



Jersey Care
Commission

INSPECTION REPORT

17/18 Le Grand Clos

Care Home Service

St Johns Road, St Helier, Jersey, JE2 3BB

13 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

This is a report of an inspection of a care home which is provided by Les Amis. The registration covers two neighbouring properties which have their own access and together can provide personal support to five care receivers. The care home is situated on the edge of St Helier, with access to shops, restaurants and public transport. This is one of 18 care home services operated by Les Amis. The service became registered with the Commission on 18 July 2019.

Registered Provider	Les Amis Limited
Registered Manager	James Devon
Regulated Activity	Adult Care home
Conditions of Registration	Personal care/support for five care receivers Category – Learning disability and autism 18 years and above
Date of Inspection	13 November 2020
Time of Inspection	1.15pm – 4pm
Type of Inspection	Announced
Number of areas for improvement	Five

The care home is operated by Les Amis and the registered manager is James Devon. At the time of the inspection visit, James Devon reported that he had resigned his position and the Commission awaits plans from Les Amis regarding the management position.

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 13 November 2020. The Standards for care homes were referenced throughout the inspection.¹

The Regulation Officer focussed on the following areas during the inspection:

- the service's Statement of Purpose and Conditions on registration
- safeguarding (adults)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

Overall, the findings from this inspection were positive, and there was evidence of the care receivers being provided with a service that is safe. Staff members who were consulted demonstrated a good understanding of the interests, needs and preferences of the individual care receivers. It was evident that independence is promoted as far as is practicable for individual care receivers, although support is available and provided to access activities and services as necessary. However, there was some evidence that decisions are sometimes taken at senior level without the involvement of care receivers or of enough consideration being taken of individual risks and preferences. The Regulation Officer was concerned about the impact of this.

The environment is homely, and each care receiver is supported to furnish their bedroom to reflect their own personality with items such as photos, pictures, ornaments, etc. Two care receivers were engaged in different activities within the home during the inspection visit and there was evidence of staff being aware of the different personalities and levels of support needed within the home.

The service's arrangements for recruiting staff need some improvement to ensure that the registered manager has appropriate oversight of the recruitment process. During the initial stages of the pandemic, the home's manager had been advised to work remotely and the staffing rota was changed to reduce the footfall into the home. The home's staffing arrangements should be reviewed to ensure that any contingency arrangements which are put in place include appropriate management arrangements. This is an area for improvement.

The home's Statement of Purpose has been updated since the inspection and is reflective of the specific aims and objectives of the service. During the difficult period of Covid-19, registered managers have been reporting daily on any issues including, for example, staffing and maintenance. However, a monitoring process needs to be

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

in place to ensure that the home is meeting the Standards consistently. This is an area for improvement.

Two care receivers were consulted at the home and reported being happy and satisfied with their care. One relative was consulted, and they were generally happy with the care and communication with the manager.

The relative was not aware of a formal complaints process. One care receiver reported being aware of how to make a complaint but the other did not. This is an area for improvement.

Care plans are completed using an online system. The Regulation Officer examined care plans and noted that important areas such as future planning for independence and accommodation were not completed. However, in discussion, the registered manager was able to evidence personalised care. Consideration should be given to the use of various formats for care plans in order that the care receiver can refer to them. It is also hoped that the new online system of care planning will make plans more accessible and with regular updates. This is an area for improvement.

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 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 two care receivers and one relative, as well as speaking with the manager and one member of staff. The Regulation Officer initiated contact with a range of allied health professionals, but no responses were received.

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

During the inspection, records including policies, care records, incidents and complaints were examined. The Regulation Officer undertook a physical inspection of the premises.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager.

This report sets out 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 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 has been updated and reflects the specific aims and objectives of this care home. 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	<u>Mandatory</u>
	Maximum number of care receivers: 5 Number in receipt of personal care or personal support: 5 Age range of care receivers: 18 years and above Category of care: Learning disability and autism Maximum number of care receivers to be accommodated in the following rooms: Bedroom 1-5: 1 care receiver in each room
	<u>Discretionary</u>
	There are no discretionary conditions

A discussion with the manager and an examination of records provided confirmation that these conditions on registration were being fully complied with and are intended to remain unchanged.

The Regulation Officer was satisfied that all conditions were being met.

The home is in good condition but would benefit from some exterior painting to maintain a positive image of the home. Internally, the bannisters need to be painted

and a toilet seat replaced in the downstairs bathroom. The manager agreed to report these issues to the maintenance team.

The Regulation Officer sought permission from two care receivers to view their bedrooms, which was agreed. One person proudly showed the Regulation Officer their bedroom and it was evident that the care receiver was able to personalise their room and that these choices were respected by the provider.

There is currently a vacancy at the home, and the manager described a process which would consider both the needs of a possible new care receiver and of the needs and preferences of those already living in the home. A current care receiver was aware of this process and knew they were imminently to be given an opportunity to meet someone during an introductory visit.

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.

The Commission had received three notifications this year; one as a result of tension between two care receivers, and two other appropriate notifications of incidents. The manager had been able to resolve the issues and it was evident that support had been put in place and that changes had been made, as a result of these incidents.

All care receivers are supported and encouraged to be as independent as possible, while ensuring that support is provided in areas where it is needed. Two care receivers are working, and this was reported to have improved self-esteem and confidence. It was also reported to the Regulation Officer that a care receiver's low mood had improved as a result of their job and encouragement from support staff to improve their self-esteem.

Two care receivers are independent in managing their own medication, but monitoring is in place to ensure this is done safely. This is an example of good practice.

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. Registered managers reported that safeguarding is a theme which runs throughout all training programmes and forms part of monthly supervision discussions with staff.

There is a whistle-blowing policy in place and staff were able to demonstrate that they knew how to access this and of how to raise safeguarding concerns.

Les Amis put in place a range of measures at the initial stages of the pandemic to ensure the safety of the care receivers. Care receivers understood the reasons for these measures being put in place. The Regulation Officer was advised that once lockdown measures were reduced for the general public, the residents of this home continued to experience disproportionate levels of restrictions. A relative reported that even though the general public was able to access community activities, restrictions continue for care receivers including the ability to take exercise in an open area.

In order to encourage a reluctant care receiver to seek GP advice, it was evident that regular discussion was taking place, while still being respectful of their concerns, in order that they could feel comfortable in attending an appointment when they were ready. This was an area of good practice.

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.

Les Amis has a complaints policy in place but the relative consulted was not aware of how to access this or to escalate a complaint to the Commission if necessary.

All care receivers have lived in the home for some time. One care receiver had received a copy of the complaints policy and reported that they knew they could speak with the manager if they were concerned about an area of their care. Another care receiver did not know how to make a complaint and the manager agreed that the Easy Read version could be improved for easier accessibility. The Regulation Officer was informed by a relative that, while they were not aware of a formal policy, they had good communication with the manager and had been able to resolve any issues with them. This relative also stated that the manager provided additional support when the care receiver had a visit with them in order to ensure that no problems arose at this time and they appreciated this.

The organisation's website did not provide any information about the ways to raise concerns or make complaints and this is an area for improvement.

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 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 were received prior to one member of staff commencing employment, the manager had not satisfied themselves that all relevant information was in place before the start date. The registered manager has a key responsibility in this regard, and this is an area for improvement.

Previously, care receivers had been involved in the recruitment process. However, because of the Covid-19 situation, they have not recently been able to be physically included. Given that the Covid-19 situation is likely to continue for some time, consideration should be given to how measures could be put in place to enable care receivers to be involved again.

The registered manager has now gained the Level 5 Diploma in Leadership for Health and Social Care which was a condition of their initial registration. There is a small team of permanent staff. At the time of the inspection two staff members had achieved Level 2 Health and Social Care; two were working towards achieving this and one staff member was due to commence this course in January 2021. In addition, one member of staff was working towards Level 3. There were also two unqualified staff; one of whom will start training for Level 2 in 2021 and one who is completing the induction period. At times, bank staff also support with covering the rota, particularly to support with personal care of female care receivers.

There is an induction programme in place for new recruits and this includes training in the mandatory areas. Understandably, there has been some difficulty during the Covid-19 period in accessing training courses and where possible these have been completed online. The senior management team reported that most staff are trained to vocational training Level 2 NVQ or RQF.

The Regulation Officer noted some of the creative approaches taken to staff training during the period of Covid-19, for example, the completion of online safe handling theory with the assessment, through Zoom. Unfortunately, First Aid training cannot be completed virtually although there were plans in place 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. One member of staff consulted was positive about the training and development available within the organisation.

During the initial stages of restrictions of Covid-19, the senior management team reviewed the staff rota to reduce the amount of staff coming into the home. This led to the registered manager being requested to work remotely and to staff shifts becoming longer in duration, but with more days off between shifts. The senior management team, during the meetings on 2 and 4 September, described this change as having been positive. The manager in this home had been anxious about their lack of presence in the home and the member of staff who was consulted during the inspection visit, reported that they found the long shift pattern difficult to manage with their own home situation.

Supervision of staff also took place virtually and a member of staff reported being able to contact the manager when necessary. However, the absence of the registered manager from the home for a prolonged period has the potential to undermine their ability to ensure that Standards are always being met. The registered manager stated that they were not involved in the changes which were made to the staff rota. When a prolonged absence of the manager occurs, the registered provider should provide an assurance that any contingency arrangements put in place include appropriate management arrangements.

The registered manager described that they preferred being in the home to ensure the safety of care receivers and to provide support to staff. They had identified, during discussions with staff, that the long shift pattern was having a significant impact on staff members' emotional well-being and took action to change the rotas. This was appreciated by the staff member consulted.

Care planning

The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility to ensure that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.

During the meeting on 2 September, the senior management team described a planned widespread overhaul to the ways in which care receivers' personal plans and care records are recorded. It was explained that the new system is to be more relevant to the communication needs of individual care receivers and more user-friendly. The registered manager described not having been consulted or involved in the proposal to introduce the revised system and had only recently been informed of the new care planning system.

Care plans were reviewed with the registered manager. The care home provides for a range of support needs. The manager agreed that a smaller number of care plans which focussed on additional support or skill development for the individual care receiver would be more appropriate. In discussion with the manager, examples were given of person-centred care planning, for example a creative way to ensure that a care receiver's enjoyment of swimming continued during the initial stages of the lockdown period. A care receiver also informed the Regulation Officer that they had been consulted about consideration for independent living. However, while the overall ethos and practice is good, the current care planning system does not reflect this. It is hoped that the new system, which is in the process of being devised and rolled out by Les Amis management; will provide evidence of this and be easily accessible to all staff.

Some care receivers are encouraged to use public transport to access activities in the community, whereas others, who have a higher level of need, are escorted by staff to the activities. Where a behaviour support plan was in place, this was detailed

and enabled staff to understand how to avoid incidents and support the care receiver. This is an area of good practice.

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>

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.

The manager reported that they had received a compliance visit from a representative of Head Office approximately three weeks before the inspection but had yet to receive feedback from this 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 12.2</p> <p>To be completed: 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>
<p>Area for Improvement 2</p> <p>Ref: Standard 2.7</p> <p>To be completed by: 30 March 2021</p>	<p>Personal plans must evidence the involvement of care receivers and be prepared in a suitable format understandable to them.</p> <hr/> <p>Response by registered provider:</p> <p><i>It must be noted all managers were consulted on the process by the Managing Director and the Head of HR on an individual basis to ensure they understood the rational for the work that had to be carried out.</i></p> <p>As noted when we met on the 2nd of September a full review of our tablet based care planning programme ZURI has taken place.</p> <p>The rational for this review is echoed in the comments made in the body of the report with respect to the level of details and the amount of plans on the current system.</p> <p>This is now being addressed as planned and explained when we met, with a data transfer time window in place, to enable the movement of the data</p>

	<p>from the old to new more transparent platform, so it is achieved in an efficient and timely manner.</p> <p>This process will include the relevant communication needs for each individual resident being noted clearly in their personal care plans to ensure person centred (outcome based) planning and care delivery continues.</p>
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<p>Area for Improvement 3</p> <p>Ref: Standard 3.6</p> <p>To be completed: with immediate effect</p>	<p>The registered provider must ensure that all staff are recruited safely, and the registered manager has appropriate oversight of the recruitment process.</p>
	<p>Response by registered provider:</p> <p>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>Area for Improvement 4</p> <p>Ref: Standard 10.2</p> <p>To be completed by: 31 January 2021</p>	<p>The provider must ensure that people who receive care and their representatives are aware of the service’s complaints policy and procedures in suitable formats to meet people’s individual communication needs.</p>
	<p>Response by registered provider:</p> <p>The welcome pack and complaints policy should be provided to all service users and representatives when 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> <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 and service users 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</p>

	<p>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 is attached for reference.</p>
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<p>Area for Improvement 5</p> <p>Ref: Standard 7.1</p>	<p>The provider must make arrangements for exterior painting and replace the downstairs toilet seat.</p>
<p>To be completed by: 30 March 2021</p>	<p>Response by registered provider:</p> <p>The points raised will be submitted to the maintenance team to rectify and the housing association will be contacted re the external appearance.</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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