



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Garden Flat**

**Care Home**

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

**20 November 2020**

## THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 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.

## ABOUT THE SERVICE

This is a report of the inspection of Garden Flat. The service is registered to provide personal care and support to a maximum of seven care receivers. The service is registered for the category of learning disability or autism.

The Garden Flat provides ground floor accommodation with a large courtyard and a small garden area to the front of the building. Parking is provided to the side and rear of the building. The home has good links nearby for public transport, and benefits from being near local amenities

The accommodation includes a central lounge with a conservatory area, which provides a variety of seating options. At one end of the home is a large kitchen diner, with a range of domestic kitchen appliances fitted. There is an additional smaller kitchen area found at the opposite end of the building that may provide opportunity for independent living skills to be developed as social visits with others, making beverages and cooking for example. This area also benefits from a quieter lounge which can be used for activities away from busier parts of the home.

There are seven single bedrooms; five of which have an en-suite bath or shower, toilet and washbasin. In addition to en-suite facilities, the home has one level access shower room, two separate toilets, one level access wet room with a toilet and wash basin. The corridors are of sufficient width to accommodate wheelchairs.

This is one of 18 care home services operated by Les Amis. The service was registered with the Jersey Care Commission ('the Commission') on 18 July 2019.

Registered Provider	Les Amis Limited
Registered Manager	Vacant position (registration pending)
Regulated Activity	Care home for Adults
Conditions of Registration	Mandatory conditions Maximum number of people who may receive personal care/personal support – 7 Category of care – Learning Disability/Autism Age range – 18 and above

	Rooms – 1-7 one person
Date of Inspection	20 November 2020
Time of Inspection	9.30 am – 12.30
Type of Inspection	Announced
Number of areas for improvement	Two

The registered manager position is currently vacant but with an application pending for an identified person as confirmed by the provider prior to this inspection.

At the time of this inspection, there were six people accommodated in the home.

## SUMMARY OF INSPECTION FINDINGS

This inspection was announced and completed on 20 November 2020. The Care Home Standards<sup>1</sup> were referenced throughout the inspection, and the Regulation Officer focussed on the following areas:

- the service's Statement of Purpose and Conditions on registration
- safeguarding (adults and children)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

Overall, the findings from this inspection were positive. There was evidence that care receivers were being provided with a service that is safe and which takes their wishes and preferences into account.

Due to the absence of a registered manager in post for this home, the inspection was undertaken with the registered manager from another Les Amis home. They have overseen the operational running of the home since this post became vacant and it was confirmed that they were, at the time of the inspection, present in the home on a consistent basis to ensure that care receivers and staff are adequately supported and supervised. This is particularly important on account of the high levels of dependency that some care receivers have and the close monitoring that is therefore indicated.

There was a good summary of the reviews and decision-making which had been undertaken in respect of individual care receivers in recent months. In particular, it was evident that best practice had been demonstrated in seeking to ensure that the long-term care needs of care receivers could be met. As it was no longer possible to provide the required type and level of care under the existing conditions of

<sup>1</sup> The Care Home Standards and all other care Standards can be accessed on the Commission's website at <https://carecommission.je/standards/>

registration in respect of one care receiver, the care receiver's transition to a nursing home environment was initiated by the provider.

Care staff who were spoken with provided a helpful and compelling summary of how care receivers had been supported during the enforced Covid-19 lockdown. This evidenced a very committed and conscientious staff team who had worked diligently to ensure that standards of care and the wellbeing and safety of care receivers was consistently provided during this challenging period.

A wider review of the recruitment processes that the provider follows for all new staff prior to commencing employment in Les Amis homes was undertaken separately to this inspection. This was referenced as part of this visit. However, the staff team at this home is consistent and staff turnover is not a concern.

There is an expectation of managerial presence in all care homes. However, during the lockdown period, the home's manager had been advised to work remotely. Following this decision, in addition, the manager post then becoming vacant resulted in additional demands being made of several senior staff who were required to provide additional support for the home.

However, during the inspection, the staff group on duty were able to convey a good understanding of their roles, responsibilities and of the support systems which were available to them. This included positive feedback about the availability of experienced practitioners to provide support and advice when required and in a timely manner.

Care receivers' records were reviewed alongside staff rosters, which demonstrated that staffing numbers were adequate to meet the needs of care receivers, and that staff were appropriately deployed within the service. One member of staff described how they were working in a deputy manager role and that they perceived this to be a valuable developmental opportunity. This staff member was fully involved in the inspection

The Statement of Purpose had been recently revised and was provided during this inspection. It was apparent that additional information had been included which ensures that it was directly relevant to the service (in contrast to the more generic Les Amis document that had preceded it).

It is a requirement that monthly quality reporting is completed. This has been identified as an area for improvement. Samples of recent quality assurance reports were not available for reference. A suitable monitoring process needs to be in place to ensure that the home is meeting all the Standards consistently. It was acknowledged that this was work in progress.

A review of the current care plan format with both management team and care staff confirmed the findings of the Regulation Officer in that the limitations of the current format were highlighted. It was apparent that care staff experience difficulty when accessing and inputting records on the electronic system. Additionally, the current format is relatively inaccessible to care receivers. Care receivers should be able to access and understand their own care plans (as far as possible), and an easy-read

version of both the welcome pack and complaints guide should also be devised. In addition, the current electronic format is such that there is difficulty in accessing information simply and quickly. The format is both onerous and challenging due to the volume of plans generated.

Care plans are completed using an online system, but consideration should be given to the use of various formats for care plans. This in order that the care receiver can refer to them as best meets their individual abilities and/or indeed preference. This represents an area for improvement.

## **INSPECTION PROCESS**

Commission staff met with Les Amis senior management on 2 and 4 September 2020 to discuss a range of matters that each of the Les Amis registered services has in common. This was also an opportunity for Commission staff to meet with the registered managers as a group away from the regulated activity. The organisation's response to the Covid-19 situation was discussed in detail alongside developments in care planning, staff training and quality assurance. This was a useful engagement and enabled the Commission to prepare for the inspection of each regulated activity.

Prior to the inspection visit, information submitted by the service to the Commission since the service became registered, was reviewed. This included any notifications and any changes to the service's Statement of Purpose.

This inspection was undertaken in accordance with the home's infection prevention and control protocols.

The Regulation Officer observed some of the people who use the service, and/or spoke by telephone with their representatives, and spoke with managerial and other staff.

Two relatives were contacted following the visit to consult about their views on the care which is provided to their loved ones. Specific reference was made to the communication and involvement they had during the period of lockdown.

An email was sent out to allied professionals to gain their views of the Les Amis services in general as part of the inspection process. Responses were received from two professionals about their recent engagement with the provider with reference to the period of lockdown and in more general terms.

The discussion with the acting manager was supplemented by other documentation, which provided evidence of how the Standards are met.

There were three care staff on duty at the time of the inspection visit and their positive engagement in the inspection process was both helpful and informative. This relating to clarification and discussion about operational matters, the identification and clarifying of care receivers' needs and to a discussion about the

support systems, as made available during the lockdown period and as routine during other periods. One specific event was discussed with staff relating to support they received following a distressing and unforeseen event. The Commission had been formally notified of this matter at the time, as is routine.

During the inspection, records including policies, care records and incidents were examined. The Regulation Officer undertook a review of the premises with due consideration given to care receiver’s identified needs particularly those relating to mobility.

At the conclusion of the inspection process, the Regulation Officer provided feedback to both the acting manager and the deputy manager of the general findings and of the intention to record the areas for improvement. The feedback related to observations and information established during the visit and to the more general findings which had been established from the earlier engagement with the senior management team.

This report sets out the findings and includes areas of good practice which were identified during the inspection. Where areas for improvement are noted, these are described in the report and an action plan is attached at the end of the report.

## INSPECTION FINDINGS

### **The service’s Statement of Purpose and conditions on registration**

The Care Home’s Statement of Purpose was reviewed prior to the inspection visit. The Standards outline the provider’s responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The Statement of Purpose met the criteria for registration and has recently been updated with more specific reference to the home and how it operates. The Regulation Officer was satisfied that the provider / manager fully understands their responsibilities in this regard.

The Care Home is, as part of the registration process, subject to the following mandatory and discretionary conditions:

Conditions of Registration	<p><u>Mandatory</u></p> <p>Maximum number of care receivers      7</p> <p>Number in receipt of personal care      7</p> <p>Number in receipt of personal support    7</p> <p>Age range of care receivers - 18 and above</p> <p>Category of Care - Learning Disability Autism</p> <p>Rooms: The maximum number of persons to be accommodated in the following rooms:</p>
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	Rooms No: 1 – 7 One person
	<u>Discretionary</u>
	None

A discussion with the management team and an examination of records provided confirmation that these conditions on registration were being fully complied with and will remain unchanged.

The vacant manager position had been notified to the Commission in formal correspondence as a matter of routine. It was acknowledged that a person had been identified to take up this role in due course.

From a discussion with care staff during the inspection visit, it was evident that they had a good understanding of care receivers' needs and were able to describe how these needs should be met. One specific example relating to a care receiver who was no longer living in the home (on account of an increase in their needs beyond those which the home was able to meet), provided good evidence of the systematic review and evaluation of care needs that takes place. In this case, it was apparent that appropriate referrals had been made and that best practice had been followed. the care receiver moving into a nursing care environment.

The Regulation Officer was satisfied that all conditions were being met.

### **Safeguarding (adults)**

<p>The Standards for Care Home service set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.</p>
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During the meetings with Les Amis senior management and the registered managers on 2 and 4 September 2020, it was confirmed that there are two in-house trainers who conduct level 1 (foundation level) safeguarding training for all new staff.

From a discussion with the acting manager, it was demonstrated from examples of actions taken by staff, as to how safeguarding principles are applied in practice. An alert raised in recent months by the home (not relating to conduct of the home or its staff), was discussed. This demonstrated that due vigilance was apparent which facilitated the prompt and appropriate escalation of concerns with external agencies.

The protocols and pathway which should be followed by any staff who have concerns about vulnerable care receivers, were explored. It was demonstrated that staff have ease of access to a manager and/or other senior staff in the first instance, when concerns need to be raised. Depending upon the nature of the concerns, they

can be addressed by such staff directly although staff recognised that there may be a need to refer directly to the relevant agencies including the safeguarding team. The positive engagement and working relationship with key persons in such agencies as the safeguarding team were also apparent. This is helpful in facilitating helpful dialogue and learning relating to practice issues.

It was confirmed that the theme of safeguarding runs through all of the training programmes which are accessed. The acting manager referenced the provider's plans to implementing a yearly forum that will further enhance the safeguarding training currently which is provided.

From a review of notifications and alerts on file, there were no increases of incidents and no current safeguarding alerts raised or under review. It was apparent that staff were suitably informed and appropriately trained to address such issues as they arose to best support care receivers.

There is a whistle-blowing policy in place, but no examples were identified of staff having had the need to make use of this policy. The organisation has reported that they have received no recent complaints from residents or families.

During the visit, it was noted that on the day prior to the inspection visit, an assessor from the Capacity and Liberty Legislation team had taken place relating to the authorisation of a Significant Restrictions on Liberty (SRoL) in respect of one or more care receivers. It was noted that there were no such authorisations in place at the time of the inspection although some were pending.

One allied health professional commented in respect of a general overview of the service that a more "individual approach" should have been considered at the time of Covid-19, rather than the imposing of a "blanket policy on all restrictions" (of liberty). This professional was concerned about the mental health impact on some care receivers who were anxious to access the community.

A consultation with relatives confirmed the ongoing limitations relating to visiting that the home is following, in line with infection control protocols. These arrangements were not considered by the relatives to be unduly restrictive, in that contact with care receivers was being facilitated, albeit in defined areas of the home.

Advocating for the rights and well-being of care receivers is central to the care home's philosophy and underpinning approach. The Regulation Officer was advised separately to this inspection visit that Les Amis are considering options for independent advocacy for their residents in the light of the fact that the independent advocacy service has ended.



## Complaints

The Standards for Care Home set out set out the provider's responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service's staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.

It was reported that residents and their families receive a welcome pack on arrival which includes the complaints process. However, the Regulation Officer had concerns that this is not always provided in a format that the care receiver can access. Although an easy-read version of the welcome pack is available, this is only available in a written format. Other means of providing and communicating this information to care receivers should be considered.

The organisation reported that they have received no recent complaints from either residents or families. This was confirmed in discussion and review during this inspection process.

One relative was contacted to request feedback about their experience and their views of how the home has supported their loved one. The feedback was positive and included such comments as, "I can't praise them enough" and "to be honest they have been fantastic". No complaints or concerns were noted in this discussion.

Another relative stated that they were confident that their loved one was well treated and were very happy in the home. They advised that they had witnessed this directly whilst visiting the home. They further confirmed the homely and welcoming atmosphere of the home when visiting.

With reference to the change in personnel, one relative was unclear as to who was acting in the role of manager since the departure of the registered manager. It was apparent that communication about this matter had not been generated by the provider.

### **Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)**

The safe recruitment of staff is an important element in contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider's responsibility to ensure that there are always suitably recruited, trained and experienced staff available to meet the needs of care receivers.

Across the Les Amis service, 25 Human Resources (HR) records were reviewed by one Regulation Officer as part of the inspection process. It was noted from this sample, that one newly recruited staff member had been subject to all due diligence checks prior to commencing employment in the home.

The acting manager was fully informed and knowledgeable about their role and responsibility for the monitoring of recruitment and the induction programme for new staff.

Confirmation was given that staff will be trained to vocational training Level 2 NVQ or RQF and/or are scheduled to commence relevant RQF training. There are also ongoing development opportunities for staff who may wish to progress towards managerial roles as highlighted for the deputy position. It was recognised from this discussion that a training review and longer-term plan has identified the benefits in devising clear pathways in order to support staff who choose to follow management roles or care roles.

The deputy manager explained the best practice approach to the process of shadowing as part of the induction process. This is graded to ensure that new staff are observed directly in practice, within a supported and safe environment before taking on any lone worker shifts. The induction programme in place for new recruits includes training in the mandatory areas. Understandably, there has been some difficulty during the Covid-19 period in accessing training courses. Therefore, training often needed to be completed online.

There has been some creative training during the period of Covid-19, e.g. safe handling theory can be completed online, and the assessment can be done through Zoom. Unfortunately, First Aid training cannot be completed virtually, and it is hoped that St John's Ambulance will soon be able to recommence practical training courses again.

Some areas of specific training needs have been identified by the senior management team. An example is dementia awareness training. Links have been made with the Alzheimer's Society and training was planned. Unfortunately, this was unable to go ahead because the trainer had to travel from the UK and was unable to do so. It was particularly noted in considering the care needs and environment of this home as to the value and importance of this type of training. This is particularly relevant where care receivers may have specific care needs relating to this disease and/or care needs relating to cognitive or sensory deficits.

All staff receive positive behavioural support (MAYBO) training, to be equipped to reduce aggressive behaviour and to manage situations where conflict may arise. Residents only receive a positive behaviour support plan if necessary.

During the period of Covid-19, Les Amis addressed the staff rota and reduced the amount of staff handovers. This was achieved by longer working days with more days off between shifts. This new rota system is more positive for residents as it reduces the amount of changes and promotes consistency. At the same time as introducing the new rota system, the senior management team decided that, in order to reduce the amount of footfall into each home, the registered manager should work remotely.

Discussions highlighted the disadvantages and challenges associated with this approach in terms of managers being less able to fully assure themselves that standards were being maintained in their absence. Although alternative forms of

communication were available such as: email; access to care records and daily telephone and video calls, registered managers reported that they needed to have complete trust and confidence in the staff team that appropriate provision for care during would be made in the absence of management presence in the home. It was also noted that supervision took place virtually during the initial stages of the Covid-19 period.

The manager has a responsibility to ensure that Standards are always being met. It is difficult to be assured that this responsibility was upheld during the period of lockdown. It would be expected that there is always regular management presence in the home. The Commission must be notified of alternative management arrangements if a manager is likely to be absent for a period exceeding 28 days. The managerial absence in this home has been further impacted by the vacancy arising during the period of lockdown, where the manager resigned their post, resulting in a prolonged period of there being no registered manager at the home. Despite this, the acting manager, who is a very experienced registered manager of an associate home, has been able to spend a considerable amount of time in this home. This was deemed as having been particularly necessary as some of the care receivers who live in the home are highly dependent and require close monitoring and support.

Staff on duty described a supportive managerial framework, with identified managers and other persons being available for support as required. Confirmation was provided that there existed both positive engagement and the opportunity to speak with senior staff during the period in which a registered manager was not in post. Additionally, it was confirmed that the recruitment of an experienced manager had been successful and that the application for this manager to become registered would be processed in due course. Each of these measures were intended to address and finally resolve the issue.

Care receivers had previously been involved in the recruitment process. However, since the Covid-19 period, this involvement had ended. Given that the current situation is likely to continue for some time, consideration should be given to how measures could be put in place to enable care receivers to become actively involved in recruitment processes again.

### **Care planning**

<p>The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility to ensure that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.</p>
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Care plans for each resident are maintained on a computerised system. This makes it difficult for care receivers to refer to their own plans. There was no evidence of pictorial or easy-read versions of care plans being made available to care receivers.

It is acknowledged that the senior management team recognise that there is too much repetition on this system. There is a plan for the care plans to be streamlined. However, managers and staff have reported that they have not been involved in the discussion or planning for the revision of the computerised system.

It was evident that the staff team thoroughly understood the needs of residents. However, care planning needs to be made clearer. The commitment to multi-agency working was well evidenced. Les Amis are using their own in-house training to support care receivers to develop effective coping skills and to build resilience and communication skills. It is intended that the service will assess the effectiveness of this prior to considering referrals to other agencies. However, such referrals will be made if needed.

The electronic system did not make documentation easy to locate. For example, it was difficult to track back relevant information such as incident forms for reference. Review dates were not always easy to locate but there was evidence of this taking place.

### **Monthly quality reports**

<p>The quality of care provision should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.</p>
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The systems in place for monitoring compliance with the Regulations and Standards require further development. Monthly reports relating to quality assurance were not readily available for reference. However, it is recognised that this is work currently under review by the senior management team. As a result, limited attention was given to this matter on this occasion.

The combination of the lack of managerial presence in the home and insufficient quality assurance reviews is a concern. This is an identified area for improvement and was discussed with senior management staff on 2 September 2020.

## IMPROVEMENT PLAN

There were two areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 12.2</p> <p><b>To be completed by</b> with immediate effect</p>	<p>The provider must put suitable arrangements in place to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations.</p> <hr/> <p><b>Response by registered provider:</b>            In the first part on 2020 the planned visits by the Head of Governance did not take place due to the first wave of Covid-19. We would like to note that managers were not left unsupervised or unsupported however operational norms did change to reduce the risk of spreading the virus. This has now been rectified and regular visits have been booked in (now that it is safe to do so) and are taking place with the Head of Governance, Registered Managers, Staff and Residents in each location.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 5.1</p> <p><b>To be completed by:</b> 2 months from the date of this inspection (15 January 2021)</p>	<p>Personal plans must evidence the involvement of care receivers and be prepared in a suitable format understandable to them</p> <hr/> <p><b>Response by registered provider:</b>            As noted when we met on the 2nd of September a full review of our tablet-based care planning programme ZURI has taken place. The rationale for this review is echoed in the comments made in the body of the report with respect to the level of details and the amount of plans on the current system.</p> <p>This is now being addressed as planned and explained when we met, with a data transfer time window in place, to enable the movement of the data from the old to new more transparent platform, so it is achieved in an efficient and timely manner.</p> <p>This process will include the relevant communication needs for each individual resident being noted clearly in their personal care plans to ensure person centred (outcome based) activity is achieved. This will involve the care receiver to ensure they are actively engage in their care.</p>

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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