



**Jersey Care
Commission**

INSPECTION REPORT

Le Geyt Adult Day Centre

Adult Day Care Service

**La Grande Route de St Martin
Five Oaks
St Saviour
JE2 7GS**

23 September & 7, 18 October 2024

Published:

10 December 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 Le Geyt Adult Day Centre and there is a Registered Manager in place.

Registration Details	Detail
Regulated Activity	Day Care
Mandatory Conditions of Registration	
Type of care	Personal care and personal support
Categories of care	Learning Disability, Autism
Maximum number of care receivers	30
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
The Registered Manager must complete a Level 5 Diploma in Health and Social Care by 12 October 2026.	
Additional information	
None	

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager 14 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	23 September & 7, 18 October 2024 10:00- 13:30, 10:30- 12:00, 10:00- 12:00
Number of areas for development from this inspection	Three
Number of care receivers accommodated on day of the inspection	14
Date of previous inspection: Areas for improvement noted in 2023 Link to previous inspection report	27 October 2023 None IR-Le-Geyt-20231027-Final.pdf

3.2 Focus for this inspection

This inspection included a focus on 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, no areas for improvement were identified. Areas for improvement will now be identified as areas for development.

4.2 Observations and overall findings from this inspection

Le Geyt Centre is a day service which caters for people with profound and complex disabilities and also provides individual programs for people on the autistic spectrum. The service operates between 9:30 – 3:00pm, Monday to Friday.

The service ensures that care receivers are supported with regular risk assessments and training using digital and physical systems.

Communication is managed through emails, meetings, and a WhatsApp group. Staff development is a priority, with shadowing and inclusive support. The service also supports student placements. Medication management follows strict protocols, including audits and staff training. Birthday celebrations and team bonding activities enhance the service's friendly, inclusive environment.

The service collaborates with external professionals (schools, therapists, social workers) and uses a Single Point of Referral (SPOR) for additional support. It conducts its assessments, like cooking evaluations, to develop personalised support plans. Key workers update these plans regularly. The service adapts care, offers external activities, and holds multidisciplinary team meetings to maintain comprehensive support and hospital passports to ensure emergency preparedness.

The manner in which consent is documented and stored within care receiver's files needs to adhere to the Capacity and Self Determination (Jersey) Law 2016, and is an area for development.

Le Geyt Day Service promotes care receivers' growth and engagement through a visual goal tree, collaborative activity selection, and a winter timetable trial period.

Activities like wet wheels and volunteering promote independence, while daily case notes and monthly reviews ensure progress tracking.

Staff receive regular supervision and annual appraisals, managed via the online government system, which helps maintain compliance and address outstanding tasks. This structured approach ensures continuous professional development and high-quality care within the service.

The service promotes a culture of conflict resolution, open communication, and staff support. There was evidence that the Registered Manager ensures staff feel heard and supported, providing flexibility for those facing personal challenges and encouraging team collaboration.

Staff have received an updated whistleblowing policy, demonstrating transparency. However, difficulty in accessing up-to-date policies and a need for improved policy management to enhance staff efficiency and compliance was highlighted.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Adult Day Care 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 October 2023, reviews of the Statement of Purpose, variation requests and notifications of incidents.

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

As part of the inspection process, records including policies, care records, incidents and complaints 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 an improvement 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 Home Care Standards 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.

The inspection of Le Geyt Day Service focused on its risk assessment processes. The service conducts risk assessments to ensure staff are well-prepared to meet the needs of care receivers. Staff can shadow other services, including private home care, to enhance their knowledge and share best practices with the team.

The service's vehicle is also subject to risk assessments, and its use requires the presence of two staff members, one of whom must be a senior member. An example provided during the inspection showed how a care receiver, following a risk assessment, could sit in the front of the vehicle, improving their overall experience after previously only being able to sit in the back.

Staff training in risk assessment is delivered through the government platform 'Connect', with additional face-to-face training available. The service also uses social stories to explain risk assessments to care receivers, ensuring they understand the process and feel comfortable with the care they are receiving. Risk assessments are regularly reviewed, at least every three months or as needed, to ensure they are up-to-date and relevant.

The service uses its risk assessment documentation as the government IT system, does not fully meet the service's specific needs. Risk assessments are stored digitally and physically on the internal IT system, with copies kept with the care receiver and in a locked cupboard in the office.

Communication within the service is managed through emails, and important information regarding risk and needs assessments is sent with a read receipt to ensure staff have acknowledged it. Staff also participate in morning and afternoon 'hubs', where they gather to discuss care receivers' support updates, including risk assessment changes. Notes from these meetings are kept and shared with staff who are not on shift.

During the inspection, a review of care receivers' folders confirmed that the service maintains comprehensive risk assessments covering all necessary areas. The inspection found that Le Geyt Day Service demonstrates a structured and proactive approach to managing risks, focusing on continual staff development, effective communication, and record-keeping.

Le Geyt Day Service employs 26 staff members. The Registered Manager shared how the service celebrates birthdays with a tradition where staff members bring their own cake, and everyone sings together, including care receivers and staff. Silly cards are also given to the birthday person, adding a playful element to the celebration.

The staff team stays connected through a WhatsApp group, which they use to share practical updates such as road closures on the way to work. The service also organises 'Fun Fridays' activities for staff and service users to enjoy together.

The Registered Manager supports staff who have additional needs in the workplace, providing examples of how they have accommodated and assisted such individuals. This reflects the service's commitment to inclusivity. The Government of Jersey also provides various well-being opportunities for staff.

The service actively supports placements for student nurses and social work students, who have provided positive feedback after spending two to three weeks with the team. These students are expected to work the same hours as staff and fully participate in day-to-day activities, gaining hands-on experience.

The medication management and administration processes at Le Geyt Day Service were examined as part of the inspection. The service follows a structured medication policy, stored on the internal 'L drive' and available as a paper copy in the medication room for easy reference. Senior healthcare assistants receive medication training as part of their RQF (Regulated Qualifications Framework) training, and their competencies are assessed through yearly face-to-face evaluations to ensure they remain proficient in handling medications.

Relatives of care receivers are responsible for bringing in a monthly supply of medications. To maintain safety and accuracy, the service conducts a monthly audit of the medication cupboard, which is located in a locked room. Controlled drugs are subject to additional security measures, being stored in a locked box within the locked cabinet and then within the locked medication room. Any handling of controlled drugs requires two staff members to sign them in and out, ensuring adherence to proper procedures and safety protocols.

Feedback from a professional who works alongside the service:

"I have witnessed safety within the building and the use of separate areas for individuals. We supported 2 individuals to attend a Farm placement with Le Geyt and risk assessments were well structured for this."

Is the service effective and responsive?

Assessing the organisation of the service so that care receivers needs are respected and met.

Le Geyt Day Service takes a broad approach to assessing the needs of care receivers by utilising assessments already carried out by other professionals, such as schools, social workers, physiotherapists, occupational therapists (OT), and speech and language therapists. When additional support is needed, the service uses SPOR for specific services, such as dietitians. This helps ensure that care is aligned with the needs already identified by other agencies.

In addition to external assessments, staff at Le Geyt Day Service conduct service-specific assessments, such as cooking assessments, to evaluate and support daily living skills. These assessments are used to produce support plans stored digitally in the internal IT system and as physical copies in the care receiver's folders. Such as risk assessments, updates to support plans are emailed to staff and discussed during the hub meetings. These plans are reviewed and updated every three months or sooner if necessary.

Each care receiver is assigned two key workers—a Grade 1 and a Grade 2 healthcare assistant—responsible for updating the support plans as needed. The Registered Manager shared an example where the formal day service within the Le Geyt building could not fully meet the needs of a particular care receiver. In response, the service adapted dynamically by offering the individual an external activity at a different location, demonstrating flexibility in tailoring care to individual needs.

Le Geyt Day Service collaborates closely with various external services such as home care providers, community nurses, and family nursing services. The staff participate in multidisciplinary team (MDT) meetings, which include discussions around Positive Behaviour Support (PBS) and speech and language therapy (SALT). This collaboration ensures that care receivers receive comprehensive support tailored to their needs.

The service also coordinates with psychiatrists who conduct reviews for care receivers, typically accompanied by a community nurse. This partnership enhances the level of care and oversight provided to individuals. Additionally, the service works alongside respite services to ensure that relatives of care receivers receive appropriate respite care, allowing them the support they need.

In April 2023, staff at Le Geyt Day Service completed training on capacity and self-determination law. While staff members undertake daily task-related capacity assessments, more complex decisions require the involvement of community nurses or social workers to assist in completing the necessary documentation.

During the review of care receivers' files, it was noted that their relatives signed consent forms. This aspect was discussed with the Registered Manager, who acknowledged that these consent forms should align with the Capacity and Self-Determination (Jersey) Law codes of practice. An area for development is to update the Capacity and Self-Determination (Jersey) Law training and to ensure that the consent process and care receivers' documentation adhere to these legal guidelines. This is crucial for upholding the rights of care receivers and ensuring that their decisions are made with proper understanding and support. This review highlights the importance of ongoing training and adherence to established practices to promote the best outcomes for individuals receiving care.

The Registered Manager informed the Regulation Officer that the senior leadership team is currently developing a process regarding Do Not Attempt Resuscitation (DNA) orders and Cardiopulmonary Resuscitation (CPR) documentation to be maintained within the service. All care receivers are provided with hospital passports, which can be shared with relevant services to ensure that critical information is accessible during medical emergencies.

Additionally, each care receiver has an 'All About Me' document that outlines their preferences, promoting person-centred care. If any care receiver requires CPR, the procedure will be performed by staff members trained in essential life support. This training ensures that staff are prepared to respond effectively in emergencies, prioritising care receivers' safety and well-being.

Feedback from a family member:

“My daughter loves going, she wakes up in the morning and says school, this is how she refers to Le Geyt.”

Is the service caring?

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

Le Geyt Day Service features a visual goal tree displayed in the corridor near the entrance. This goal tree, created collaboratively with each care receiver and their key worker, outlines the objectives that care receivers aim to achieve over the next year, fostering a sense of purpose and motivation.

Additionally, the service provides a winter timetable that allows care receivers to select activities they would like to participate in. Families receive a list of these activities to complete, and care receivers then discuss and finalise their choices with their key workers. The service implements a trial period for the timetable, allowing care receivers to experience the activities before finalising their participation. Activities are reviewed daily to ensure they remain relevant and enjoyable for the care receivers.

The service documents daily case notes, which are reviewed monthly to track progress and identify any necessary adjustments. Each care receiver has a personalised support plan that includes their chosen activities, emphasising individual preferences and fostering engagement.

Care receivers can access various activities, such as Healing Waves, Wet Wheels, Acorn, and volunteering in charity shops. The service also promotes independence through multiple activities, including opportunities for horse riding, encouraging individuals to explore new experiences and enhance their skills in a supportive environment.

Staff members receive regular supervision and annual appraisals to support their professional development and ensure quality care. The Registered Manager utilises the online service Connect, which sets reminders and helps maintain compliance with the established time frames for supervisions and appraisals. This system also highlights outstanding tasks, allowing the Registered Manager to address them promptly.

The Regulation Officer reviewed the Connect system and confirmed that the service is current in its supervisions and appraisals, demonstrating a practical approach to staff management and development. This commitment to regular supervision ensures that staff are well-supported and that care standards remain high within the service.

Feedback from a relative:

'My daughter experienced a smooth transition from other services. She appears very happy and has made friends.'

Is the service well led?

Evaluating the effectiveness of the service leadership and management.

All staff received an updated copy of the whistleblowing policy, which was sent out with a read receipt to ensure acknowledgement. The Registered Manager discussed the occasional challenges in managing staff dynamics, emphasising their commitment to promoting a culture of conflict resolution within the team.

The Registered Manager's approach encourages active participation from staff members in addressing and resolving issues openly with one another when they arise. This proactive strategy promotes a supportive and communicative environment, where staff hopefully feel empowered to engage in discussions that can lead to constructive solutions and improved team cohesion. Feedback from staff is that they feel supported and listened to.

The Registered Manager shared several examples with the Regulation Officer of how the service has supported staff with additional needs in the workplace. This support extends to staff members who face challenges in their personal lives that impact their ability to work. The manager emphasised a commitment to being flexible with staff with personal obligations, demonstrating an understanding of the importance of work-life balance.

When staff have encountered difficulties, the service has actively provided assistance to help them navigate their situations. Additionally, staff members are encouraged to bring their ideas to team meetings, promoting a culture of collaboration and inclusivity. Management maintains an open-door policy, ensuring that staff feel comfortable approaching leadership with concerns, suggestions, or requests for support.

The provider of Le Geyt Day Service is the Government of Jersey Health and Community Services, which uses an online intranet system to store policies and procedures for staff. However, the Regulation Officer's review of this system revealed challenges accessing the most recent policies.

Multiple versions of the same policy are often available, making it difficult for staff to navigate the system and locate the most up-to-date and relevant information.

This inconsistency in policy management and accessibility has been identified as an area for development. Improving the organisation and clarity of the intranet system would enhance staff efficiency and ensure that everyone is following the latest guidelines and procedures, ultimately contributing to better service delivery and compliance with regulations.

A review of the mandatory and statutory training completed by staff revealed that, although many staff members are booked for upcoming sessions, not enough staff have completed the required training across all necessary areas to meet Day Care Standard 3.11. This gap highlights an area for development. Ensuring that all staff receive and complete the appropriate training is essential for maintaining compliance and delivering high-quality care.

Feedback from a staff member who works for the service:

“I am given the opportunity to utilise my knowledge and contribute to care plans and risk assessments.”

DEVELOPMENT PLAN

There were three areas for development identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p>Area for Development 1</p> <p>Ref: 5.1</p> <p>To be completed: by 21/01/2025</p>	<p>Registered persons and care/support workers must at all times be compliant with the Capacity and Self Determination (Jersey) Law 2016 and relevant legislation in respect of people's rights, consent and decision making</p>
	<p>Response by registered provider:</p> <p>Further review of care receivers' consent to the care and support they receive in the Day Centre will be undertaken.</p> <p>Further consideration will also be given to how consent is recorded and reviewed, and a local protocol developed.</p> <p>In addition, a training plan has been devised to further enhance staff knowledge and understanding of this legislation.</p>

<p>Area for Development 2</p> <p>Ref: 1.6</p> <p>To be completed: by 21/05/2025</p>	<p>The provider will ensure there will be policies and procedures based on current best practice and evidence which will be available and accessible to people receiving care and others.</p>
	<p>Response by registered provider:</p> <p>The Quality and Safety Team within HCS are currently leading a piece of work to identify corporate policies in need of review or removal and that will improve accessibility to the relevant GOJ documents required by the service/care receivers.</p> <p>Any Day Care/Adult Social Care specific policies relating to the Learning Disability Service will be updated and ratified within the Adult Social Care Group and then approved through the usual HCS process as required. The registered manager will ensure that a process is in place to improve access to policies for staff.</p>

<p>Area for Development 3</p> <p>Ref: 3.11</p> <p>To be completed: by 21/01/2025</p>	<p>The Registered Provider must ensure that the accommodation is well maintained and decorated.</p> <p>A schedule of works to be submitted to the Commission immediately after inspection.</p>
	<p>Response by registered provider:</p> <p>The registered manager will ensure that all Corporate and Government statutory and mandatory training is reviewed and updated within the agreed timeframes.</p> <p>During discussion with the inspector, there is further specific training needs highlighted to meet service delivery requirements. These are being addressed – for example, a plan has been devised to update all</p>

	staff training around the Capacity and Self Determination (Jersey) Law 2016 on an annual basis.
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Appendix 1 – Sources of Evidence

New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	The evidence reviewed during the inspection included a comprehensive selection of care receivers' files, which contained detailed risk assessments and individualised care plans. These documents were carefully examined to assess whether they were up to date, person-centred, and reflective of the needs and preferences of the care receivers. Feedback was also gathered from both staff and relatives of individuals using the service, providing valuable insights into the quality of care and support offered at Le Geyt Day Service.
Is the service effective and responsive	Policies were accessed via the Government of Jersey's intranet system. A review of the system revealed some difficulties in accessing the most recent versions of policies, which was flagged as an area for development. A specific focus was placed on reviewing the consent forms within the care receivers' files to ensure compliance with the Capacity and Self-Determination Law, verifying that all consents were obtained correctly in accordance with legal standards.
Is the service caring	Observational session was conducted during the inspection. This allowed for direct observation of the interaction between staff and care receivers, providing a real-time view of how care and support were being delivered. The session offered a clear understanding of how staff apply their training and skills in practical

	settings, further contributing to the overall evaluation of the service.
Is the service well-led	The training matrix was also reviewed to assess staff compliance with mandatory and statutory training requirements.

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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