



**Jersey Care
Commission**

INSPECTION REPORT

Le Figuier

Care Home

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

20 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

This is a report of the inspection of Le Figuier Care Home. The service is a five-bedroom house located in a residential area. This is one of 18 care homes operated by Les Amis. The service is close to local amenities, which include shops, a hairdresser and a public house, and is within walking distance to the beachfront. The exterior of the home has an enclosed garden area and the home benefits from a car which is available for staff to take care receivers into the community.

The home is domestic in nature and care receivers have single bedrooms which are decorated and personalised in line with their preferences and with their own belongings. The home became registered with the Commission on 5 July 2019. 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	Annette Burnouf
Regulated Activity	Care home for adults
Conditions of Registration	Personal care or personal support can be provided to 4 care receivers Category of Care is learning disability and autism Age range of care receivers is 18 years and over
Date of Inspection	20 October 2020
Time of Inspection	10am – 1.30pm
Type of Inspection	Announced
Number of areas for improvement	Five

The Care Home is operated by Les Amis Limited and the registered manager is Annette Burnouf, who became registered with the Commission on 26 June 2020.

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

SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was completed on 20 October 2020. The Standards for care homes were referenced throughout the inspection¹.

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 demonstrate that care receivers are supported to lead a good quality of life, engaging in activities which they like and enjoy. The home appeared to have a pleasant atmosphere and care receivers directly reported and displayed signs of happiness and contentment. The views of one care receiver's representative also confirmed that their relative has a good quality of life and enjoys living in the home. The staff team arrange for care receivers to access a range of health professionals in line with their health requirements.

Care staff, at the time of inspection, were knowledgeable of care receivers' needs and understood the ways in which their health, personal and social needs are met. They also demonstrated their interactions and communications with care receivers as being warm, friendly and respectful.

Since the last inspection in November 2019, there has been a change of registered manager. The management arrangements promote the safety and welfare of care receivers. There was an absence of managerial oversight and presence in the home during the height of the Covid-19 pandemic and it was apparent that there had been some recent staff changes. However, the registered manager advised that it is intended that care receivers will be supported by a familiar, consistent staff team in future. The manager did not have sufficient oversight of the recruitment process for one recently recruited staff member. This area requires improvement.

The registered manager has recognised that some improvements are required to enhance the types of communication used in the home. She intends to address this by developing more tools to meet care receivers' communication abilities. Care records need to be improved to evidence that care receivers are involved in the development and review of their own plans. These plans should be produced in a way that reflects their communication needs. This area requires improvement.

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

The home was clean, comfortable and appropriately furnished. However, some aspects of décor in the communal areas appeared worn and tired. This related to some chipped paintwork in the hallway area and torn floor covering in the kitchen, which requires improvement.

A monitoring process needs to be in place to ensure that the home is meeting the Standards consistently. It is a requirement for monthly quality reporting to be completed and this has been identified as an area for improvement. Arrangements for informing care receiver about the organisation's complaint process must also be improved.

INSPECTION PROCESS

Commission staff met with Les Amis senior management on 2 and 4 September 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 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. The findings from the most recent inspection, carried out on 6 November 2019, was also reviewed in advance of the visit.

The Regulation Officer sought the views of the people who use the service, and/or their representatives, and spoke with managerial and other staff. Two care receivers, two members of care staff and the registered manager were spoken with during the inspection. After the visit, telephone contact was made with one care receiver's representative to gain their views about the home. Contact was made with three allied health professionals to gain their view of the service also. A response was received from one professional.

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

During the inspection, records including the home's welcome pack, food records, staffing rosters, care records and medication administration records 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 is attached at the end of the report.

INSPECTION FINDINGS

The service's Statement of Purpose and Conditions on registration

The care home service'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 was provided upon initial registration and was reviewed prior to the inspection. The content was discussed with the registered manager during the inspection, who acknowledged that it needed to be reviewed. After the inspection, a revised version was submitted to the Commission, which details the aims and objectives of the home more clearly.

The home is not operating at maximum occupancy and the registered manager described the likely assessment process for any new care receivers to be admitted into the home. The organisation has a standard assessment template that can be used to guide the assessment process. However, the manager has recognised that it could be improved to obtain more information relating to the individual's abilities in advance of making a decision about admission.

The home provides a welcome pack for new care receivers. The registered manager has recognised that some improvements are needed to enhance the welcome pack for the benefit of care receivers and will address this. This includes the use of social stories and easy read symbols to aid communication about the home.

The revised Statement of Purpose refers to care receivers enjoying a safe, secure, dignified, warm and caring environment and that the service will provide encouragement, opportunity and support for all individuals with a view to maximising their potential. The registered manager and staff team during the inspection, were observed supporting care receivers in a caring and respectful manner. An example of this approach was that one of the care receivers was observed to have been well supported by staff; with their specific health needs (relating to their condition) being appropriately monitored.

The Regulation Officer planned the inspection at a time that was convenient and compatible with one care receiver's social schedule. The registered manager had informed the care receivers of the upcoming inspection visit and encouraged one person to participate and offer their views. During the visit, one care receiver was encouraged by the staff team to engage in the inspection process. It was ensured that there was a private, quiet area provided to allow them to express their views of the home in confidence. The care receiver referred to their life as being very

enjoyable with meaningful relationships, social interests, independence and having choices. They also confirmed they can answer the telephone, open the door to visitors and have house keys which enables them to maintain control over aspects of their life.

One care receiver was able to express and articulate their views, which were very positive. Another care receiver, who was not able to verbally express their views, looked comfortable and relaxed, through their facial expressions and vocalisations. Staff were observed communicating with the care receiver and were able to understand and predict their requirements. Interactions between care receivers and staff appeared positive, and reassurance was provided by staff to decrease one care receiver's anxiety levels. One care receiver remained in their bedroom for the duration of the inspection with staff attending and monitoring their wellbeing. It was apparent that both care receivers had received support to select appropriate clothing and they were observed to be relaxed in their demeanour.

The registered manager advised of having had to contact various health professionals in recognition of changes noted in some care receiver's health. On the day of the inspection, care staff described their contact with one care receiver's General Practitioner due to their observations and concerns with regards to their health.

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

<p>Conditions of Registration</p>	<p><u>Mandatory</u></p> <p>Maximum number of care receivers: 4 Number in receipt of personal care or personal support: 4 Age range of care receivers: 18 years and above Category of care provided: Learning disability and autism</p> <p><u>Discretionary</u></p> <p>The registered manager must obtain a Level 5 Diploma in Leadership in Health and Social Care by 26th June 2023.</p>
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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 had enrolled on a relevant diploma course earlier in the year and were progressing through it.

The Regulation Officer was satisfied that all conditions were 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 can raise an alert in this regard. This forms part of the monthly supervision discussions. Registered managers reported that safeguarding is a theme, which runs throughout all training programmes.

There is a whistleblowing policy in place. However, a discussion with one member of staff confirmed they were not aware of how to access or make use of this policy. The manager will ensure all staff are made aware of its purpose. Despite this, they advised that they knew of the ways in which to raise concerns within the organisation directly above the registered manager. The registered manager described a situation that had been brought to her attention by staff whereby one care receiver was upset by an experience in the community. This had been explored with the care receiver and resolved to their satisfaction. It had not required that a safeguarding alert be raised, but it was evident that staff had taken appropriate action on behalf of the care receiver.

A discussion with two care staff confirmed that they had received safeguarding training and that they could access the safeguarding policy at any time. Staff demonstrated their knowledge of the policy and of how to manage allegations or safeguarding concerns.

A direct discussion with one care receiver confirmed that they felt safe in the home and that they had a good rapport with the staff team and other care receivers. They reported that they were happy living in the home and showed the Regulation Officer their bedroom and some of their personal photographs and belongings. A discussion with one care receiver's representative after the inspection confirmed that their relative felt safe in the home and were able to make choices, pursue their own interests and be supported to access the local community.

The home was found to be spacious, clean and homely on the day of inspection. The hot water tap in the downstairs bathroom was discharging cold water. However, this was quickly addressed and rectified. It was noted that one care receiver had their own armchair provided in the lounge for relaxing in. One care receiver offered a tour of the home, and care receivers' bedrooms were found to be personalised and suitably private. The staff team respected one care receiver's need for privacy and dignity during the visit. Consequently, support was provided to this care receiver in the comfort of their own bedroom. The registered manager advised that a female

only staff team is employed at the home. This is due to each of the care receivers needing assistance with bathing and personal care needs.

The registered manager has applied for an authorisation of a Significant Restriction on Liberty (SRoL), for one care receiver who requires a continuous level of supervision through the day. At the time of the inspection, this request had yet to be authorised. The home's front door is locked at all times to promote and ensure care receivers' safety. However, one care receiver was noted to be able to exit the home freely during the visit and opened the door independently to the Regulation Officer.

The Commission has received notifications from the home this year in relation to notifiable events. The registered manager raised concerns on behalf of one care receiver with health professionals outside the home in respect of a negative experience relating to the receipt of health care.

Care staff described additional ways in which care receivers' safety is promoted in the home. This included: staff providing supervision to care receivers whilst cooking; monitoring water temperatures; promoting safe food storage and securely storing medicines. Staff also described that they involve care receivers in fire safety drills to ensure that they are familiar with the actions to be taken in the event of a fire.

The registered manager is responsible for managing two Les Amis homes. The Commission was advised during the meetings on 2 and 4 September of senior management's decision that registered managers would work remotely to reduce the amount of footfall into each home during the height of the pandemic.

A discussion with the registered manager during the inspection confirmed that they had to rely on the staff team to keep them updated about the welfare and wellbeing of care receivers. The manager advised that there were some members of staff who, at the time of her absence, required closer monitoring of their work performance. The absence of the manager in this period meant that she was unable to directly observe the work performance of these staff members in the home.

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

<p>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.</p>
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The home's welcome pack includes details of the complaints process. However, it does not include information about the complaints procedure in a language or format suitable for each of the care receivers. Care receivers and their representatives should be made aware of how to make a complaint or of how 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 to make complaints. This is an area for improvement. The registered manager provided examples of how communication between care receivers and their families and the home has been enhanced recently. These included the use of technology to facilitate three-way conversations to ensure the care receiver was included in all communications about them.

Discussion with one care receiver's representative confirmed that they have an open channel of communication with the registered manager and are confident that any issues of concern would be addressed and remedied. If needed, they would contact the senior management team to raise concerns above the registered manager.

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

<p>The safe recruitment of staff is an important element of 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 at all times suitably recruited, trained and experienced staff available to meet the needs of care receivers.</p>

There has been a change of manager since the last inspection was carried out in 2019. The registered manager took up their position in the home earlier in 2020, prior to the Covid-19 pandemic. There is a team of six female care staff, two of whom have been employed within the last two months. The other four staff members have each worked in the home for periods of between one and seven years.

The change in management and the recruitment of new members of staff was referenced in feedback received from a visiting health professional and a care receiver's representative as well as in a conversation with one care receiver. In each case, both the manager and staff team were described as being extremely pleasant, friendly and professional in their interactions with care receivers.

The registered manager advised the Regulation Officer that she was not provided with a formal induction programme. They confirmed that they had worked as a support worker elsewhere in the Les Amis service before taking up a managerial position to manage two homes. Soon after they were appointed, the manager was required to work remotely due to the Covid-19 pandemic and to keep in touch with staff in the home using technology. The failure to provide an appropriate induction to a new manager has the potential to reduce their effectiveness in this important role. This, in combination with a period of absence from the home, further weakens the provider and the manager's ability to ensure themselves that the home is being carried on in accordance with the Regulations and Standards. The registered manager confirmed that they receive support and supervision from their line manager.

The manager spoke positively of the staff team and has noted a change in the home's atmosphere and in the demeanour of some of the care receivers which she believed to be a result of the staff team which is now in place.

Samples of the staff rotas were examined which indicated that the home continues to be staffed with at least two staff during the day and one overnight. Care receivers are allocated 1:1 time to spend with staff to partake in activities of their choice.

Two care staff were recruited in August and September 2020 and the manager confirmed that they did not have full involvement in or oversight of one staff member's recruitment process. The manager advised that they did not have sight of the two references that were obtained and relied upon other staff within the organisation to confirm that these were satisfactory. The registered manager has a key responsibility in ensuring that all staff who are supplied to work with care receivers have gone through a safe recruitment process. Similarly, the manager must ensure that all relevant information is obtained in order to make a decision about potential staff working with care receivers. This area requires improvement.

Discussion with staff on the day of the inspection confirmed that they meet with the manager regularly as part of a supervision programme and that they find this process to be beneficial. One staff member confirmed having confidence in the manager to address any concerns which they have and confirmed that they are very passionate about their job. There is a training and development plan in place to ensure that all care staff will have a Level Two vocational level qualification in health and social care. Currently there are three staff with Level Two.

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 more user-friendly. The manager advised that they had not been involved in either the discussion or planning relating to the intended revision of the computerised system.

At the time of this inspection, this change in the recording methodology had not commenced, and samples of care receivers' plans were examined. It was confirmed that two care receivers rely upon pictures or Makaton symbols to communicate. Despite this, their care records were prepared in a written format which was not reflective of their style of communication. Overall, the care records were clear, and staff were able to use them to deliver appropriate care and support. However, there was little evidence of care receivers being involved in their preparation.

It was noted that one care receiver had three personal plans relating to one specific condition. This repetition was considered to be disproportionate and unhelpful for

either the care receiver or staff. One care plan related to a care receiver's need for a high degree of supervision and of a request which had been made for an SRoL authorisation. The care plan contained references to the Capacity and Self-Determination (Jersey) Law 2018 alongside theoretical references to capacity. This did not relate directly to the care receiver's needs and lacked reference to the day to day implications for the individual. These related issues pertaining to care planning represent an area for improvement.

One example of good practice was highlighted during the visit, which related to care staff initiating discussions with some care receivers to ascertain their end of life wishes and preferences.

The manager described ways in which care receivers' choices can be maximised further by use of visual pictorial/ symbol choice boards and plans to implement these tools for the benefit of care receivers. The manager also advised that there are plans to have care planning review meetings with staff and care receivers to ensure that support plans remain relevant and specific to the individual's preferences and needs.

Monthly quality reports

<p>The quality of services provided by this service 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 quality reports were not being produced at the time of the inspection. The combination of the prolonged period 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.

The manager advised that there was a quality-monitoring visit undertaken during the week before the inspection, although at the time of the inspection the manager had received no feedback as to the outcome of that visit.

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 3.6</p> <p>To be completed by: with immediate effect</p>	<p>The registered provider must ensure that the registered manager has appropriate oversight of the recruitment process.</p> <hr/> <p>Response by registered provider: Two staff were recently recruited for the Le Fig team. One was interviewed by the registered manager the other interviewed by another member of the registered manager's team.</p> <p>During the recruitment process of two new members of staff it was acknowledge that the registered manager relied on the current system of HR overseeing references of candidates. Moving forward the reviewing of candidate's references will take place.</p>
<p>Area for Improvement 2</p> <p>Ref: 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: 2.7</p> <p>To be completed by: 2 months from the date of this inspection (20 December 2020)</p>	<p>Personal plans must evidence the involvement of care receivers and be prepared in a format that is accessible and meaningful to them.</p> <hr/> <p>Response by registered provider: 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 rational for this review is echoed in the comments made in the body of the report with respect to the level</p>

	<p>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>
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<p>Area for Improvement 4</p> <p>Ref: Standard 10.2</p> <p>To be completed by: 2 months from the date of this inspection (20 December 2020)</p>	<p>The provider must ensure that people who receive care 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: 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><i>The welcome pack and complaints policy are placed on the coffee table in the lounge in bright colourful folders in both written and easy read formats. These have been shown and read to the residents by staff and are always available to them.</i></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 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>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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Area for Improvement 5	The provider must make arrangements to replace the floor covering in the kitchen and maintain the décor in the home, so that it is comfortable and homely in appearance.
Ref: Standard 7.1	
To be completed by: 3 months from the date of this inspection (20 January 2021)	Response by registered provider: This has been actioned but unfortunately due to shielding the residents whilst awaiting vaccination this was placed on hold. As of today's date all residents have received their vaccinations and we await the flooring company's availability to replace the flooring.

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



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