



**Jersey Care
Commission**

INSPECTION REPORT

Somers House

Care Home

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

12 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 Somers House. The service is provided from a large detached house and located in a quiet countryside area with the advantage of a local bus route nearby, there is also provision of a car for the home that is available for residents' use.

The home includes a good-sized front garden and parking area to the front. There is a large garden and patio to the rear of the home. There are five registered bedrooms one of which is located on the ground floor which is level access throughout and therefore wheelchair accessible.

The service is registered for the category of learning disability or autism

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
Registered Manager	Donna Bentley
Regulated Activity	Care home for Adults
Conditions of Registration	Maximum number of people who may receive personal care/personal support – 5 Category of care – Learning Disability/Autism Age range – 18 and above Rooms – 1-5 one person
Date of Inspection	12 November 2020
Time of Inspection	2 pm – 5 pm
Type of Inspection	Announced
Number of areas for improvement	Three

The registered manager is Donna Bentley.

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

SUMMARY OF INSPECTION FINDINGS

This inspection was announced and completed on 12 November 2020. The Care Home Standards¹ 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 are provided with a service that is safe and which takes their wishes and preferences into account.

A useful summary of how care receivers had been supported during the enforced lockdown was provided by staff on duty. This was conveyed in a way that demonstrated a very person-centred approach being followed to support individuals based on their abilities and specific communication needs.

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. The manager confirmed their full involvement in overseeing the recruitment process of new staff working in the home. It was noted that three members of staff had been recently employed.

There is an expectation of managerial presence in the homes. However, during the lockdown period the home's manager had been advised by the senior management team to work remotely. The potential impact on the staff team of an absent manager was discussed with several employees. It was acknowledged that the manager had provided support throughout this period daily through telecommunication. During the inspection, the staff group who were on duty were able to convey a good understanding of their roles, responsibilities and of the support systems which were available to them.

Care receivers' records were reviewed during the inspection. These detailed the needs of care receivers which were able to be cross-referenced with staff rosters. This provided good evidence that staffing numbers were adequate, and that staff were appropriately deployed within the service.

The Statement of Purpose was noted to be generic in nature and therefore did not reflect the specific aims and objectives of this service. This is an area for improvement.

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

It is a requirement that monthly quality reporting is completed. This has been identified as an area for improvement. Samples of 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. This is an area for improvement.

From a review of, and a discussion about the current care plan format, it was highlighted that consideration should be made of the use of various formats to ensure that they are accessible 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 that are generated.

While the care plan format requires improvement one of the care staff nonetheless provided some very positive examples of best practice which they follow in the care planning process. This was evidenced through an exploration of how one care receiver was involved in the care-planning process. It was apparent that the review and evaluation undertaken was recorded in a way which promoted a genuine ownership of care planning by that care receiver.

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 sought the views of the people who use the service and spoke with managerial and other staff. Four care receivers were present in the home during the visit and observations were made of their relaxed presentation and positive rapport with care staff.

There was limited opportunity to speak with any relatives who had been recently engaged with care receivers. However, it was noted that there had been some recent visits to the home by healthcare professionals and that the home had initiated

contact with some external professionals where their input was needed. An email was also sent by the Commission separately to this inspection visit to other allied professionals to gain their views of the service 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 registered manager was available to meet directly with the Regulation Officer and provided a detailed summary of operational matters during this time. These discussions were supplemented by other documentation providing reference for how the Standards are met.

There were three staff present on duty at the time of the inspection visit and their positive and confident 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 which were made available during the lockdown period and routinely during other periods.

Care staff also provided a useful summary of how care receivers had been supported during the lockdown period and by use of the home environment both by internal spaces and by accessing the large garden to the rear of the property

During the inspection process, records including policies, care records, incidents and complaints were examined. The Regulation Officer undertook a review of the premises. It was noted from both observation and information provided that there were some areas that warranted an upgrade such as the kitchen, due to wear and tear.

At the conclusion of the inspection process, the Regulation Officer provided feedback to the registered manager of their general findings and of the intention to record the areas for improvement. This related to both 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 have been identified, 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 but follows the generic template which is used for all Les Amis homes. The Statement of Purpose should be reviewed to reflect the specific aims and objectives of this care home. This is an area for improvement. The Regulation Officer was satisfied that the provider / manager fully understood 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 5 Number in receipt of personal care 5 Number in receipt of personal support 5 Age range of care receivers - 18 and above Category of Care - Learning Disability Autism Rooms: The maximum number of persons to be accommodated in the following rooms: Rooms No: 1 – 5 One person</p> <p><u>Discretionary</u></p> <p>Donna Bentley, who is registered as the manager of Somers House, must complete a Level 5 Diploma in Leadership in Health and Social Care by 24th June 2022.</p>
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A discussion with the manager and an examination of records provided confirmation that these conditions on registration were being fully complied with and will remain unchanged.

The manager advised the Regulation Officer that they expect to complete the RQF level 5 qualification (Level 5 Diploma in Leadership in Health and Social Care), within the given time frame.

The Regulation Officer was satisfied that all conditions are currently being met.

Safeguarding (adults)

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.

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 Registered Manager, they indicated that they were confident that staff can recognise and raise an alert in this regard and indicated that this forms part of the monthly supervision discussions. It was confirmed that safeguarding is a theme which runs throughout all training programmes.

The Regulation Officer reviewed a recent incident of concern which resulted in an alert to the Commission. From a review of file notes made at the time of the incident, it was evident that clear lines of communication and responsibility were in place, that external agencies had been involved in line with policy and that best practice had been followed throughout. It was demonstrated that staff had been suitably trained and were confident in responding to such issues as they arose, working proactively to uphold the interests and well-being of care receivers.

It was also noted from a review of the above incident that the provider followed best practice in managing sensitive information and in communicating effectively within the required framework for safeguarding vulnerable adults.

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

It was evident that the home promotes the independence and autonomy of care receivers as far as possible. Staff expressed a good understanding and appreciation of the issues that require ongoing monitoring and review to ensure that care receivers' rights are protected. A discussion around the restrictions which were imposed during the period of lockdown and the impact that these had on care receivers, demonstrated that staff had a good appreciation of these areas. It was also apparent that staff advocated for the rights of care receivers as necessary.

Advocating for the rights and well-being of care receivers is central to the care home's philosophy and its underpinning approach. The Regulation Officer was advised 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.

One allied health professional commented 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 are now anxious to access the community.

It was highlighted from discussions with staff the limited opportunity for care receivers to go out during the lockdown period. However, it was also reported the efforts made by staff to engage and inform them of the necessity for restrictions to be followed. This appeared to have been undertaken in a collaborative way, which was consequently well-received and accepted without complaint.

The manager identified some forward planning for any possible restrictions, which may need to be further imposed during the winter months. However, they also noted that it is unusual for the home to have a high number of visitors at any one time. Therefore, it was not anticipated that this matter would become problematic.

Notifications of incidents had been processed appropriately from a review of those on file and/or as received routinely by the Commission. There was no increase of such reporting noted during the period of Covid-19. Staff reported having had more time available to spend in supporting care receivers with social activities, domestic roles such as cooking and simply having more time to interact with care receivers, during a period when care receivers had fewer appointments.

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 each resident and their family receive a welcome pack on arrival which includes the complaints process. However, it was evident that this is not always provided in a format that all care receivers could easily understand. 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 in appropriate formats or other languages should be considered.

The manager meets each resident ? care receiver monthly and asks whether they have any complaints or concerns. The organisation's website did not provide any information about the ways in which to raise concerns or make a complaint. Care receivers should be made aware of how to make a complaint or comment to the home about the service.

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

Although there was limited opportunity for engagement with any relatives identified from the visit, it was apparent that no recent complaints had been received from other agencies or visiting healthcare professionals.

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 the Regulation Officer as part of the inspection process. This included one of the most recently recruited members of staff to the home and for which all due diligence was on record as best practice before starting employment. The registered manager was asked about their practice regarding new recruits and the induction programme.

The registered manager confirmed they had been appropriately informed/involved in the processes for all recently recruited staff. This has enabled them to ensure that all due diligence checks were undertaken prior to new staff commencing work at the home.

The manager explained the process of shadowing as part of the induction process. There is an induction programme in place for new recruits and this 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. Confirmation was provided that all staff are either trained to vocational training Level 2 NVQ or RQF or are scheduled to commence the relevant RQF training.

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. Registered managers across the organisation reported that they were able to use the additional time during the lockdown period to consider the findings in supervision sessions relating to training and to identify where staff had outstanding training needs. They were able to update training plans accordingly.

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. It was however noted from discussion with some staff there are challenges relating to the current shift allocation and rosters. Therefore, this matter may benefit from further review and monitoring.

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. Alternative forms of communication were available including, email, access to care records and daily telephone and video calls. However, 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. However, it was also noted from a discussion with the Registered Manager and their team, that the on-call manager system is available for care staff to liaise with senior managers if any issues of concern arise.

From a discussion with staff members, there were no concerns raised about the opportunity to seek advice or support from the manager during the period of lockdown or of the absence of managerial presence in the home. It was expressed that the manager had initiated regular contact and had provided positive support during this period. However, some staff reported that the new shift patterns had been fatiguing during the lockdown and that the absence of the manager meant that they had been unable to provide practical support on site.

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 be involved in recruitment processes.

Care planning

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.

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.

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 either the discussion or planning relating to the intended 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.

One staff member provided some excellent examples of the process followed in engaging a care receiver routinely in their care planning. Most notable from these discussions during the inspection visit was the creative approach used to give ownership to the care receiver using physical prompts and the opportunity to participate actively in their care planning. From these descriptions, it was apparent that creative approaches are used in involving this care receiver in the care planning process, with appropriate consideration given to the care receiver's cognitive ability and sensory impairment. Such examples and ways of working by the staff member were commendable.

It was clarified and agreed with the staff team that the electronic recording system requires significant refinement to better facilitate a more streamlined recording process and in order to make accessing information easier. The existing system tends to generate an excessive number of care plans and would benefit from refinement. However, there was nonetheless good evidence of review processes being followed and with engagement of care receivers also being recorded in a format which demonstrated that person-centred approaches are used. This reflected the underlying ethos of empowerment and independence that is promoted within the home.

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>

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. However, the manager advised that a review of the home environment had identified that a kitchen upgrade was needed. This area of work was in the planning stage.

It was also noted that auditable processes are in place including daily reports. These related to maintenance schedules and it was noted that a recent problem relating to water damage in the office was in process of being resolved. In other areas including medication management, routine stock control checks are undertaken and recorded daily.

Monthly quality reports are not currently being produced. 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 three areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 12.2</p> <p>To be completed by 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>Response by registered provider:</p> <p>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>Area for Improvement 2</p> <p>Ref: Standard 5.1</p> <p>To be completed by: 2 months from the date of this inspection (12 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>Response by registered provider:</p> <p>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. 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) planning and care delivery continues as noted in the report.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 1.1</p> <p>To be completed by: 2 months from the date of this inspection (12 January 2021)</p>	<p>The service's Statement of Purpose should be reviewed and amended to make clear the range of services being provided and submitted to the Commission within 28 days of the revision.</p>
	<p>Response by registered provider:</p> <p>This has been completed and submitted to the Commission</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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