



**Jersey Care
Commission**

INSPECTION REPORT

12 Le Clos de la Ville

Care Home Service

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

**Inspection dates:
12 and 16 August 2024**

**Published:
10 October 2024**

1. 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 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 12 Le Clos de la Ville 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	Five
Maximum number in receipt of personal care/personal support	Five
Age range of care receivers	18 years and over
Maximum number of care receivers that can be accommodated in each room	Room 1 – 5: one person
Discretionary Conditions of Registration	
There are no discretionary conditions	

Additional information:

The Commission received an updated Statement of Purpose in August 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 12 days before the visit. This was to ensure that the Registered Manager would be available during the visit.

Inspection information	Detail
Dates and times of this inspection	12 August 2024 10:30 – 16:00 16 August 2024 15:00 – 16:45
Number of areas for development from this inspection	None
Number of care receivers accommodated on day of the inspection	Five
Date of previous inspection:	27 July 2023
Areas for development noted in 2023	None
Link to previous inspection report	12 Le Clos de la Ville, 2023 Report

3.2 Focus for this inspection

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**

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for development identified at the last inspection

There were no previous areas for improvement identified in the 2023 inspection (areas for improvement will now be identified as areas for development).

4.2 Observations and overall findings from this inspection

Since the last inspection, no employees have left or joined the staff team, which has remained consistent and experienced.

The care receivers have lived as housemates for several years and, for the most part, get on well together. They all help with the smooth running of the care home dependant on their individual skills and abilities. During feedback from the care receivers, the support they received from the staff was positively expressed.

Care receivers each have a key worker with whom they plan one-to-one activities they enjoy weekly. There was evidence of numerous other activities tailored to individual ability, including employment, leisure, physical well-being, and personal chores.

Feedback was also received from relatives which was positive and referenced staff striking... “the balance between safety and freedom of opportunity”.

There was evidence of good working relationships with external health and social care professionals and support services within the care plans.

Staffing rotas for the previous three months were analysed, and consistency in meeting the required staffing levels was demonstrated. This was supported by feedback from the staff, who described good working relationships and a commitment to the service users and each other. The Regulation Officer met with staff individually and was satisfied that they had a good understanding of the service's values, where to access policies and procedures, and felt supported by their managers.

The staff training matrix was reviewed and demonstrated a reasonable mix of eLearning and face-to-face training. Staff are up to date with their training requirements, and there are clear dates for when refresher courses need to be completed.

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, we reviewed all the information held by the Commission about this service, including the previous inspection report from July 27, 2023, reviews of the Statement of Purpose, variation requests, and notification of incidents.

The Regulation Officer gathered feedback from five care receivers and two of their representatives. They also had discussions with the service's management and care staff. Additionally, feedback was provided by two professionals external to the service.

Records, including policies, care records, and incidents, were examined as part of the inspection process.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager.

This report outlines 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 and all other Care Standards can be accessed on the Commission's website at <https://carecommission.je/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.

During the inspection, the Regulation Officer reviewed staffing numbers and rotas for the past three months, which reflect good staffing levels. There is evidence of continuity of staffing and adequate cover for the service. The care staff have all worked within the home for several years, and staff retention has not been an issue for this service. The Regulation Officer met with five of the staff, all of whom described enjoying working for the care home and being well supported by the Team Leader and Registered Manager. One of the staff members went on to say that following a busy night shift, they were contacted by a senior manager within the organisation to check on their well-being, which they found very supportive.

The home has a comprehensive set of policies and procedures, which are held within a central database and accessible to staff, both through the organisation's internal systems and via a mobile phone app. Staff demonstrated knowledge of policies, how to access them, and their responsibility in following procedures.

Although the care home has not employed any new staff since the previous inspection, the commission regularly reviews the human resource (HR) processes within the organisation and is assured that the appropriate checks and balances are in place to enable the safe recruitment of staff.

Feedback from a relative.

“The balance between safety and freedom of opportunity is well balanced and staff respond to Xxx wishes and interests with respect and I feel Xxx is very well understood and treated with kindness.”

The management and administration of medications was reviewed. There had been two notifications of medication errors during the past twelve months and an organisational investigation last year identified areas for improvement including improving staff training and bringing training back to the classroom where experiences can be shared and learning better assessed. Learning from incidents and implementing safer systems is an area of good practice.

The care home was clean and tidy, with evidence of appropriate infection control measures. Each care receiver has their own bedrooms, which are of a size that allows space for their interests and in which they can enjoy personal time. They are encouraged to furnish and decorate their rooms to their taste. The care receivers keep their rooms clean and tidy. During the visit from the Regulation Officer, one of the care receivers decanted their house plants and other items from the bedroom while vacuuming and cleaning all the surfaces within the room. It was evident that they took pride in their room and belongings.

The service has effective health and safety procedures, and staff complete regular safety checks, which are recorded in the monthly reports.

An evaluation of the staff training records identified all staff had attended and were up to date with health and safety training, infection control, food hygiene, first aid, and fire safety.

Care records were reviewed during the inspection. The service uses an electronic record system called "Zuri." Care plans were visible and detailed the care needs of the care receiver. Evidence of risk assessment and chronological contemporaneous notes were available for review.

Is the service effective and responsive?

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

The care home is registered to provide personal care and personal support for five people, all of whom have lived there for at least ten years. Whilst living as housemates for some time, they have got to know each other well. They are described as getting on well for most of the time and recognise each other's needs.

Feedback from a family member:

"Xxx is being supported to do things he wants to do – particularly around exercise...It's also lovely to see other residents doing their own thing when we pop in...They all seem to be happy and to be getting on well with each other".

The Registered Manager identified the changing needs of the care receivers as they mature in years.

There has been an increased number of notifications relating to falls and changes in physical well-being, which has been proactively addressed through the risk assessment and care planning process,

incorporating the wishes of the care receivers in the planning process.

As the needs of care receivers have begun to change, the care team has identified appropriate training to attend to enhance their knowledge and skills required to provide the appropriate care.

Some of the care receivers are employed within the hospitality service, and the charitable company for whom they work has expertise in matching skills and abilities to roles. Another care receiver works within the parent organisation's maintenance department and is interested in gardening and maintaining the care home's garden.

The care staff know the care receivers well and understand their likes and dislikes. Each care receiver has an allocated key worker with whom they plan one-to-one activities and lead the care planning and risk assessments. The care planning process clearly demonstrates person-centred care.

There was evidence of partnership working with other health and social care professionals, including the community learning disability nursing service, adult social workers, and occupational therapy service. Each care receiver is registered with a GP, and they have annual health checks, which generate a report of actions. The Registered Manager was positive about the quality of the GP input, saying it had “massively improved over the years”.

The Regulation Officer was satisfied that the service met the standards for effective and responsive care. Care is planned with the care receivers following an assessment of their needs, abilities, and preferences. The staff understand the principles of the capacity and self-determination law when supporting the care receivers in making decisions. As the needs of the care receivers have changed, the team has developed skill sets to ensure continuity of care.

Is the service caring?

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

The care home has benefited from continuity of care staff and care receivers, which has supported what was described as a harmonious and homely environment.

The Regulation Officer reviewed notifications with the Registered Manager and care staff, which identified a small number of times when care receivers experienced periods of higher levels of distress. Through conversation and feedback, the Regulation Officer believed responses to increased distress were caring and appropriate. There was evidence of appropriate support being sought, and provided, by partner agencies.

Care receivers attend many social activities within the community, including social clubs, healing waves, galleries, swimming, cycling, walks, and gyms. Activities are tailored to the abilities and preferences of the care receivers and also include home-based activities such as knitting, cooking and jigsaws.

The parent organisation holds and maintains HR records, which are inspected twice a year by Regulation Officers. Evidence shows that the appointment process for care staff adheres to safe and effective policy and practice. All care staff have up-to-date Disclosure and Barring Service (DBS) checks. The appointment process focuses on the importance of staff being caring and having the right attitude to work with people with vulnerabilities. One of the care staff stated, *"I enjoy working here. I started working here four years ago – the hardest interview I have ever had. I enjoy working for Les Amis. They look after their staff, training is magnificent"*.

Feedback from a professional who visits the home:

"My interactions with the staff at number 12 have always been very positive, professional and friendly. The Registered Manger and their team are a great bunch of people and work in a very person-centred way.

It's clear to see the clients are very happy as well."

During conversations with care receivers, the Regulation Officer was informed of their holiday plans, either with their families or supported by the service. These were personalised holidays and something the care receivers clearly looked forward to.

The care home ensures care receivers and their friends and family know how to raise concerns or complaints informally or formally. A copy of the complaints policy is in the kitchen, which was pointed out to me

by a care receiver, a family member, and one of the care staff. No formal complaints have been raised about the service since the last inspection.

The Regulation Officer was satisfied that the care home was meeting the standards for providing a caring service. When one care receiver was asked if there was anything they would like to see changed, they replied, "It's OK the way it is".

Is the service well led?

Evaluating the effectiveness of the service leadership and management.

The care staff are supported by their line manager and the Registered Manager. They each have one-to-one supervision a minimum of 3 times during the year.

Supervision covers:

- Wellbeing
- Health and Safety
- Teamwork
- Rota
- Training
- Resident supervision
- Fire Procedures
- Any Other Business
- Actions.

The issues discussed, and actions are documented and maintained confidentially. Annual appraisals occur early in the year and are reviewed after six months.

There are monthly team meetings to discuss key issues, including the care receivers' changing needs, key policies and home management.

All five staff who the Regulation Officer interviewed described feeling supported by the line manager and Registered Manager.

One of the staff stated they felt safe and supported in discussing personal well-being issues with the Registered Manager.

Feedback from a family member:

“Communication is excellent and I feel staff know me well too, and I always feel welcome in Xxx home, by staff and residents”

The Regulation Officer reviewed a selection of monthly reports which had been completed by the Head of Governance for Les Amis. The reports were of a good standard but needed more detail on 'Areas reviewed this month (standards and Regulation compliance)'. This was discussed with the Registered Manager, who said that the registered managers across the organisation meet monthly to review standards and practice and support joint learning. These meetings are an area of good practice, but it is recommended that the standards discussed at the meetings be included in the monthly report, along with any outcomes or actions. This would evidence the review of the standards.

The Regulation Officer was able to identify evidence that the care home is being well-led as required by the standards. The staff within the home, the care receivers and their families, and the professional partners all describe good leadership. A care receiver stated, *"Living here is very good. If I had a problem, I would go to (the Registered Manager)"*. A family member said the service is *"Really well led at the level of house leadership (Registered Manager and Team Leader)"*.

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
No previous areas of development.	Not applicable
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<ul style="list-style-type: none"> • Policies and procedures • Training • Fire safety • Feedback • Staff recruitment • Monthly provider reports: health and safety • Care plans & Risk assessments • 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

	<ul style="list-style-type: none">• 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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