



**Jersey Care
Commission**

INSPECTION REPORT

75 La Tour Indigo

Care Home Service

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

17 September 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 75 La Tour Indigo ("75 La Tour"). The service is a five-bedroom, single storey building within an apartment block, on the outskirts of St Helier, close to shops, a sports centre and all major amenities. This is one of 18 care home services operated by Les Amis. The service became registered with the Jersey Care Commission ('the Commission') on 18 July 2019.

This is a domestic residence and the care receivers have bedrooms which are decorated and personalised in line with their preferences and with their own belongings. The home has been operating as a care home for many years and was registered and regulated prior to the current legislation coming into force.

Registered Provider	Les Amis Limited
Registered Manager	Lisa Neely
Regulated Activity	Adult care home
Conditions of Registration	Personal care or personal support can be provided to 5 care receivers. Category of care – Learning disability, autism, physical disability Age range – 18 years and above Persons with physical disability can only be accommodated in bedroom 2.
Dates of Inspection	17 September 2020
Times of Inspection	10am – 12 noon
Type of Inspection	Announced
Number of areas for improvement	Five

The Care Home is operated by Les Amis Limited and the registered manager is Lisa Neely.

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

SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was completed on 17 September 2020. The Standards for care homes were referenced throughout the inspection.¹

The Regulation Officer focussed on the following areas during the inspection:

- 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, and there was evidence of care receivers being provided with levels of care and support which are specific to their individual needs and abilities. Care receivers are supported either to progress towards independent living or are supported to live as independently as possible in the home. It was clear from the staff team on the day that they were aware of each care receiver's level of ability, preferences and interests. Care receivers are involved in the day to day running of the household and are supported with activities of daily living including grocery shopping and meal preparation. The provision of individualised care is an example of good practice.

The service's arrangements for recruiting staff needs some improvement to ensure that the registered manager has appropriate oversight of the recruitment process. During the lockdown period the home's manager had been advised to work remotely. The home's staffing arrangements should be reviewed to ensure that any contingency arrangements put in place include appropriate management arrangements. This is an area for improvement.

Care receivers and the records which were reviewed demonstrated that staffing numbers were adequate, and that staff were appropriately deployed within the service. A member of staff was positive about the training provided and that they had been provided with opportunities for career development. Where care receivers raised concerns about staffing arrangements, these were listened to and appropriate action was taken.

The Statement of Purpose was noted to be generic in nature, relating to the wider organisation, and 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/>

Notifications should be made to the Commission as set out in the Standards. There was evidence that this had not been completed. However, following a discussion, the Regulation Officer was satisfied that the registered manager understands their responsibility in this regard.

It is a requirement for monthly quality reporting to be completed and this has been identified as an area for improvement. During the difficult period of Covid-19, registered managers reported daily on any issues including, for example, staffing and maintenance. However, a monitoring process needs to be in place to ensure that care homes are meeting the Standards consistently.

The lounge area had recently been decorated with the involvement of the care receivers. Two care receivers were happy to show the Regulation Officer their bedrooms and it was evident that these had been decorated according to their preferences. There is one area of flooring which is clinical in appearance and not in keeping with the aesthetics of the home. Although the purpose of this is to ensure that the home is fully accessible to people who use wheelchairs, there were no wheelchair users living in the home at the time of the inspection. The registered manager is considering whether the flooring could be replaced to provide a more homely feel to the entirety of the care home.

Care plans are completed using an online system. Consideration should be given to the use of various formats for care plans in order that care receivers can refer to them. The complaints policy should also be available in accessible formats for both care receivers and relatives. This is an area for improvement.

Five areas for improvement were identified in relation to ensuring that the registered manager has oversight of staff recruitment, that notifications are made appropriately to the Commission, that the home's Statement of Purpose is kept under review and that the home's approach to quality monitoring consistently meets the Standards. Arrangements for informing care receivers or their representatives about the complaints process must also be improved.

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 have 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 our 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. The findings from the most recent inspection, carried out on 21 August 2018, were also reviewed in advance of the visit.

The Regulation Officer sought the views of the people who use the service, and their representatives, and spoke with managerial and other staff. Two of the care receivers were spoken with separately during the inspection and two relatives were spoken with after the inspection. An email was sent out to allied professionals to gain their views of the service as part of the inspection process, but no responses were received in relation to this home.

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

During the inspection, records including policies, care records, incidents and complaints were examined. The Regulation Officer undertook a physical inspection of the premises.

At the conclusion of the inspection, the Regulation Officer provided feedback to the registered manager.

This report sets out the findings of the inspection and includes areas of good practice which were identified. Where areas for improvement have been identified, these are described in the report and an action plan 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 care home's 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 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> Maximum of 5 care receivers in receipt of personal care or personal support. Age range of care receivers – 18 years and above Category of care – Learning disability, autism, physical disability Maximum number of care receivers to be accommodated in the following rooms: Bedrooms 1-5 – 1 care receiver Person with physical disability can only be accommodated in bedroom 2.</p> <p><u>Discretionary</u> Lisa Neely registered as manager of 75 La Tour Indigo must complete a Level 5 Diploma in Leadership in Health and Social Care by 5 July 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 that they are near to completion of the Level 5 Diploma in Leadership in Health and Social Care.

The Regulation Officer was satisfied that all conditions were being met at the time of the inspection.

Safeguarding (adults)

The Standards for care homes 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. The registered manager was confident that staff can recognise and raise an alert in this regard and advised that this is part of the monthly supervision discussions. Registered managers reported that safeguarding is a theme which runs throughout all training programmes.

There is a whistle blowing policy in place and staff were able to demonstrate that they knew how to access this and raise concerns both within and outside of the

organisation. The organisation has reported that they have received no complaints from residents or families.

The Commission had received no notifications of incidents this year. The Regulation Officer noted incidents which should have triggered a notification. However, it is noted that incidents were handled appropriately, and referrals made for assessment or medical attention when necessary. After discussion, the Regulation Officer was satisfied that the manager can identify when a notification should be made. This is an area for improvement.

During the lockdown period, at the height of the Covid-19 pandemic, care receivers were supported with education and activities within the home which included the decoration of the lounge area. Relatives were able to visit in the garden area outside of the building and there was a booking in system to ensure that this was done within government guidelines.

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 that Les Amis are considering options for an independent advocacy service for their residents in the light of the fact that previous advocates are no longer in post.

Care receivers described that they have regular meetings with staff members where they can voice their views and express wishes about any changes to their care plans. Where care receivers had voiced concerns about staffing arrangements, this was taken seriously, and the manager had taken appropriate action. Two care receivers were consulted during the inspection visit. They each expressed that their views are regarded as being important and inform the running of the home. Care receivers are supported to be as independent as possible by a stable staff team who have built relationships with and understand the needs of the individual care receivers. This is an area of good practice.

At the time of the inspection, the registered manager was responsible for managing three Les Amis care homes. The Commission was advised during the meetings on 2 and 4 September of the senior management's decision to require registered managers to work remotely to reduce the amount of footfall into each home during the height of the Covid-19 pandemic.

A discussion with the manager during the inspection indicated that they did not feel that this had been a problem. A senior support worker continued to have a presence in the home and both the manager, and the senior support worker, felt that this had been a positive experience for the senior support worker in that it afforded them the opportunity to gain experience.

The Commission maintains that the absence of a registered manager from a care home for a prolonged period has the potential to undermine their ability to ensure that Standards are always being met. Should the registered manager be absent from the home at any stage in the future, for a period exceeding 28 days, the Commission must be notified of the alternative management arrangements which are in place.

Complaints

The Standards for care homes 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.

The care receivers have been resident in the home for some time. Those spoken to reported that they have regular sessions with support staff where they can raise any issues. Although no complaints log is kept within the care home, it was apparent from discussions with care receivers and the manager that two residents had raised the same concern which had been appropriately dealt with. It would benefit the manager to be able to demonstrate that complaints are resolved by having an in-house complaints log.

The organisation's website did not provide any information about the ways in which to raise concerns or make complaints. Complaints information is only provided in English. However, one of the care receivers does not speak English as a first language and would benefit from this information being made available in the language that they can more easily understand. This is an area for improvement.

Two relatives were spoken with and both were positive about the staff team and the fact that any issues have been resolved promptly when they have arisen. One relative described the staff team as "absolutely brilliant". They reported that they have a good relationship with the staff team and that they are proactive in addressing any issues. A second relative was positive about the way in which the Covid-19 pandemic had been handled as this had helped to reduce anxieties.

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.

Prior to this inspection, a Regulation Officer visited the registered provider's head office and was facilitated to examine the arrangements which are in place for recruiting staff. During this visit, a sample of 25 recruitment records were reviewed. One of these related to the staff employed to work in this care home. Although it was evident that the DBS check and references were received prior to the member of staff commencing employment, the manager had not satisfied themselves that all relevant information was in place before the start date. The registered manager has a key responsibility in this regard, and this is an area for improvement.

Previously, care receivers had been involved in the recruitment process. However, because of the Covid-19 situation, they have not recently been able to physically be included. Given that the Covid-19 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 again.

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 and where possible these have been 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 are soon to be starting practical training courses again. Senior management team reported that most staff are trained to vocational training Level 2 NVQ or RQF.

All staff receive training in influencing positive outcomes for care receivers in situations where behaviours or anxieties may require some form of resolution.

The manager reported that they have previously found a benefit in being able to meet with other managers for peer supervision. During lockdown this had stopped. However, it was apparent that the manager found a benefit in this arrangement as it enabled managers, who often work in isolation from one another, to meet and to receive support as a group. The benefits of peer support would be encouraged at this time. The Commission would suggest a review of the benefits of setting up a forum for managers to share good practice and resources.

During the period of Covid-19, the senior management team reviewed the staff rota to reduce the amount of staff coming into the home. This led to shifts becoming longer in duration. Senior management, during the meetings on 2 and 4 September, described this change as having been positive, which staff members also confirmed during the inspection. Although the registered manager had not been involved in the decision making to change the rota, they considered that it had given opportunities to staff to develop their skillset.

One staff member described having benefitted from the enhanced opportunities for training and career development that this period had provided. They felt positive about the period of lockdown as it had given them an opportunity to support the manager during their absence from the home.

The registered manager was working remotely and kept in touch with staff by telephone and other forms of communication such as video calls. Staff stated they had regular contact with the manager and that supervision continued using these methods.

Throughout the inspection, care staff were observed supporting and engaging with care receivers. These interactions reflected the ethos of the home in promoting independence but providing support when necessary. It was evident that care staff understood that care receivers had differing levels of care needs and preferences and that their interactions and interventions reflected this. Care receivers appeared relaxed within the home, mostly choosing to spend time in the lounge area rather than their own bedrooms, indicating that they felt comfortable in their own home.

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.

During the meeting with Commission staff on 2 September, the senior management team described a planned widespread overhaul to the ways in which care receivers' personal plans and care records are recorded. It was explained that the new system is to be more relevant to the communication needs of individual care receivers and will be easier for staff to access. It appeared at the time of this inspection visit, that the registered manager had not been involved in or consulted about the introduction of the revised system.

Care plans for three care receivers were viewed. There was evidence of personalised care planning and goal setting. In one example of good practice, a review of a care receiver's medication was requested by the manager at the point that the care receiver moved into the home. It was apparent that this had a positive outcome for the individual. However, it was reported that updated assessments are needed from the adult social work team which would support any proposed changes to care plans for all care receivers. These have been requested and the Regulation Officer was advised by staff that the allocation of a care co-ordinator is awaited.

Care receivers are supported in making their own decisions and their independence is promoted. Although there are five people living in the home, it was evident that each are encouraged to express their individual wishes and feelings. On occasions, where there has been conflict between care receivers, it was apparent that staff have worked proactively in seeking solutions and in resolving the disagreements. Care receivers were able to indicate their satisfaction in this respect.

The environment is homely and has recently been decorated with the support of the care receivers. There are photos on the wall of care receivers actively involved in the painting of the lounge. Bedrooms have been individualised by each care receiver and there was a discussion during the visit with one person about how they were going to rearrange their bedroom during their next session with a key worker. The manager recognised that part of the building still has clinical style flooring which contrasts with the domestic décor throughout the remainder of the home. There is a plan in place for this to be replaced.

Monthly quality reports

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.

The systems in place for monitoring compliance with the Regulations and Standards require further development. Monthly quality reports were not being produced at the time of inspection. The combination of the lack of managerial presence in the home and insufficient quality assurance reviews is of concern. This is an identified area for improvement and was discussed with senior management staff on 2 September 2020.

There are arrangements in place for managers to submit information about the management and operation of the home to the head office daily. However, this information relates to staffing rotas and maintenance issues, rather than constituting a report on quality of care.

IMPROVEMENT PLAN

There were five 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 1.1</p> <p>To be completed by: By 22 December 2020</p>	<p>The service's Statement of Purpose should be reviewed and amended to make clear the range of services being provided.</p> <hr/> <p>Response by registered provider:</p> <p>This has been completed and submitted to the Commission</p>
<p>Area for Improvement 2</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 3</p> <p>Ref: Standard 3.6</p> <p>To be completed by: with immediate effect</p>	<p>The registered provider must ensure that all staff employed are recruited safely, and the registered manager has appropriate oversight of the recruitment process.</p> <hr/> <p>Response by registered provider:</p> <p>It must be noted that the staff member alluded to which has led to this area of improvement does not work for this manager but does work for this organisation. We have however still noted a response to this issue below.</p>

	<p>The comments noted in the body of the report has been attributed to an oversight by our HR team, which was mainly due to the absence of a Head of HR (old manager had left at the end of December 2019 new one to start March 2020).</p> <p>We would like to note that we have recruited over 44 staff in 2020 which have all met the required safer recruitment standards however for the reason noted above this individual slipped through our recruitment framework. No staff member should start work until all the required documentation is received. A full review of our recruitment processes has taken place and will be revisited in early 2021 to prevent this from happening again.</p> <p>To ensure the Registered Manager is involved throughout the whole safer recruitment process and the procedures around previous convictions with respect to a staff risk assessments, have been reviewed and will include a sign off by the relevant Registered Manager to prevent any further oversight of this manner.</p>
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<p>Area for Improvement 4</p> <p>Ref: Standard 4.3</p> <p>To be completed by: with immediate effect</p>	<p>Registered persons must notify the Jersey Care Commission of such incidents, accidents or other events which have posed or may pose a risk of harm as specified in Appendix 8 of the Standards.</p> <p>Response by registered provider:</p> <p>In response the Registered Manager would like to confirm that they understand notifications should have been sent. Following discussion with the inspecting officer the Registered Manager has a clearer understanding of when an incident or accident is to be reported to the JCC</p>
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<p>Area for Improvement 5</p> <p>Ref: Standard 10.2</p> <p>To be completed: By 22 December 2020</p>	<p>The provider must ensure that people who receive care and their representatives are aware of the service's complaints policy and procedures in suitable formats to meet people's individual communication needs.</p> <p>Response by registered provider:</p> <p>The welcome pack and complaints policy should be provided to all service users and representatives</p>
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	<p>when moving into Les Amis as part of the referral process. The welcome pack and complaints policy are available in written and easy read format.</p> <p>This should not have been an issue as the most up to date complaints procedure welcome packs and easy read formats of all relevant documents for residents was circulated for use by all Registered Managers shortly after our meeting with the inspection team on the 2nd of September.</p> <p>The opportunity to ensure staff and manages are fully aware of the relevant procedures noted in this report will be taken immediately and followed up during the next Governance visit booked in with residents and their families.</p> <p>There is a centralised complaints log held by the Data controller who ensure any complaints received are dealt with objectively and as per policy and is available to be reviewed if required.</p> <p>Les Amis website has an option to make a complaint in the contact us section a copy of the complaints procedures will be attached for reference.</p>
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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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