



**Jersey Care
Commission**

INSPECTION REPORT

Garden Flat

Care Home Service

**Les Amis Limited
La Grande Route de St Martin
St Saviour
JE2 7GS**

**Inspection dates:
4 and 9 September 2024**

**Published:
30 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 Garden Flat 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 and Autism
Maximum number of care receivers	Seven
Maximum number in receipt of personal care/personal support	Seven
Age range of care receivers	18 years and above

Maximum number of care receivers that can be accommodated in each room	Rooms 1-7, 1 person
Discretionary Conditions of Registration	
None	
Additional information:	
<p>The Commission removed the discretionary condition on the home's registration on 15 February 2024 following completion of the Level 5 Diploma in Management and Leadership in Health and Social care by the Registered Manager.</p> <p>In addition, the Commission was notified of an absence of the Registered Manager on 2 January and 19 February 2024. The notifications included details of the Registered Provider's arrangements to ensure that the service had a suitable interim management plan.</p>	

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 prior to the visit. This was to ensure that the Registered Manager would be available during the visit.

The inspection was carried out over two days as detailed below. The Registered Manager was available on both days. The second visit was to gather feedback from additional staff members and one care receiver.

Inspection information	Detail
Dates and times of this inspection	4 and 9 September

	09:30-13:40 and 12:00-13:30
Number of areas for development from this inspection	None
Number of care receivers accommodated on day of the inspection	Five
Date of previous inspection:	23 and 26 October 2023
Areas for development noted in 2023	One
Link to previous inspection report	IR-The-Garden-Flat-20231026-complete.pdf (carecommission.ie)

3.2 Focus for this inspection

This inspection included a focus on the area for development identified at the previous inspection on 23 and 26 October 2023 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, one area for improvement was identified, and the Registered Provider submitted an improvement plan to the Commission setting out how this area would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that the improvement had been made. This means there was evidence of appropriate and timely notifications to the Commission.

Areas for improvement will now be identified as areas for development.

4.2 Observations and overall findings from this inspection

Overall, the findings from this inspection were positive. Since the last inspection, there have been interim changes to the home's management team. The permanent Registered Manager returned in July 2024, and staff members expressed to the Regulation Officer their respect for the Registered Manager and spoke positively of the support they received.

The shift rota that has been adopted provides a blend of experienced core staff and agency staff who regularly work within the home to meet the needs of the care receivers.

The staff team demonstrated their commitment to person-centred care and discussed the importance of communication and consistency within the team with the Regulation Officer. The care plans further evidenced this, including regular care receiver supervision, where their wishes and preferences are reviewed and discussed. Activities and inclusion in the community are also strengths of this staff team and home.

There was evidence of safe practices within the home regarding, for example, medication management and risk assessments. Staff expressed satisfaction with their induction and the training opportunities within the organisation.

The home's environment although dated and not purpose built, has a homely feel with appropriate soft furnishings and furniture. There was evidence of new furniture in one of the care receiver's rooms. Also, work is about to start on improving the central courtyard area into a sensory garden, which will make a considerable difference to the home's exterior and the care receivers enjoyment of this space. The proposed garden plans include a gazebo area and a water feature.

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 23 and 26 October 2023, reviews of the Statement of Purpose, variation requests and notification of incidents.

The Regulation Officer gathered feedback from one care receiver and two of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was sought from three health professionals external to the service. At the time of writing the report two health professionals had provided a response.

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

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

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for development have been identified, these are described in the report and a development plan is attached at the end of the report.

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 [Adult Standards | Jersey Care Commission](#)

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.

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, and drills quarterly for staff (the last one having been in June 2024). There are two first aid boxes, one in the firebox and one kept in the medication cupboard. The first aid box checks were not signed for August, the Team Lead confirmed that these had been done but not signed and would chase the signature for completion.

Care receivers had 'keeping safe' care plans which included appropriate risk assessments, for example, fire risk assessments and positive support passports. The Registered Manager explained that the positive support passports had recently been introduced. Staff can access the plans and passports via the electronic system 'Zuri'. There was evidence of regular three monthly reviews of the care plans. The Registered Manager explained that the positive support passports will be reviewed six monthly, the Regulation Officer was unable to access these at the time of writing the report and will review as part of the next inspection.

Feedback from a health professional:

"The manager has a good style of management based on respect and inclusion."

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.

There was positive feedback from staff, relatives and a health professional regarding the home's Registered Manager and their management style. There was evidence of a good core staff team and a positive culture within the home. Staff expressed that they felt well supported and were clear about when and how they should seek help.

Staff expressed to the Regulation Officer that they were generally happy to cover extra shifts if required but did not feel pressured. They also stated that filling one or more of the vacancies would make a big difference.

Medication management in the home was reviewed. Medication was stored and administered safely. The medication administration charts for two care receivers were reviewed. Appropriate signatures and running totals for the medications were randomly checked and found to be satisfactory. Advice was given re the safe storage of a sharps box as this was currently being stored on the floor and should be stored at a suitable height for the safe disposal of sharps as per best practice guidance.

Medication notifications were discussed with the Registered Manager, and nine medication notifications were made to the Commission between November 2023 and January 2024. Five notifications were for medication not signed for or incorrectly signed. The Registered Manager was aware of this and had been working with staff to highlight the importance of signing immediately once any medication is given and on giving staff permission to say no to other requests or tasks during medication administration to ensure safe practice.

The Regulation Officer undertook a brief tour of the home with the Registered Manager, it was positive to note that the kitchen flooring had been replaced and new windows fitted. The environment was clean and homely in appearance. The Registered Manager discussed that staff are currently responsible for the cleaning schedules within the home but was pleased to announce that a member of housekeeping staff was due to start the week following inspection. This will allow staff more time to spend with the care receivers and carry out their other duties.

The Registered Manager discussed that the sensory room had been completed since the last inspection, and at times, it was being used as a spa/relaxation room with foot spas for the care receivers.

Feedback from the inspection demonstrated the importance of the local community to care receivers, and the feeling of inclusion within that community was evident. This encompasses the home's vision as outlined in the Statement of Purpose (SoP);

“Garden Flat team aim to provide a homely environment for the residents and ensure that their needs are met through supported living. Residents are encouraged to actively access and participate in the community by attending outings, the Residents Social Club and events locally.”

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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An updated Statement of Purpose was provided to the Regulation Officer immediately prior to inspection, this was found to be reflective of the service provided and confirmed that the home was compliant with its mandatory conditions of registration.

There was evidence in the care plans of the staff monitoring and being proactive regarding care receivers' health needs. Care plans documented regular visits with the General Practitioner (GP), Chiropodist, and dental appointments. Health professional feedback included;

“The staff also advocate for the care receiver re their health needs and are not afraid to challenge decisions, for example medication, if it is in the care receiver's best interest.”

“Staff always check regarding any issues that occurred during the appointment and any actions to be taken.”

Daily, weekly and monthly checks are 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. 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. The reports evidence actions, the outcomes of which are reviewed the following month. Staff feedback is lacking in the reports despite staff members being emailed and offered the opportunity to provide feedback by email or face-to-face. Although, it is apparent that staff are afforded other opportunities to provide feedback, for example in meetings and supervisions.

Feedback from relatives, a care receiver and staff confirmed that the service was responsive to care receivers' wishes concerning their choice of activities and community involvement. Care receivers have access to the organisation's social club and MENCAP (a charity organisation that works with people with learning disability) activities. The Registered Manager discussed that due to less staff being able to drive, care receivers had been using the bus more and had really enjoyed the social aspect of being on the bus and chatting to other passengers and the driver. It is positive to note that the care receivers' presence, opportunities and participation in activities and the local community is considered a priority by the Registered Manager and staff team alike.

Feedback from a family member:

"Staff support Xxx to access their favourite activities such as going out to lunch, having their hair done and going on the bus."

Three 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 records were divided into profiles, medical information, communications, care plans, charts, and assessments.

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 divided into sections; community and inclusion, finances, health and medical, independent living skills, keeping safe, and prospect, dreams and goals. The care plans are reviewed three monthly. The Regulation Officer looked at a sample of these care plans within the care records for three care receivers.

It was positive to note that there was also evidence of resident supervision monthly, this can occur quite informally, such as, whilst having dinner with a staff member in the home.

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

Feedback from a relative:

“You can’t fault the staff and I am always kept up to date with any progress and/or concerns.”

Feedback from a health professional:

“When visiting the home to assess a care receiver in respect of physical and/or mental health, there was always a staff team member to support with the visit who knew the care receiver well.”

A care receiver confirmed to the Regulation Officer that they felt happy in the home, they liked the staff and were listened to. The Regulation Officer observed staff interacting with care receivers in a respectful and caring manner and there was evidence of individual preferences and routines being observed throughout the home. For example, one care receiver prefers a quiet space and so has their own separate lounge within the home.

Another care receiver was observed enjoying listening to French singing on the television, staff discussed how they had discovered that the care receiver enjoyed French music and it was found to be relaxing for them.

It was evident from the care plans and feedback that there is a person-centred approach to care and that the staff have a fundamental knowledge and understanding of the needs and preferences of the care receivers within the home. It was discussed with the Registered Manager how they ensure this continuity when working with agency staff. The Registered Manager discussed that they try to ensure that, as much as possible, agency staff employed within the home are returning staff who have worked there previously. After inspection visit, it was discussed that a brief handover sheet may be helpful for care receivers when agency staff have not previously worked within the home.

Is the service well led?

Evaluating the effectiveness of the service leadership and management.
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Feedback from staff regarding the management team within the home was positive. The Registered Manager discussed feeling well-supported by the other registered managers within the organisation and the senior management team. Staff were clear about their roles and responsibilities, and there was evidence of the Registered Manager actively encouraging staff development within the team. An example of this is encouraging more junior staff to attend the registered managers meetings. A positive culture within the team supported inclusion, communication and consistency.

Feedback from a staff member:

“We have a good core staff team, and I feel well supported by the Registered Manager.”

A staff member confirmed to the Regulation Officer not only that they were aware of how to speak up if they had a concern but that they were actively encouraged to do so.

The staff team comprises the Registered Manager, the interim Team Lead, and three care staff. In addition, there are two waking night staff members and currently two vacancies in the service. Staff from other homes (carried on by the same provider) and agency staff are currently covering these vacancies. There is a large pictorial notice board at the entrance to the home, which clearly identifies which staff are working that day. The Registered Manager is hopeful that a new staff member may be able to commence employment shortly following successful recruitment from the UK.

A strength of the home and the Registered Manager was the organisation within the home. There is a large whiteboard in the office that highlights review dates, for example, for staff and resident checks. The medication cupboard was also well organised with each care receiver's medication clearly identifiable. The medication administration charts (MAR) reviewed evidenced appropriate signatures.

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 each staff member's commencement date. A further visit is planned for the final quarter of the year to review the recruitment files of staff recruited since the last visit.

The Registered Manager confirmed that they are actively involved in the recruitment process and would review the CVs of potential candidates for suitability for the home. They can also access all of the recruitment documentation both electronically on people HR and hard copy if required.

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. One staff member had course renewals coming up in October and November.

A sample of two staff supervision records were reviewed online with the Registered Manager. The supervision template includes the following topics; well-being, work performance, training, time keeping, and actions. The Registered Manager commented that there had been a period of “catch-up” with staff supervision since their leave but that things were back on track and they were carrying out the midway appraisals the week following this inspection. It is also positive to note that supervision and appraisal compliance are also reviewed in the monthly reports. The Regulation Officer also received positive feedback from a staff member concerning their induction process and welcome into the organisation;

“I would describe my induction as excellent and I was made to feel so welcome and accepted.”

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
Notifications	<ul style="list-style-type: none"> • The Commission's Adult Notifications Dashboard • Feedback from the Registered Manager
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Fire Log First Aid boxes and checklist Risk assessments including Personal Emergency Evacuation plans (PEEPs) Policies – Complaints and Whistleblowing Medication Administration Charts (MAR) Medication notifications Feedback from staff, relatives and a health professional
Is the service effective and responsive	Statement of Purpose Care Plans Medication Audit Weekly cleaning schedules Monthly Reports
Is the service caring	Care Records Care plans

	<p>Welcome pack</p> <p>Observation of staff/care receiver interactions</p> <p>Feedback from staff, a care receiver, a health professional and relatives.</p>
Is the service well-led	<p>Staff Rota</p> <p>Staff training log</p> <p>Sample of staff supervision and appraisal records</p> <p>Feedback from staff, a care receiver, a health professional and relatives</p>

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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je