



**Jersey Care
Commission**

INSPECTION REPORT

Les Amis Limited (Home Care)

Home Care Service

**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 Les Amis Limited (Home Care). The service was registered with the Jersey Care Commission ('the Commission') on 6 August 2019.

Registered Provider	Les Amis Ltd
Registered Manager	Kerri-Ann Frain
Regulated Activity	Home care service
Conditions of Registration	Maximum of personal care/personal support hours to be provided per week is 2,249 Age range of care receivers is 18 years and above Category of care provided is: Physical disability Learning disability Autism
Dates of Inspection	20 October 2020
Times of Inspection	9.30am – 3.30pm
Type of Inspection	Announced
Number of areas for improvement	Two

The home care service is operated by Les Amis Limited and the registered manager is Kerri-Ann Frain.

At the time of this inspection, there were 32 people receiving care from the service.

SUMMARY OF INSPECTION FINDINGS

This was the first inspection completed since the service was registered and the inspection was announced. The inspection visit took place at the registered offices on 20 October 2020. During the inspection, visits were made to care receivers to obtain their feedback. The Standards for home care 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.

The home care service was registered under the 'Approved Provider' framework on 9 July 2014 and an inspection was completed on 7 May 2015. This is the first inspection of the service under the Regulation of Care Law 2014.

Overall, the findings from this inspection were positive. Care planning documents were cross-referenced with feedback from care receivers and evidenced that care receivers are being provided with a service in accordance with their assessed care needs and personal preferences. The individualised care plans and evidence of positive outcomes were an area of good practice.

The Regulation Officer was assured by the registered manager that they have appropriate oversight of the recruitment process and ensure that all paperwork has been received in advance of any start date.

The Statement of Purpose should be reflective of the home care service's aims and objectives. Currently it is generic in nature and does not reflect the purpose of this home care 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. A monitoring process needs to be in place to ensure that the service is meeting the Standards consistently.

The two areas for improvement will be kept under review by the Commission.

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

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. This is the first inspection under the Regulation of Care Law 2014.

The Regulation Officer met individually with five care receivers and six staff members who gave their views on the service. 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 service's infection prevention and control protocols.

During the inspection, records including policies, care records, incidents and complaints were examined.

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 home care 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 met the criteria for registration of this home care service but follows the generic template for all Les Amis homes. It was noted that the information is mainly reflective of the organisation's overall aims and objectives rather than those of the individual service. The Statement of Purpose must be kept

under review and amended to reflect the distinctive aims and objectives of this service and the care and support which is provided. This is an area for improvement which was discussed with the registered manager, who acknowledged and agreed that it should be improved upon. The manager agreed to submit a revised version of the Statement of Purpose to the Commission. The Regulation Officer was satisfied that the registered manager fully understood their responsibilities to manage the service in accordance with the Statement of Purpose. Consideration should be given to ensuring that the Statement of Purpose is made available in an accessible version in order that it might be more easily understood by the care receivers.

The care receivers gave positive reports of the service provided. It was evident that personalised services were provided dependent on the needs and wishes of each care receiver.

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

Conditions of Registration	<u>Mandatory</u>
	<p>Maximum number of care hours per week - 2249 Age range of care receivers: 18 and above Category of care: Physical disability, learning disability and autism</p>
	<u>Discretionary</u>
	There are no discretionary conditions

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

Safeguarding (adults)

The Standards for home care 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 concerns and raise alerts 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 registered manager reported that there had been no recent formal complaints from care receivers or their representatives.

After a medication error was highlighted, training was revisited for the staff involved which demonstrated that appropriate action was taken.

Appropriate action was taken during the Covid-19 period to reduce footfall in each care receiver's home by allocating two members of staff for each care receiver. It was positive to note that as far as possible, a small team of care staff are allocated to each care receiver to reduce the risk of them having a visit from someone that they are unfamiliar with. It was evident that some care receivers had support staff who had known them for some years. PPE was used in line with Government of Jersey guidelines. The manager set up a Facebook page to communicate regularly with care receivers and made regular phone calls to check on them. Once the lockdown period was relaxed, the manager visited all care receivers to check on their overall emotional wellbeing and any views on care received.

All notifications made to the Commission during 2020 were appropriate and it was evident that actions required identified had been completed. At times, notifications have not been made within appropriate timescales and the registered manager has committed to ensuring that this is done in future. The Regulation Officer was satisfied that the manager understood their responsibilities in this regard.

It was evident that care plans included recognition of triggers for challenging behaviour and that appropriate advice had been sought to manage these situations. Additional support and training have been given to staff in the use of emotional coping skills to be able to support the wellbeing of the care receivers during this difficult time.

Advocating for the rights and well-being of care receivers is central to the service's philosophy and underpinning approach. The Regulation Officer was advised that Les Amis are considering options for an independent advocacy service for care receivers in the light of the fact that previous advocates are no longer in post.

The service has processes in place to receive feedback from care receivers at least twice a year. Care receivers all indicated that they were able to contact the manager directly when necessary and were able to highlight any immediate issues, such as if a support worker did not arrive for a scheduled session.

Complaints

The Standards for home care 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.

All care receivers reported that they know that they can raise an issue or complaint with the manager or deputy manager if they are unhappy with an area of their care. They were able to demonstrate that they have a direct phone number on their phones. The registered manager reported that there had been no formal complaints raised recently. This was in line with the feedback received from all care receivers. There are likely to be times when informal concerns or complaints are raised, and it would be helpful for the manager to keep a log to demonstrate how these have been resolved.

One care receiver informed the Regulation Officer that they knew they could contact head office if the registered manager was unable to resolve an issue. All care receivers were confident that they would be listened to and that complaints would be resolved. The registered manager meets with care receivers twice a year to identify if there should be any changes to the care which is provided or to discuss any issues relating to the quality of care. This meeting would also consider if changes need to be made to the support plan and is holistic in covering work, education and social activities.

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, the Regulation Officer visited the registered provider's head office and was able to examine the arrangements in place for recruiting staff. During this visit, a sample of 25 recruitment records were reviewed. Two of these related to the staff employed to work for this home care service. The manager informed the Regulation Officer that either she or the deputy is usually on the interview panel for new recruits to this service. The DBS check and references were received prior to the member of staff commencing employment and the manager confirmed to the Regulation Officer that they assure themselves that all relevant information is in place before a start date is agreed.

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. It is recognised by the registered manager that new staff need a period of shadowing and to gain some experience of the role before joining the service as staff are often required to undertake lone working. Understandably, there has been some difficulty during the Covid-19 period in accessing training courses and where possible these have been completed online. The service has a stable staff team consisting of 26 staff, including six relief staff. Most staff are trained to at least Level 2 Health and Social care. The manager reported that they had used the lockdown period to update career development plans with staff.

The Regulation Officer noted some of the creative approaches taken in relation to staff training during the period of Covid-19, for example the completion of online safe handling theory with assessment completed through Zoom. Unfortunately, First Aid training cannot be completed virtually although it is anticipated that this will resume once St John's Ambulance revive the provision of practical training.

There are areas of specific training identified by the senior management team such as dementia awareness. Links have been made with the Alzheimer's Society and training was planned. However, it was unable to go ahead as the trainer had to travel from the UK and was unable to do so. Induction training for this service includes the areas of diabetes and learning disability. The registered manager is seeking to include the area of mental health training.

The Regulation Officer spoke with six members of staff. All were positive about the training and development offered by the organisation. Most had worked for the organisation for some time and felt valued, reporting that the manager was approachable, and that they were confident that any concerns would be listened to and acted upon. One member of staff had left the organisation but returned as she felt the training and support at Les Amis was to a high standard. Another member of staff reported that the organisation had been flexible when they needed to change their working hours to fit in with family commitments. There is a four-week rota so that staff can plan their time in advance. All staff reported that they received monthly supervision. There was evidence of succession planning as the deputy manager has undertaken training and is given opportunities to gain experience of the role of registered manager. This is an area of good practice.

Staffing rosters were reviewed and showed that care staff are not rostered to work more than 48 hours per week. The rosters set out start times of visits and confirmed that staff remain allocated to the same care receivers whenever possible. All care receivers were aware of when to expect their next visit from a support worker and knew what the activity or plan would be.

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 2020, 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. Although the deputy manager reported that they had previously been involved in training staff in care planning, neither they nor the registered manager had been consulted about, or involved in, the proposal to introduce the revised system.

When receiving a new referral for the home care service, an assessment is completed, including a meeting with the social worker when appropriate. Efforts are made to match the needs and preferences of the care receiver to a small staff team.

There was evidence that care plans were outcome-focussed and that improvements had been made in the lives of care receivers. The service had advocated for a care receiver to have significant changes to the layout of a kitchen for them to be more involved in cooking and daily tasks. This has promoted their independence skills. During a visit, the care receiver discussed that they were looking for new recipes and appeared very excited to be involved in this activity. Additionally, there was evidence that care receivers are provided with information in order to make their own decisions. One member of staff had addressed a difficult situation respectfully with a care receiver and provided additional information to ensure that they were making an informed decision. Care receivers were involved in care planning and this was also confirmed in feedback from them. This was an area of good practice.

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 registered manager has processes in place to receive feedback from care receivers and staff which informs any changes which need to be made. However, 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. This is an identified area for improvement and was discussed with senior management staff on 2 September 2020.

IMPROVEMENT PLAN

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

<p>Area for Improvement 1</p> <p>Ref: Standard 1.1</p> <p>To be completed 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 and submitted to the Commission within 28 days of the revision.</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>

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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