 and 18 July 2024. Notice of the inspection visit was given to the Registered Manager nine days before the visit. This was to ensure the Registered Manager would be available for the inspection prior to going on leave. Two regulation officers completed the inspection.

The Care Home Standards were referenced throughout the inspection.¹

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 our inspection all of the information held by the Commission about this service was reviewed, including the previous inspection reports.

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 officers spoke with seven care receivers during the visits and four of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was requested from four professionals external to the service, however only two responded.

Records, including policies, staff training, care records, risk assessments, incidents and complaints were examined as part of the inspection process. The inspection included a visual inspection around the home, incorporating the communal areas, kitchen, dining room, and a selection of bedrooms, ensuites, and bathrooms.

After the inspection, the regulation officers provided feedback to the Registered Manager both verbally and later in writing.

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

There were no areas for improvement from this inspection.

INSPECTION FINDINGS

At the last inspection, no areas for improvement were identified.

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.

An updated Statement of Purpose reflecting the new management arrangements was submitted to the Commission earlier in the year. This was referred to throughout the inspection and accurately reflected the service given in the home.

Risk assessments are regularly updated to ensure equipment, including beds and hoists, are safe to use and the environment is well maintained. The organisation's maintenance team uses an online programme called Upkeep to record and schedule all checks, including water temperatures, water flushing, descaling shower heads, bed rails, and window restrictors. Every care receiver has a Personal Emergency Evacuation Plan (PEEP) in the event of a fire. These were very well evidenced at inspection.

Various audits are completed at regular intervals, including medications, infection prevention and control, training, health and safety, and monthly quality reporting. The Compliance Manager completes the audits, feeds back to the Registered Manager who implements any changes as required.

The home demonstrated safe recruitment at the inspection. Fourteen staff have been recruited since the last inspection, including seven from overseas. The regulation officers viewed the recruitment files, which contained all the relevant checks, including work permits where appropriate, disclosure and barring certificates, interview notes, and contracts of employment along with other necessary documentation. The Registered Manager explained that all overseas applicants are given information about living in Jersey at the start, so they are fully informed about the cost of living, tax, housing, and food, amongst other things.

Newly recruited staff complete an induction programme that includes all the mandatory training, supervision records, and competency checks. Feedback from new staff was positive and confirmed that the induction programme was robust and detailed.

The regulation officers viewed the online staffing rotas and were reassured that the number of registered nurses and healthcare assistants meets the minimum standard. Staff feedback confirmed this.

The management of medicines governance consists of care staff obtaining their RQF Level 3 qualification, competency checks, medication audits every two weeks in-house and a comprehensive medication audit every three months by the Compliance Manager for the organisation. There has been one medication error since the previous inspection. This was investigated thoroughly, learning outcomes were identified, and a reflection meeting for the staff took place. The regulation officers reviewed the medication administration record (MAR) charts and suggested they introduce Topical MAR charts and have them either in the bedrooms or a separate folder to specify who is applying the product. The Registered Manager contacted the pharmacy to resolve this before the inspection was completed.

Several copies of the whistleblowing policy were placed in communal areas around the home for anyone to refer to.

During the inspection, it was noted that the complaints policy contained out-of-date information for the Commission. This was highlighted to the Registered Manager and changed the next day. Since the last inspection, there have been seven complaints/concerns, which were discussed and deemed to be dealt with according to policy.

Safeguarding was discussed with the Registered Manager. All staff have attended training and have been made aware of the referral process during supervision. A recent safeguarding case was discussed during the inspection, and the Registered Manager spoke about the learning outcomes achieved following this.

The care home was found to be open and transparent when submitting notifications to the Commission. These are submitted by the Deputy Manager, registered nurses and senior carers if the Registered Manager is unavailable. The notifications were consistent with the service needs, and actions taken were reflected in the care receivers' risk assessments, mainly falls. There had been an increase in end-of-life care earlier in the year, and the staff were given the opportunity to speak to other agencies for support. Some social activities have also been organised to support staff wellbeing.

Is the Service Effective and Responsive

Assessing the organisation of the service so that care receiver's needs are respected and met.
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The mandatory conditions of registration with the Commission were discussed during the inspection and correlated with the Statement of Purpose.

The Compliance Manager undertook a review where seven care receivers' care plans were checked against the Island Wide Pressure Ulcer Prevention and Management Framework, then summarised the findings and put together an action plan for staff to complete. This review highlighted the need for care receivers to be given information they understand about pressure prevention so they can make informed choices. The review found that the risk assessment tool for assessing skin integrity (Waterlow Score) has been completed consistently in all but one care receiver, which has since been rectified.

The care home is proactive in working with other organisations to meet the needs of the care receivers and will make relevant referrals. This was evidenced recently when the home worked with the Infection Prevention and Control Team. Professional feedback also highlighted how responsive the home was and how the Deputy Manager was a "*consummate professional*."

At the inspection, capacity was discussed. All the Registered Nurses and Senior Healthcare Assistants have been trained to carry out initial capacity assessments and, thereafter, the GP or Social Worker.

Currently, the home has eight care receivers with a Significant Restriction on Liberty (SRoL) in place, mainly regarding the use of seatbelts on wheelchairs.

Advanced care planning decisions and the right to refuse treatment are made and reviewed on a regular basis with the care receivers (if they wish to do so). Several care receivers have expressed specific care wishes which are documented in their care plans. These were viewed during the inspection.

Staff handovers and a huddle are held to ensure good communication and consistency each day, during which each care receiver is discussed, and any concerns are identified.

A staff meeting is held three monthly for both day and night staff; an agenda is followed, and minutes are circulated afterwards. A recent meeting for the housekeeping staff took place.

Care receivers and staff are given questionnaires every six months, which can be completed and submitted anonymously.

Is the Service Caring

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

Prior to a care receiver moving into the home, they and their family are given the opportunity to tour the home and meet the staff. Signed agreements are completed in advance, which contain information on the home, activities, fees, complaints procedure, and consent for photos. This was confirmed by a relative and care receiver.

Using the organisation's online system, the regulation officers viewed a selection of care plans for nursing and residential care. These evidenced a person-centred approach to their care needs and contained relevant risk assessments, specific care plans, advanced care planning, daily notes, and contact details of next of kin and GP, along with other professionals, as required.

It was noted that interactions between care receivers and staff were respectful, light-hearted and caring. It was evident that carers knew the care receivers' personalities whilst maintaining professional boundaries.

The care team in the home consists of a Registered Manager, Deputy Manager, registered nurses, senior health care assistants, health care assistants, activities coordinator, housekeepers, chefs and kitchen porters. A maintenance team for the organisation takes care of the compliance checks and general home maintenance.

Three monthly supervisions take place for all staff. These follow a template format and cover wellbeing, health, duty rotas, working hours, and feedback from care receivers about the staff. The staff member completes and then signs the supervision. The regulation officers viewed several supervisions. Appraisals are undertaken annually. Feedback from staff confirmed that these take place and help identify training options and career progression.

The home employs a full-time activities coordinator. Activities for the week were posted on a board outside the dining room, and copies were given to the care receivers. On one of the inspection days, seated boxing took place in the dining room, which was well attended, followed by musical entertainment in the afternoon. The following day, a care receiver and the activities coordinator were doing a jigsaw puzzle, and the hairdresser was visiting. The care home has organised a fun day for care receivers and the staff; they have trips out in the home's minibus, therapy pets visit regularly, and a variety of other activities.

Feedback around activities included:

"Plenty of activities are offered; however, it would be nice to have gardening and morning stretching offered."

"I love all the activities and have a wonderful social life here. It's like a five-star hotel."

Is the Service Well-Led

Evaluating the effectiveness of the service leadership and management.

Feedback gained from care receivers and staff indicate that this is a well led service with good leadership from the managers. Comments included:

"We had a resident meeting last week. Everything is perfectly suitable for me, and the staff are kind."

"This place is fantastic, and the manager always listens to me."

"The bathrooms are cleaned twice a day."

"I work with a good team who are all very supportive, work hard and are good at their jobs."

"It would be nice to have sick pay and more holidays as I don't think people realise how hard carers work and how much of a toll it can take on your body."

The regulation officers viewed a selection of thank you cards the home had received from relatives and friends of care receivers. Many of them spoke about the excellent care they had received and how kind the staff were.

The compliance officer oversees compliance and governance of this home by completing the monthly quality reports. A number of these were examined at the inspection. They followed the Commission template and were found to follow a different standard each month, contained feedback from care receivers, and identified qualification needs for staff in terms of Regulated Qualification Framework (RQF) Level 2 and 3, staffing levels and action plans. The reports were found to be transparent, truthful and acted upon.

The regulation officers chose a variety of policies to view that were relevant to the home. A few minor details were identified to the Registered Manager, such as:

- Complaints policy had an old address for the Commission. This was rectified during the inspection.
- Advance care planning policy did not have the relevant Jersey Law.
- Medication policy does not cover topical medicines.

The Compliance Manager stated that the policies are all being updated and will ensure the changes are made.

The staff training matrix was viewed online, and it was evident that most of the staff had completed their training within the specified time. A few outstanding staff have been sent an email reminder to book the relevant course. The Registered Manager assured the Commission that this will be done. All care staff have obtained the care certificate. Furthermore, on the inspection days, ninety per cent of the staff on duty had either a level 2 or level 3 qualification. An in-house assessor/trainer has completed competencies in basic life support and moving and handling with the staff; in addition to the mandatory training, the registered nurses complete training depending on the care needs of the nursing care receivers, including wound care, Percutaneous Endoscopic Gastrostomy (PEG) tube care and catheterisation. A staff member stated, "*Our Registered Manager is very supportive regarding professional nursing development*".

The Registered Manager and staff were happy to make time for the regulation officers and therefore much of the first day of the inspection was spent in the Registered Manager's office, during which time they answered a wide range of questions with confidence. Thereafter, the regulation officers were touring the home speaking to staff, care receivers and their relatives.

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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