



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Mourant Lodge**

**Care home Service**

**La Rue Asplet, Jersey, JE3 5JF**

**6 November 2020**

## THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

## ABOUT THE SERVICE

The is a report of an inspection of a care home which is provided by Les Amis. The service is a four-bedroom detached house situated near Trinity Church, with easy access to a local shop, public house and a bus stop. 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 Limited
Registered Manager	Marie-Claire Pinglaux
Regulated Activity	Adult Care home
Conditions of Registration	Personal care/support for four care receivers Category – physical disability, learning disability and autism 18 years and above
Dates of Inspection	6 November 2020
Times of Inspection	1.30pm – 4pm
Type of Inspection	Announced
Number of areas for improvement	Three

The Care home is operated by Les Amis and the registered manager is Marie-Claire Pinglaux.

The service is used for short breaks. At the time of the inspection, it was confirmed that the service is providing support on a nightly basis to two care receivers at any one time. The service is used currently by 18 care receivers in total.

## SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was completed on 6 November 2020. The Standards for Care homes were referenced throughout the inspection.<sup>1</sup>

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 care receivers being provided with a service that is safe, and which takes their wishes and preferences into account. This is a busy service where care receivers are encouraged and facilitated to take part in activities during their short break.

The environment is modern and although furniture has had to be removed to reduce risk of infection, it is still homely and care receivers are reported, by their relatives, to enjoy their stay.

The service's arrangements for recruiting staff needs some improvement to ensure that the registered manager has appropriate oversight of the recruitment process. From a discussion with a care receiver, their relative and an examination of records, there was evidence of adequate staffing and that staff were appropriately deployed within the service. The service was closed during the initial stages of the pandemic. However, when this re-opened the manager continued to work remotely. A robust contingency plan should be in place in the manager's absence and the provider must notify the Commission of these arrangements. The Regulation Officer considers that managerial presence is essential in providing support to staff and in promoting the safety of care receivers.

It is a requirement for monthly quality reporting to be completed and a monitoring process needs to be in place to ensure that the care home is meeting the Standards consistently. This is an area for improvement.

Feedback from relatives was positive. They considered that the care given to their relative was of a high standard and that communication was good. All three relatives contacted reported that both they and the care receiver benefit from this service and that, while understandable, it had been difficult during the period that the service was closed due to Covid-19 restrictions.

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

Feedback was obtained from the Government of Jersey's Learning Disability Service suggesting that communication with the home and service flexibility could improve. Feedback from professional staff also indicated that the home's approach to the management of risk could be further developed to promote the independence of care receivers.

Each of the relatives who were consulted reported that their family member had been in receipt of a service for some years. They had no knowledge of the complaints procedure. All three relatives agreed that it would be helpful to have information about the service's complaints process or be able to access it through the website. Although they had no current need to make a complaint, one reported that historically they wished that they had made a complaint about another service and had not known how to do so. 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. Relatives were also unable to describe any of the care plans but were happy with the number of activities provided. It was evident that care plans are specific to each care receiver and that they consider risk and safety planning. Care plans which identified specific ways to support care receivers to access activities to enhance their enjoyment were an area of good practice.

## **INSPECTION PROCESS**

Commission staff met with Les Amis senior management on 2 and 4 September 2020 to discuss a range of matters that each of the Les Amis registered services has in common. This was also an opportunity for Commission staff to meet with the registered managers as a group away from the regulated activity. The organisation's response to the Covid-19 situation was discussed in detail alongside developments in care planning, staff training and quality assurance. This was a useful engagement and enabled the Commission to prepare for the inspection of each regulated activity.

Prior to the inspection visit, information submitted by the service to the Commission since the service became registered, was reviewed. This included any notifications and any changes to the service's Statement of Purpose.

The Regulation Officer sought the views of three relatives of care receivers who use the service and spoke with managerial and one member of staff. The Regulation Officer initiated contact with a range of allied health professionals, and one response was received from the Government of Jersey Learning Disability respite co-ordination service.

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 is attached at the end of the report.

## INSPECTION FINDINGS

### **The service’s Statement of Purpose and conditions on registration**

The care home’s Statement of Purpose was reviewed prior to the inspection visit. The Standards outline the provider’s responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The care home’s Statement of Purpose was updated following the visit and is now more relevant in describing this as a short break service. The Statement of Purpose should be reviewed and updated as and when necessary. 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 conditions:

Conditions of Registration	<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 and above          Category of care: Learning disability, physical disability and autism          Maximum number of care receivers to be accommodated in the following rooms:          Bedroom 1-4 – 1 care receiver          Persons with physical disability can be accommodated in ground floor bedroom only</p> <p><u>Discretionary</u></p> <p>There are no discretionary conditions</p>
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A discussion with the manager and an examination of records each provided confirmation that these conditions on registration were being fully complied with and are intended to remain unchanged.

The service currently offers overnight stays to two care receivers per night although it is registered to provide support to a maximum of four. The home is well-decorated. To ensure infection control, there are profiling beds in the two bedrooms currently in use. While some furniture has been removed to enable a deep clean every day and to reduce the risk of infection, the décor and furnishings are all in good condition. Unlike homes where care receivers live permanently, each bedroom is suitable for any care receiver to stay and does not reflect personal preference. There is one high dependency bedroom on the ground floor which has a wet room en suite. There are a further three en suite bedrooms on the first floor, two of which are not currently in use.

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. Registered managers were confident that staff can recognise a concern and would raise an alert in this regard if required. This area of practice forms 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 the manager was able to demonstrate that they knew how to access this and to raise concerns both within and outside of the organisation.

Two safeguarding notifications had been made during the year and following this it was evident that plans were in place to support the care receiver.

The service was closed during the period of Covid-19 restrictions and re-opened in August 2020 on a reduced basis. This was to ensure the safety of care receivers. During this period, the manager kept in contact with families to offer support.

As this is a service where care receivers do not live permanently, a system is in place where medication needed during a four-week period is kept in a locked cupboard. The manager needs to ensure that they have adequate medication for each care receiver when they stay and that they obtain any updates from family

members before each stay. An additional manager who has undertaken medication training supports with the standard medication signing-off procedure.

The Government of Jersey manages the system for booking short breaks for each care receiver. The manager advised the Regulation Officer of their role in ensuring that compatibility issues are taken into account when planning short breaks as this is of benefit to both care receivers.

Feedback provided to the Regulation Officer by the Government of Jersey's Learning Disability respite service indicated that there are sometimes issues in working together and in providing the best service for care receivers. Following this inspection, a meeting has taken place between both parties to discuss these matters.

## 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.

When new referrals are received, the potential care receiver is given a welcome pack. The manager advised the Regulation Officer that they were in the process of updating this pack to make it more applicable to the specific type of service provided. It was noted that the welcome pack does not include information about the organisation's complaints procedure in a language or format suitable for care receivers. The organisation's website did not provide any information about the ways in which to raise concerns or make complaints. Family members reported that they would welcome a leaflet or information on the website regarding how to make a complaint. This is an area for improvement.

One complaint had been made this year about the type of bed available. However, this was resolved during the Covid period of closure when all beds were replaced with profiling beds.

It was not possible to speak with a care receiver as it was positive to see that on arrival, the care receiver got ready straight away to go out on an activity. However, it was clear to see that they had good relationships with the staff on duty and were comfortable in knowing which bedroom they were staying in, and at ease in their surroundings.

All three family members reported that they were satisfied with the service provided and that their relative is happy to go and stay at Mourant Lodge. Another described how their relative treats Mourant Lodge as "home from home". One relative described the staff as "my daughter's guardian angel". She reported that they are always caring and happy to facilitate activities or changes in transport whenever they can. All praised the communication with Mourant Lodge staff. One stated that staff pay attention to detail and really understand their relative and will therefore

sometimes raise issues that they have noticed which is helpful to the parent. Another stated that they valued the handover discussions as it helps them to feel confident that their relative is going to someone who cares about how they are feeling that day and what might be impacting on their wellbeing.

It was also noted that while there are difficulties in communication and co-ordination between the Government of Jersey's Learning Disability service and Mourant Lodge, feedback was also given that "support staff are very good, always attentive and respectful to the people they support." It was interesting to note that one family member stated that it was useful to have the Government of Jersey involved in the co-ordination of the short break care. This was because, in their view, there was a need for creativity if Mourant Lodge were unable to facilitate an overnight stay and if another service was needed to support the care receiver.

### **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>
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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 was reviewed. Two of these related to the staff employed to work in this care home. Although it was evident that the DBS check and references had been received prior to the member of staff commencing employment, the manager had not satisfied themselves that all relevant information had been 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 therefore, 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 manager demonstrated workbooks used for training in the areas of mental health, dementia and learning disability.

There are five permanent staff for this service. One senior support worker has just been promoted internally and has plans to study for QCF Level 3 Health and Social Care. The senior staff member spoken to reported that they are happy with the training provided.



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 Regulation Officer briefly saw one member of staff during the inspection visit. However, this is a busy household where staff support care receivers to attend activities when they arrive. The Regulation Officer did not consider it appropriate to contact staff members during their off-duty time.

During the period of Covid-19, the registered manager was requested to work remotely, and the service was closed to maintain safety for care receivers. Staff were redeployed to provide support across other Les Amis services. When the service was able to reopen on a reduced basis, a small team of permanent staff returned, and appropriate measures were put in place to ensure the safety of both staff and care receivers.

## **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.

Care plans were reviewed for six care receivers who had accessed the service for some time. Each care receiver had between 15 and 23 care plans and the new care planning system will reduce this number which will enable them to be more easily accessible for staff. When the service was re-opening, the manager sent a letter to the care receivers with photographs of the new beds and of how the house now appeared as furniture had been removed. The letter included the fact that the care receiver's temperature would have to be taken on arrival at the home each time. A member of staff telephones the family before the care receiver arrives for an overnight stay in order to check that they are well. By continuing to provide telephone support to families during lockdown and helping to prepare care receivers for a slightly changed service, this was an area of good practice.

Care plans are written in the first person and the manager confirmed that they are shared with the care receiver on an iPad once they are completed. One care plan which was examined, included a risk assessment and a plan regarding behaviour management and support. A best interests meeting had been held which included multi-agency involvement. The plan enabled the care receiver to continue to access the service safely. Other care plans gave clear instructions for how to support care receivers to access activities and indicated what would make each activity a positive experience for the care receiver. Relatives seemed to have little understanding of the care plans in place and two stated that they would welcome a yearly multi-agency review if this were appropriate. The care planning and reference to specific risks and needs are an area of good practice, which could be improved by ensuring that relatives are more closely involved in the planning process.

### **Monthly quality reports**

<p>The quality of care provision should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.</p>
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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 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.

## IMPROVEMENT PLAN

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

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 12.2</p> <p><b>To be completed by:</b> 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><b>Response by registered provider:</b></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><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 3.6</p> <p><b>To be completed by:</b> 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> <hr/> <p><b>Response by registered provider:</b></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>As soon as we are able to re-introduce residents to the interview panel safely this will take place.</p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 10.2</p> <p><b>To be completed by:</b> 29 January 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><b>Response by registered provider:</b></p> <p>The welcome pack and complaints policy should be provided to all service users and representatives when using Les Amis services as part of the referral process. The welcome pack and complaints policy are available in written and easy read format.</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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