



**Jersey Care
Commission**

INSPECTION REPORT

Care home 01

Care Home Service

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

22 October 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

The is a report of an inspection of a care home which is provided by Les Amis. At the request of the registered provider, the name and address of the care home has not been identified in this report in order to preserve the confidentiality of the care receiver who lives in the care home. The service is a two bedroom flat situated in the centre of St Helier, with easy access to shops, restaurants and the bus station. This is one of 18 care home services operated by Les Amis. The service became registered with the Jersey Care Commission ('the Commission') on 25 February 2020.

Registered Provider	Les Amis
Registered Manager	Teri O'Connor
Regulated Activity	Adult Care home
Conditions of Registration	Personal care/support for one care receiver Category – Learning Disability and autism 18 years and above
Dates of Inspection	22 October 2020
Times of Inspection	2pm – 4pm
Type of Inspection	Announced
Number of areas for improvement	Four

The Care home is operated by Les Amis and the registered manager is Teri O'Connor. Prior to the inspection visit, the provider had notified the Commission of Teri O'Connor's resignation and their plans for a new manager to be appointed.

At the time of this inspection, there was one person accommodated in the home.

SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was completed on 22 October 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)
- 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 the care receiver being provided with a service that is safe, and which takes their wishes and needs into account. The staff member and manager demonstrated a good understanding of the care receiver's interests, preferences and areas of difficulty. The care receiver is the only resident and the home reflects their preferences throughout. They are part of the running of the household which supports their goals for greater independence.

The environment is modern and homely and demonstrates that the preferences of the care receiver have been considered throughout. The care receiver proudly showed the Regulation Officer their bedroom and it was clear from discussion that it had been decorated according to their preferences.

The service's arrangements for recruiting staff needs some improvement to ensure that the registered manager has appropriate oversight of the recruitment process. From discussion with the care receiver, their relative and examination of records, there was evidence of adequate staffing and that staff were appropriately deployed within the service. However, 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.

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

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 have been reporting daily on any issues including for example

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

staffing and maintenance which is reviewed. However, a monitoring process needs to be in place to ensure that care homes are meeting the Standards consistently.

The care receiver and their relative both reported being satisfied with the care home and current care plans. However, the complaints policy should be in easily accessible formats on the website and/or in hard copy for the care receiver if necessary. This is an area for improvement.

Care plans are completed using an online system. Consideration should be given to the use of various formats for care plans in order that the care receiver can refer to them. While there are numerous care plans for this care receiver, it is evident that they consider their personal preferences and are outcome focussed.

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 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 Regulation Officer sought the views of the person who uses the service, and a relative, and spoke with the manager and one member of staff. The Regulation Officer initiated contact with a range of allied health professionals, but no responses were received.

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 our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an action plan by the provider 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 a generic template 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 understands their responsibilities in this regard.

The care home is, as part of the registration process, subject to the following mandatory conditions:

Conditions of Registration	<p><u>Mandatory</u> Maximum number of care receivers: 1 Number in receipt of personal care or personal support: 1 Age range of care receivers: 18 and above Category of care: Learning disability and autism Maximum number of care receivers to be accommodated in the following rooms: Bedroom 1 – 1 care receiver</p> <p><u>Discretionary</u> There are no discretionary conditions</p>
----------------------------	--

Discussion with the manager and examination of records provided confirmation that these conditions on registration were being fully complied with and will remain unchanged.

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

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. Registered managers were confident that staff can recognise a concern and would raise an alert in this regard and 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 the care receiver or their family.

A safeguarding alert had been made specifically in respect of this care receiver and plans were in place to ensure safety. There were no other notifications made during this year.

Les Amis put in place a range of measures at the beginning of the lockdown period to ensure the safety of the care receiver. These included explaining public health measures and offering alternative activities. There was a specific Covid-19 care plan evident on the system for this care receiver and evidence of their relative being involved in the planning to encourage the care receiver back into the community at the end of the lockdown period.

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.

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 welcome pack does not include information about the organisation's complaints procedure in a language or format suitable for care receivers. Care receivers should be made aware of how to make a complaint or to provide feedback about the service

when problems arise. The organisation's website did not provide any information about the ways in which to raise concerns or make complaints. This is an area for improvement.

The care receiver informed the Regulation Officer that they know how to raise a complaint with the manager. The manager meets the resident monthly and will check if they have any comments or complaints, ensuring that this meeting is held in a private space.

Both the family member and the care receiver reported that they had no complaints and were positive about their relationship and communication with the manager and staff of the care home.

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

<p>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.</p>

Prior to this inspection, the Regulation Officer visited the registered provider's head office and was facilitated to examine the arrangements 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 did not satisfy 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 be physically 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. The senior management team reported that most staff are trained to vocational training Level 2 NVQ or RQF.

The Regulation Officer noted some of the creative approaches taken to staff training during the period of Covid-19, for example, the completion of online safe handling theory with the assessment completed through Zoom. Unfortunately, First Aid training cannot be completed virtually with plans to resume St John's Ambulance practical training again when available.

There are areas of specific training identified by the senior management team such as dementia awareness for people with a learning disability. Links have been made

with the Alzheimer's Society and training was planned but unable to go ahead as the trainer had to travel from the UK. The registered manager reported that they were able to use time during lockdown to update training plans and to reflect after supervision. They identified where staff had training needs and were able to plan for this. The member of staff spoken to in this home was positive about the encouragement for career progression and training opportunities.

All staff receive MAYBO training to reduce situations where conflict may arise. A behaviour support plan is in place and it was evident that the preferences of the care receiver were considered in organising staffing and this had helped to reduce the risk of incidents.

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 the registered manager being advised to work remotely and staff shifts becoming longer in duration, but with more days off between shifts. The senior management team, during the meetings on 2 and 4 September, described this change as having been positive, which the staff member confirmed during inspection. Supervision of staff also took place virtually and the member of staff reported being able to contact the manager when necessary. However, the absence of the registered manager from the home for a prolonged period has the potential to undermine their ability to ensure that Standards are always being met. The registered manager stated that they were not involved in the changes which were made to the staff rota. The registered provider should undertake a review of staffing arrangements and provide an assurance that any contingency arrangements put in place include appropriate management arrangements.

The registered manager described their unease whilst working remotely during some of the period of Covid-19 lockdown. They informed the Regulation Officer, that while they had faith, trust and confidence in the staff team to carry out their roles diligently and to the best of their abilities, the fact that they were physically absent and not overseeing the home caused them some concern.

Prior to the inspection, the provider notified the Commission of the manager's leaving date and the plan to recruit a new manager. The Commission will keep the home's management arrangements under review.

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 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 more user-

friendly. The registered manager described not having been consulted or involved in the proposal to introduce the revised system and had only recently been informed of the new care planning system.

Care plans were reviewed with the registered manager. It was noted that this care receiver has twenty-four personal plans and it was agreed with the manager that a smaller number would be more relevant and meaningful in describing the level and type of supported needed to meet the needs of the care receiver. Overall good practice was evident in the care planning for this care receiver who was able to inform the Regulation Officer of the goals set in order to work towards more independence. The care receiver's wishes were considered in terms of decoration of the care home, activities and gender of staff team. The care home was clean and tidy, and the care receiver is part of the planning process in ensuring that it is kept in good condition. For this care receiver, a care plan should be in place regarding relationships including education and health. This is an area for improvement.

A relative of the care receiver was present at the beginning of the visit and reported that they had no concerns with the care provided. They were included in the plan to reintroduce the care receiver back into the community after lockdown and reported that they have good communication with the staff.

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.

Whilst there are arrangements in place for the manager to submit information about the management and operation of the home, the effectiveness of this information and outcomes for the care receiver has not been examined.

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: 2 months from the date of this inspection (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 and submitted to the Commission within 28 days of the revision.</p> <hr/> <p>Response by registered provider: 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: 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 2.7</p> <p>To be completed by: 2 months from the date of this inspection (22 December 2020)</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: It must be noted all managers were consulted on the process by the Managing Director and the Head of HR on an individual basis to ensure they understood the rational for the work that had to be carried out.</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.</p>

	<p>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) planning and care delivery continues as noted in the report.</p>
--	--

<p>Area for Improvement 4</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 are recruited safely, and the registered manager has appropriate oversight of the recruitment process.</p> <p>Response by registered provider:</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> <p>As soon as we are able to re-introduce residents to the interview panel safely this will take place.</p>
--	---

<p>Area for Improvement 5</p> <p>Ref: Standard 10.2</p> <p>To be completed by: 2 months from the date of this inspection (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 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 on the 2nd of September.</p> <p>The opportunity to ensure staff and managers 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>

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.



Jersey Care Commission
2nd Floor
23 Hill Street, St Helier
Jersey JE2 4UA

Tel: 01534 445801

Website: www.carecommission.je/

Enquiries: enquiries@carecommission.je