



**Jersey Care
Commission**

INSPECTION REPORT

Mourant Lodge

Care Home Service

**Les Amis Limited
Five Oaks
St Saviour
JE2 7GS**

22 November 2024

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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 Mourant Lodge 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, physical disability and/or sensory impairment
Maximum number of care receivers	Four
Maximum number in receipt of personal care/personal support	Four
Age range of care receivers	16 and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1-4: one person

	Care receivers with a physical disability to be accommodated on the ground floor bedroom
Discretionary Conditions of Registration	
None	
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 nine days prior to 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	22 November 2024
Number of areas for development from this inspection	None
Number of care receivers accommodated on day of the inspection	Four
Date of previous inspection:	12 and 21 September 2023
Areas for development noted in 2023	Two
Link to previous inspection report	Mourant Lodge Inspection Report 2023

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection on 12 and 21 September 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, two areas for improvement were identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that both areas of improvement had been achieved. This means that there was evidence of:

- The Registered Provider notifying the Commission of incidents, accidents or other events that may have posed a risk of harm and Significant Restriction of Liberty authorisations.
- The act of administering medication in disguised or covert form now occurs following a formal best interest decision which is recorded in the care receiver's personal plan.

Areas for improvement in this report will now be identified as areas for development.

4.2 Observations and overall findings from this inspection

Mourant Lodge is situated in the rural Parish of Trinity within close proximity to the local pub / restaurant, general stores and Parish church. It provides respite care for people who, mainly, live at home with their families and who require personal care and/or support. Those who access the service currently range in age between sixteen and fifty-seven, with the majority of care receivers being below the age of thirty years. The length of respite can vary from an overnight stay to up to two weeks; however, the longer respite options have not recently been requested.

The inspection was carried out by a Regulation Officer who was accompanied by the Pharmacist Inspector for the first two hours of the inspection. The management of medication identified mostly appropriate practice with some changes that were able to be implemented in a timely fashion.

The service has a small staff team with one additional member of staff joining the team since the last inspection. The Registered Manager stated that the service benefits from flexible support workers who were described as an “amazing, dedicated team”.

Included within the available bedrooms at Mourant Lodge is a ground floor, high dependency, bedroom that is specially fitted with the equipment required to provide suitable respite care to people with enhanced mobility needs. The room has an ensuite shower which can be safely accessed.

Over time, some of the care receivers have developed friendships whilst attending the service and small groups request to have respite at the same time which they described as having a “sleep over”. They plan their evening entertainment, meals and daytime activities. However, the Regulation Officer was informed that some of the group prefer going to the zoo more than others which results in simultaneous activities being planned.

The organisation has a suite of policies that are available via the electronic record system for all their care staff. All staff members have access to the policies and are required to sign to say they have read and understood the policy.

The Regulation Officer viewed several policies and was satisfied that they were up to date and relevant. The Pharmacist Inspector reviewed the organisations medicines policy which was described as covering all areas recommended by National Institute for Health and Care Excellence (NICE) guidelines.

During this inspection there was good engagement from staff and information requested was provided in a timely fashion.

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 12 and 21 September 2023, reviews of the Statement of Purpose and notification of incidents.

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

As part of the inspection process, records including policies, care records and incidents 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.

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 <https://carecommission.ie/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.

Mourant Lodge provides respite care and is one of several small care homes provided by Les Amis, which offers services for people with learning disabilities and/or autism.

The organisation has a human resource (HR) team that leads the organisation's safe recruitment process. Twice a year, two regulation officers attend the head office and review evidence of safe recruitment. The most recent review of the recruitment process was completed the same week as the inspection of Mourant Lodge. The regulations officers were satisfied that safe recruitment practices, including appropriate evidence of up-to-date Disclosure and Barring Service (DBS) checks, references and interview processes, are completed before staff commence employment. Once employed, a proper induction process is implemented to support new staff in their new roles.

Along with reviewing safe recruitment, the regulation officers examined a selection of the organisation's policies to ensure that they are relevant and up to date. All policies are held within an electronic system accessible by staff. The policies viewed demonstrated appropriate content and version control and reflected local legislation.

The service is homely and clutter-free. It is pleasantly decorated, clean and tidy, and there were no infection control concerns. Medications are kept in a locked cupboard within the staff office. At the time of the inspection, the controlled drugs lockable container keys were being kept within the central medication cupboard, which does not fulfil the requirement for a 'double locking mechanism' outlined within the standards. Advice was given to the Registered Manager, and an immediate commitment was made to control the keys by a designated person with an audit trail of holders.

Feedback from a family member:

They provide a safe environment, Xxx can't wait to get there. The carers greet them with open arms."

Medication Administration Record (MAR) Sheets were in good order with no missed entries and appropriate transcribing. As the service provides respite care, some care receivers are only at Mourant Lodge once or twice monthly for a few days. To ensure the safe administration of medication, the Registered Manager was advised to score through the days on the MAR sheet that the care receivers are not at the home to minimise the likelihood of errors.

The service has an appropriate medicine fridge, which was not required to be in use at the time of the inspection as no medications needed to be kept in it. The Pharmacist Inspector noted that a basic thermometer was available to measure the fridge temperature and advised the Registered Manager to purchase a suitable thermometer with a maximum/minimum function for further use.

There were fire risk assessments for each care receiver who accesses respite at Morant Lodge. The fire plan is located by the main exit. It contains each resident's Personal Emergency Evacuation Plan (PEEP), which is straightforward and easy to follow. The home evacuation plan includes the following:

- Raising the alarm
- Actions that staff should take on hearing the alarm
- Escape Routes
- Fire assembly point
- PEEPs
- Signed records of:
 - Weekly fire alarm test
 - Monthly emergency lighting log
 - Three monthly checks on the self-closing doors
 - Firefighting equipment was last serviced on 5 March 2024
 - Evidence of fire system annual checks from a competent engineer
 - Six monthly fire drills covering all staff.

Since the previous inspection, five notifications have been submitted to the Commission: three relating to authorisations of Significant Restrictions on Liberty (SRoL) safeguards and two regarding renewals of SRoL. The Regulation Officer reviewed a sample of the provider's monthly reports and confirmed there had been no complaints about the service during the period being inspected and no safeguarding referrals.

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 Registered Manager explained that the service aims to provide flexible respite for the care receivers and their families and will endeavour to meet as many requests as possible. In planning respite, the needs and wishes of the care receivers are considered and, where possible, harmonised with others who may be receiving respite at the same time; for those care receivers who require the high dependency room, the dates requested for respite need to be matched against the needs of other care receivers with similar requirements.

The Regulation Officer was informed that several care receivers have developed friendships and often enjoy receiving respite at the same time as their friendship group. The service activity strives to meet these requests, and the care receivers plan their respite activities together, supported by the service. Such activities include visiting the zoo, walking, running clubs and going to the cinema. Along with groups identifying their own interests and activities, the team at Mourant Lodge supports all care receivers in engaging with activities provided by the service or other organisations. These include trampolining, wet wheels, surfing, swimming, youth clubs and social clubs.

All activities are risk-assessed and are offered to the care receivers based on their unique abilities and preferences. Feedback from the family member of one of the care receivers stated, *“Xxx loves going each week; they usually know the other care receivers and enjoy mixing with their pals; they attend the inclusion youth project where they also see other friends”*.

The service is a member of the Learning Disability Alliance, which includes other services that provide respite to people with learning disabilities and/or autism. The alliance is coordinated by Le Geyt Service, which provides adult day care on behalf of Health and Community Service. Mourant Lodge primarily provides short-term (one or two-night) respite but can consider longer periods of respite if required.

The Adult Social Work Team generates referrals to Mourant Lodge. The Registered Manager said that the number of people requiring respite can fluctuate. At the time of the inspection, they had the capacity to offer more respite if necessary.

The Regulation Officer was satisfied that there are collaborative partnerships with other care professionals. The joint work puts the needs of the care receivers’ at the centre of the care planning. An example of this is the joint work with Jersey Youth Service when planning activities for care receivers. Feedback from one of the professionals involved with Mourant Lodge stated, *“In my recent experience, both staff and the (Registered) manager have offered positive respite services”*.

Feedback from a professional who visits the home:

“They have been flexible and supportive, providing a caring and well-trained staff.”

Staff cover is flexible and dependent on the needs and numbers of the care receivers attending respite care and the planned activities. The team consists of the Registered Manager, a team leader, three full-time support workers and two support workers employed on zero-hour contracts. The Registered Manager was very complimentary of the staff team, stating, *“They are an amazing, dedicated team”*. The view of the Registered Manager was echoed by one of the family members who said, *“The staff are excellent. They have supported Xxx to engage in activities at Mourant Lodge that they had previously resisted. Xxx enjoys going for respite”*.

Is the service caring?

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

The Registered Manager described meals being planned with the care receivers and/or their representatives. The service caters to specific dietary requirements.

The electronic care record system was reviewed, demonstrating that care planning was person-centred. The care receivers likes and dislikes were recorded along with appropriate information about their living arrangements, the important people in their lives, risk assessments and care plans. The ‘All About Me’ section of the care record gives comprehensive information to support the care staff in providing tailored care packages.

When referrals have been accepted, care receivers, families, and/or representatives are involved in developing the care plans. They provide details of the care receiver’s likes, dislikes, and preferences and what promotes contentment and reduces upset or distress.

Care plans are reviewed regularly and updated as needs change or develop. As a respite service, it is important to have up-to-date information about any changes to physical and/or mental health, medication, and well-being between periods of respite.

This was evident in the care plans and the due diligence placed on the medication record during each period of respite, along with feedback from a family member.

The care receivers are supported in developing independent living skills and encouraged to personalise the rooms they stay in during their respite through a choice of bedding and, where possible, the room in which they stay (each room is decorated differently). One of the care receiver's family members informed the Regulation Officer that "*When Xxx attends Mourant Lodge, they immediately go to their room to make up the bed, they help out with other chores which is a skill they have developed since commencing respite*".

Feedback from a family member:

"I can't speak highly enough of the staff; they are of the highest quality ...they provide impeccable care."

Care receivers and their family or representatives can access the easy-to-read version of the complaints form. The form is accessible and on view by the home's main door. The form gives brief, clear sentences and pictures depicting the information within each sentence. It also includes information for external resolution signposting to the Jersey Care Commission. One of the care receivers said, "*The staff are very good, they look after me and help me make my tea*". When asked what they would do if they had any concerns or complaints they replied, "*I would tell the staff*", the Regulation Officer was confident that the care receiver knew how to raise concerns should they arise.

The three-monthly provider reports reviewed by the Regulation Officer covered February, May, and August 2024. Staff supervision was referenced in each of the reports, with two supervisions outstanding in February, one in May, and none outstanding in August. The staff team receives supervision every two to three months and has annual appraisals with objectives set at the beginning of the year, which are reviewed after six months.

Is the service well led?

Evaluating the effectiveness of the service leadership and management.

A training policy is in place for the organisation, which the Learning and Development Manager coordinates. The organisation provided the Regulation Officer with comprehensive details of staff training records, including the training that had been completed and when refresher training was required. It was noted that all staff have completed and are up to date with their minimum statutory and mandatory training requirements that include training in:

- Health and Safety
- Communication
- Equality and diversity
- Learning disabilities and autism
- Data Protection
- Food hygiene
- Moving and handling
- First aid
- Infection control
- Safeguarding Capacity and Self-determination Law.

Care staff have also been trained in other relevant areas, such as sepsis, dementia and cognitive issues, epilepsy, pressure area care, and enteral feeding techniques. Two-thirds of the staff team have completed the Regulated Qualifications Framework (RQF) (or equivalent) in health and social care at level three or above.

The organisation is supporting one of the care staff in completing training to gain a level four BETC certificate in positive behavioural support. Positive behavioural support gives practitioners skills in working with people with autism and learning disabilities to understand the reasons behind unhelpful behaviours and introduce positive behaviours with the team and the care receiver. The training is provided by the British Institute of Learning Disability (BILD), a specialist training provider.

Fire awareness and update training is completed at Mourant Lodge by the appointed fire marshal. This ensures the staff team are aware of the fire requirements for the specific building.

One of the support workers was positive about the training the team received and stated that the organisation is proactive in providing training and flagging up to staff when refresher training is required. They did state that their preference would be to have a better blend of online training and face-to-face training, saying they found being able to discuss issues as a group or with the trainer helped to embed learning. Monthly provider reports are completed by the organisation's Head of Governance.. The August review gave a comprehensive overview of the commission standards and regulation compliance, which had been discussed within the service that month and included standard two, *'You will be cared for and helped in a way which has been planned with you'*, and concluded that information to be implemented in the care plans was to include:

- Community and inclusion
- Finances
- Health and medical
- Independent living skills
- Keeping safe
- Prospects, dreams and goals.

Feedback from a professional who visits the home routinely:

"The management is particularly attentive to the individual needs of service users, ensuring a personalised and responsive approach to care."

A further example of the standards reviewed during the monthly report was standard 4, *'You will feel safe'*, where safeguarding training for all staff, fire risk assessments and evacuation plans, health and safety water management, conflict resolution, and medication competencies were checked for compliance. This demonstrates an organisational awareness of the Commission's standards and how they support the provision of care.

A detailed '*Welcome to Respite*' pack provides key information to people considering using the service or those receiving respite care. Aims and objectives are clearly stated, along with care receiver rights. The document explains how staff are safely recruited and the training they receive to help them provide the appropriate personal support and care to the people who use the service. There is a section that explains how complaints or suggestions are encouraged by the organisation and the routes in which a complaint can be raised.

An easy-to-read service user guide is provided to care receivers and their families/representatives. It includes appropriate information about the organisation in pictorial and short sentence format.

The organisation has an up-to-date Whistle Blowing/Reporting Concerns Policy that is easily accessible to staff and gives clear guidance on raising an issue within the organisation and handling the matter. The policy also signposts staff to external organisations should they believe they can't follow the internal process.

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
Safety <ul style="list-style-type: none"> • Accidents and Incidents will be reported and investigated 	<ul style="list-style-type: none"> • SRoL notifications submitted and reviewed with Registered Manager
<ul style="list-style-type: none"> • The administration of covert medication 	<ul style="list-style-type: none"> • Medication policy • Care plan review • Feedback from Registered Manger • Medication Inspection by the Commissions Pharmacist Inspector
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
Is the service effective and responsive	<ul style="list-style-type: none"> • Mandatory conditions • Duty rotas • Introduction of additional training

	<ul style="list-style-type: none"> • Feedback • Evidence of collaborative work • Care plans
Is the service caring	<ul style="list-style-type: none"> • Supervision and appraisals log • Feedback • Care plans
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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