



Jersey Care
Commission

INSPECTION REPORT

43 Clubley Estate

Care Home Service

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

26 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 the inspection of 43 Clubley Estate Care Home. This is one of eighteen care homes operated by Les Amis. The service is situated within a residential area of St Helier and close to local amenities which include a bus stop, a shop and a health centre.

The home is domestic in nature and care receivers have bedrooms which are decorated and personalised in line with their preferences. The home became registered with the Jersey Care Commission ("the Commission") on 18 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	Donna Bentley
Regulated Activity	Care home for adults
Conditions of Registration	Personal care or personal support can be provided to 5 care receivers Category of Care is learning disability and autism Age range of care receivers is 18 years and over
Date of Inspection	26 November 2020
Time of Inspection	1pm – 4pm
Type of Inspection	Announced
Number of areas for improvement	Two

The Care Home is operated by Les Amis Limited and the registered manager is Donna Bentley.

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

SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was completed on 26 November 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 were positive, and demonstrate that care receivers are supported to lead a good quality of life and are supported according to their needs and abilities. The home provides a comfortable and homely environment that recognises care receivers' individual identities and routines and supports and maximises their independence. At the time of inspection, there was a pleasant atmosphere with care receivers provided with opportunities to participate in activities both within and outside of the home. Care receivers are active participants in the running of the home and, outside of the restrictions associated with Covid-19, are supported to attend work placements and social activities.

The staff team on the day of inspection, appeared to have a thorough understanding of each care receiver's interests, preferences and communication abilities. Staff also demonstrated an awareness of the effects of the lockdown period associated with the pandemic on the emotional wellbeing of the care receivers.

Care staff were positive about the training opportunities available to them through the organisation. They demonstrated a good understanding of safeguarding procedures and an understanding of their own responsibilities in this regard. There is a stable workforce and staff turnover is low. This has resulted in care receivers being supported by staff who know them well and understand their needs. They presented as compassionate in their awareness of the difficulties experienced by care receivers particularly during the initial stages of the pandemic and had endeavoured to provide opportunities for new activities to make this period easier. This was an area of good practice.

Whilst there have been no new staff employed in the home this year, the registered manager understands their responsibilities regarding the safe recruitment of staff.

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

Following the inspection, the Statement of Purpose was updated to reflect the specific aims and objectives of this care home. The registered manager understands the need for this to be kept under review.

It is a requirement for monthly quality reporting to be completed and this has been identified as an area for improvement. During the difficult period of Covid-19, the registered manager was working remotely, and care staff had been reporting daily on any issues as they arose; for example, staffing and maintenance requirements. However, a monitoring process needs to be in place to ensure that homes are meeting the Standards consistently.

The environment was found to be comfortable and homely and bedrooms were personalised to individual taste. The Regulation Officer was shown around the home by a care receiver. They appeared happy and comfortable in the home and were proud to show the Regulation Officer their bedroom.

Two areas of improvement were identified in relation to the organisation's approach to demonstrate that arrangements for quality monitoring consistently meet the Standards and ensuring that care receivers and their representatives are informed about the complaints process.

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 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 findings from the most recent inspection, carried out on 14 October 2019, was also reviewed in advance of the visit.

The Regulation Officer sought the views of two people who use the service, and their representatives, and spoke with the manager and two members of staff. After the visit, telephone contact was made with one care receiver's representative to gain their views about the home. Contact was made with a further relative and allied health professional to gain their view of the service, but no response was received.

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, easy read guide with information relating to complaints and care 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. 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, and it was updated and provided to the Commission following the visit to reflect the distinctive aims and objectives of the home and of the range of care and support needs provided. The registered manager understood the need for this to be kept under review.

The independence of care receivers is promoted. A folder is kept of a variety of nutritious meal options and care receivers are encouraged to choose meals for the week. Care receivers support with the preparation of meals according to their abilities and, if necessary, alternate food choices are offered and provided.

The Regulation Officer consulted with two care receivers. Both stated that they were happy living in the home and that they enjoyed the activities they engaged in. They were able to identify their key worker and to explain some aspects of their care plans.

The care home service is, as part of the registration process, subject to the following 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 provided: Learning disability and autism Maximum number of care receivers who can be accommodated in the following rooms:
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	<p>Bedrooms 1-5 one person</p> <p><u>Discretionary</u></p> <p>Donna Bentley to complete Level 5 Diploma in Leadership in Health and Social Care by 24 June 2022.</p>
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The Regulation Officer was satisfied that all conditions were being met.

The environment was homely and warm. There are three shared living areas downstairs which enables care receivers to have separate space or to undertake activities together. There were some minor maintenance issues and the registered manager stated that these had already been reported.

With permission of the care receivers, bedrooms were reviewed which reflected the personal preferences and interests of the care receivers. All bedrooms have an activity board with photographs which highlight the staff on duty and the activities to be undertaken on each day.

Safeguarding (adults)

The Standards for care home's 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 and raise an alert 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.

Care receivers are encouraged and have opportunities to be involved in decisions in the activities they pursue. The Regulation Officer noted a request for a visit outside the home which was acted on without delay. Where appropriate there are Significant Restrictions on Liberty (SRoL) authorisations in place and the Commission had received notifications of these in accordance with the Standards. Notifications of incidents had been made as necessary.

The relative consulted stated that while it had been difficult not to see their family member during the initial stages of the pandemic, they understood the reason for this

and had been able to keep in touch by phone as and when required. The Regulation Officer suggested consideration for the use of a visual virtual contact such as Zoom or Face Time and the relative agreed that this would be a positive way to have contact with their family member.

The ways in which care receivers and relatives are supported to maintain contact with one another could be reviewed, to encourage contact using virtual methods if direct contact is not advised.

Care staff described their concern about the impact of the initial stages of lockdown at the outset of the pandemic on the care receivers. The Regulation Officer acknowledges that this is not a concern specifically related to this care home and that Les Amis were following Government of Jersey guidelines to protect vulnerable care receivers. However, care staff had clearly endeavoured to find new activities to engage and interest care receivers during this difficult period. Once the lockdown period was lifted, care receivers were supported to return to the community using guidelines of social distancing and infection prevention measures.

The registered manager is responsible for managing two Les Amis homes. The Commission were advised during the meetings on 2 and 4 September of the senior management's decision to require registered managers to work remotely to reduce the amount of footfall into each home during the height of the Covid-19 pandemic. The Regulation Officer was informed by the registered manager that they spoke with care receivers daily by telephone and had a good understanding of the individual vulnerabilities if it had been decided to assess care receiver separately in terms of their risk to access the community.

Discussion with the registered manager during the inspection, highlighted the disadvantages and challenges of working remotely, in terms of not being able to assure themselves that standards were being maintained during their absence. Whilst alternative forms of communication were available such as email, remote access to care records, daily telephone and video calls, the registered manager reported having to rely heavily on assurances from the staff team as to the welfare and wellbeing of care receivers.

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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It was reported that care receivers and their family receive a welcome pack on arrival which includes details of the complaints process. The welcome pack does not

include information about the organisation's complaints procedure in a language or format suitable for care receivers. Care receivers should be made aware of how to make a complaint or 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 make complaints. The registered manager advised there had been no complaints received from care receivers or families.

A care receiver's representative who was consulted as part of the inspection process, was complimentary about the care given but was not aware of how to make a complaint if one became necessary. The absence of the manager could potentially have impacted upon the relative and care receiver's ability to raise concerns. This area requires improvement.

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>

Prior to this inspection, a Regulation Officer visited the registered provider's head office and was facilitated to examine the arrangements in place for recruiting staff. During the visit, a sample of 25 recruitment records was reviewed. There had been no new employees employed to work in the care home this year. However, a recruitment record was sampled from 2019 which indicated that all safe recruitment checks were in place before the member of staff started employment.

A discussion was also held with the registered manager about their involvement in staff recruitment and induction. The registered manager informed the Regulation Officer that they had not been part of the final decision-making process in employing staff previously. 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 and that all relevant information is accessed in order to make a decision about potential care staff working with care receivers. The Regulation Officer was satisfied that the registered manager understood their responsibility in this regard.

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.

Two members of staff were consulted as part of the inspection process. One person confirmed that they have a Level 2 qualification in Health and Social Care and has now started studying for Level 3. They were positive about the training provided and opportunities for development within the organisation. The other staff member confirmed that they are nearing completion of Level 2 and intend to continue their

development through study. The staff team has been stable for some time and the members of staff consulted had worked in this care home for over two years.

During the initial stages of the pandemic, senior management made changes to the shift pattern in order to reduce footfall and risk of infection into the care homes. Both members of staff expressed difficulties with the changes in working patterns during the initial stages of the lockdown period. They felt well-supported both by their line manager and by the human resources department but described the negative impact of the changes to longer days on shift. The manager described how they had not been involved in the changes to the working patterns. They were confident in the skills and experience of the staff but had listened and acted when concerns about the rota were raised with them.

Both staff members had good insight into the impact of the initial stages of lockdown on the care receivers. They spoke of how the lack of structure and ability to go outside the home had an impact on the behaviour and emotional wellbeing of the care receivers. However, it was accepted by both staff members that safety had been of paramount concern at the beginning of the lockdown period. These staff members had both worked in the home for over two years but neither had yet gained Level 3 in Health and Social Care. The longer shift pattern and absence of registered manager caused them some concern, and this should be considered as the Covid-19 situation progresses.

Whilst the registered manager was working remotely, care staff kept in touch by telephone and other forms of communication such as video calls. Care staff described that contact during the initial lockdown period was through an on-call manager, rather than the registered manager of the home, but that this changed so that they could contact the manager at any time for support and advice. Staff said, whilst they were in regular contact with the manager, and always received a response to their queries, they prefer and feel the benefit of the manager's physical presence in the home.

Staff are provided with regular opportunities to meet with the registered manager to discuss their roles through a formal supervision programme. This transferred to telephone discussions during the period of lockdown.

There are areas of specific training identified by the senior management team such as dementia awareness. Links had been made with the Alzheimer's Society and training was planned. However, this was unable to go ahead because the trainer had to travel from the UK and was unable to do so. All staff receive training in influencing positive outcomes for care receivers in situations where behaviours or anxieties may require some form of resolution.

Throughout the inspection, care staff were observed supporting and engaging with residents in a way which was both reflective of and sensitive to their needs and abilities. Care receivers appeared relaxed and engaging in activities either in small groups – doing artwork, or individually listening to music while singing and dancing.

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 registered manager described not having been consulted or involved in the proposal for the new care planning system.

In each bedroom, there was a board in a picture format which set out the activities and home tasks planned for that week and the names of staff on duty. There is also a centralised folder with photos of places and activities around Jersey which staff use to plan the week with each care receiver. There was evidence that each care receiver has individual choice with meals and where they choose to eat them. The variety of choice given to care receivers for both activities and meals is an example of good practice.

During the initial stages of the pandemic, staff were creative in devising new activities to ensure that care receivers remained engaged and active. These included gardening, creating a compost bin and arts and crafts. The manager and staff reported that, in their opinion, the variety of activities had supported a reduction in the tensions between care receivers during that time.

Care plans are recorded electronically, and all care staff can access records and update these plans. Daily entries are made which capture the support and activities provided. Examples of daily records showed care staff providing varying levels of support and interactions to care receivers based upon their individual needs.

A sample of care receivers' personal plans was reviewed with the registered manager. It was noted that one care receiver had 19 personal plans. The manager considered this amount excessive and that a much smaller number (such as four), would be more relevant and meaningful in describing the level and type of support needed to meet the needs of the care receiver. A review of the plans for one care receiver demonstrated progress through support in one area which had a positive impact for their emotional wellbeing and ability to engage in work. The care plans were written in the first person and recommended how to improve activities for this care receiver. Photographs of the care receiver engaging in the activities were included and this gave a rich record of the progress which the team could evidence.

One member of staff had devised a care plan for a care receiver with photographs and pictures. It was intended to have care plans in this format for all care receivers in the home.

The plan to reduce the number of care plans will be a positive development. However, in general, care planning was an area of good practice in this care 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.

The systems in place for monitoring compliance with the Regulations and Standards require further development. An inspection undertaken by the Commission on 14 October 2019 recommended that the quality assurance arrangements needed to be improved and should include consultation with residents and/or their representatives.

A letter of response from the registered manager, dated 14 November 2019 confirmed that consultation documents, which would be incorporated into monthly reviews by the Head of Governance, were being developed. However, it was evident that monthly 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.

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 12.2</p> <p>To be completed by: with immediate effect</p>	<p>The registered 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>
	<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 10.2</p> <p>To be completed by: By 26 February 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 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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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



Jersey Care Commission
2nd Floor
23 Hill Street, St Helier
Jersey JE2 4UA

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je