



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**The Lodge**

**Care Home Service**

**Les Amis**

**La Grande Route de St Martin**

**St Saviour**

**JE2 7JA**

**15 December 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 a care home which is provided by Les Amis. This is one of 18 care home services operated by Les Amis. The service became registered with the Jersey Care Commission ('the Commission') on 2 July 2019. The care home forms part of the Les Amis organisation's business continuity plan and is used to accommodate care receivers at times when emergencies arise in their usual place of residence. The home does not support care receivers to live in the home on a long-term basis and has not been used since September 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	Lisa Neely (Interim Manager)
Regulated Activity	Care home for adults
Conditions of Registration	Personal care or personal support can be provided to two care receivers Category of Care is learning disability and autism Age range of care receivers is 18 years and over
Date of Inspection	15 December 2020
Type of Inspection	Announced
Number of areas for improvement	None

The Care Home is operated by Les Amis Limited and the interim manager is Lisa Neely, who is holding the position on a temporary basis until a permanent manager is recruited and appointed.

At the time of this inspection, there were no care receivers accommodated in the home.

## SUMMARY OF INSPECTION FINDINGS

This inspection was arranged with the interim manager. In view of the escalating Covid-19 situation within the community at the time of inspection, and the service being in close proximity to another care home a physical visit to the home did not take place. The Regulation Officer requested the interim manager provide information which could then be reviewed. On this occasion the 'remote desk top review' style of inspection was considered appropriate and proportionate on the basis of the Covid-19 pandemic and that no care receivers were accommodated in the home.

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 demonstrate that the provider has arrangements in place to ensure the home can operate safely in the event of needing to be used at short notice. Care receivers will already be in receipt of care and support from other parts of the Les Amis organisation, and it is expected they will be supported in the Lodge with staff who are known to them. Care planning arrangements that are already in place will be revised depending upon any changes in assessed needs.

## 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.

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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/>

Prior to the inspection, 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 23 October 2019, were also reviewed. The Regulation Officer requested that the interim manager provide information in relation to the ongoing maintenance of the home to ensure its safety to welcome care receivers at short notice.

This report sets out the findings of the inspection. 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 a revised copy provided in January 2020. The details contained within the Statement of Purpose refer to the name of the registered manager who held the position before the interim manager, therefore should be updated to reflect the changes made to the managerial arrangements. The interim manager explained that the needs of the care receiver who was last accommodated in the home in 2019 were met sufficiently.

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

Conditions of Registration	<p><u>Mandatory</u></p> <p>Maximum number of care receivers: 2            Number in receipt of personal care or personal support: 2            Age range of care receivers: 18 years and above            Category of care provided: Learning disability and autism</p> <p><u>Discretionary</u></p> <p>There are no discretionary conditions.</p>
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The Regulation Officer was satisfied that the conditions on registration are being complied with and are intended to remain unchanged.

## **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.

In view of the fact that no care receivers are expected to be accommodated in the home, or have been accommodated since 2019, the safeguarding arrangements in place to accommodate care receivers at short notice were explored. The home forms part of the main Les Amis building and administrative staff working elsewhere in the building will be made aware that the building is in use for fire safety reasons. As all care staff supporting care receivers will have provided care and support for them in their usual place of residency, they will have had safeguarding training and be able to access the safeguarding policy. Staff will also have access to on call managers if they need support out of hours.

Routine maintenance checks are carried out to ensure the building is safe for use as part of the provider's health and safety arrangements. This includes checking the fire alarms, fire safety equipment, lighting and infrequently used hot and cold water outlets also form part of the routine maintenance schedule. There is a locked facility for the storage of medicines also. The interim manager explained that care receivers admitted into the home would be informed of the fire safety procedures in place.

## **Complaints**

The Standards for care homes set out the provider's responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service's staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.

The home's welcome pack includes details of the complaints process. It was good to note that based on feedback provided earlier in the year, the organisation's website now provides an opportunity for people to make a complaint or provide feedback about the service. The interim manager explained that care receivers would be reminded of the organisation's complaints procedure once admitted into the home and provided an assurance that an easy read version of the complaints procedure is available.

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

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.

There has been a change of manager since the last inspection took place on 23 October 2019. The interim manager took over on 25 August 2020 and the Commission was notified of their resignation prior to the inspection date and the provider's plans to recruit a replacement manager.

In the event of care receivers, having to reside in the home because of unforeseen circumstances, care staff who are ordinarily familiar with their care needs will be allocated to provide support to them. The number of staff would also depend upon their specific needs and wherever possible, a consistent staff team will be deployed to the home to support the individual.

No staff have been recruited specifically to work in the Lodge since the last inspection took place.

## **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.

As there were no care receivers in the home at the time of inspection, there was no opportunity for the Regulation Officer to sample any personal plans. The interim manager confirmed that care staff will be able to access care receivers' care plans when they are admitted into the home.

## Monthly quality reports

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.

There have been no quality assurance reports completed on the basis that the home has not been used for some time. However, the provider has ongoing arrangements in place to ensure the home can operate safely at short notice.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.



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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