



**Jersey Care
Commission**

INSPECTION REPORT

L'Avenir

Care Home

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

10 October 2020

THE JERSEY CARE COMMISSION

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

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

ABOUT THE SERVICE

This is a report of the inspection of L'Avenir. The service operates within a detached six-bedroom property located within a quiet residential cul de sac, and is registered to provide personal care and support to a maximum of five care receivers. The service registered for the category of learning disability or autism

There are gardens to the front and the rear of the property with a driveway to the front. There is provision for parking. The home has good links nearby for public transport, and benefits from being near local amenities.

The main part of the house accommodates four residents and includes one bedroom with en-suite which is used by one care receiver, and a communal bathroom shared by three others. There is also a sleep-in room for staff located on the first floor.

The home also has a conversion to the ground floor which provides self-contained accommodation for one care receiver. This has a separate entrance from outside and an internal door through to the main building for staff and the care receiver to use as or when this may be required.

This is one of 18 care home services operated by Les Amis. The service was registered with the Jersey Care Commission ('the Commission') on 18 July 2019.

Registered Provider	Les Amis
Registered Manager	Johanna Jakubietz
Regulated Activity	Care home for Adults
Conditions of Registration	Mandatory conditions Maximum number of people who may receive personal care/personal support – 5 Category of care – Learning Disability/Autism Age range – 18 and above Rooms – 1-5 one person
Dates of Inspection	8 October 2020
Times of Inspection	2.30 pm – 4 pm
Type of Inspection	Announced
Number of areas for improvement	Four

The registered manager is Johanna Jakubietz.

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

SUMMARY OF INSPECTION FINDINGS

This inspection was announced and completed on 8 October 2020. The Care Home Standards¹ were referenced throughout the inspection, and the Regulation Officer focussed on the following areas:

- the service's Statement of Purpose and Conditions on registration
- safeguarding (adults and children)
- 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. There was evidence that care receivers being provided with a service that is safe and which takes their wishes and preferences into account.

A useful summary of how care receivers and their families had been supported during the enforced lockdown was provided by staff on duty. This demonstrated some helpful and innovative approaches which had been taken to help maintain contact with families where visiting had not been considered viable.

A wider review of the recruitment processes that the provider follows for all new staff prior to commencing employment in Les Amis homes was undertaken separately to this inspection. This was referenced as part of this visit. However, the staff team at this home is consistent and there is limited staff turnover.

There is an expectation of managerial presence in the homes. However, during the lockdown period the home's manager had been advised to work remotely. In addition, the absence of the manager due to unforeseen circumstances had the impact of several senior staff needing to provide additional support at the home. During the inspection, the staff group who were on duty were able to convey a good understanding of their roles, responsibilities and of the support systems which were available to them. This was both positive and encouraging.

Care receivers' records and care needs identified from these were reviewed alongside staff rosters, which demonstrated that staffing numbers were adequate, and that staff were appropriately deployed within the service.

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

The Statement of Purpose was noted to be generic in nature and out of date with some change to manager name not updated and did not reflect the specific aims and objectives of this service. This is an area for improvement.

It is a requirement that monthly quality reporting is completed. This has been identified as an area for improvement. Samples of quality assurance reports were made available for reference but these pre-dated the period of lockdown. More current documentation was not available at the time of the inspection. It was noted from an observation of damage to a bathroom and flooring, that this had occurred before such reports had been compiled and is still unresolved, this is an area for improvement. An action plan to address this was needed but was not in evidence. A suitable monitoring process needs to be in place to ensure that the home is meeting all the Standards consistently. This is an area for improvement.

From a review of, and a discussion about the current care plan format, it was highlighted that consideration should be made of the use of various formats to ensure that they are accessible to care receivers. Care receivers should be able to access and understand their own care plans (as far as possible), and an easy-read version of both the welcome pack and complaints guide should also be devised. In addition, the current electronic format is such that there is difficulty in accessing information simply and quickly. The format is both onerous and challenging due to the volume of plans that are generated

Care plans are completed using an online system, but consideration should be given to the use of various formats for care plans. This in order that the care receiver can refer to them as best meets their individual abilities and/or indeed preference. This represents 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 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.

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

The Regulation Officer sought the views of the people who use the service, and/or their representatives (as appropriate), and spoke with managerial and other staff.

Four care receivers were present in the home during the visit and observations were made of their relaxed presentation and positive rapport with care staff.

Two relatives were contacted following the visit to consult about their views on the care which is provided to their loved ones. Specific reference was made to the communication and involvement they had during the period of lockdown.

An email was sent out to allied professionals to gain their views of the service as part of the inspection process. Responses were received from two professionals about their recent engagement with the provider with reference to the period of lockdown and in more general terms.

The registered manager was not available to meet directly with the Regulation Officer but provided a detailed summary of operational matters by telephone. This contact lasting approximately 45 minutes. The discussion was supplemented in the receipt of documentation which provided evidence of how the Standards are met.

There were three care staff on duty at the time of the inspection visit and their positive engagement in the inspection process was both helpful and informative. This relating to clarification and discussion about operational matters, the identification and clarifying of care receivers' needs and to a discussion about the support systems, which were made available during the lockdown period and as routine during other periods.

Care staff also provided a useful summary of how care receivers and their families had been supported during the lockdown period, and of occasions where there had been a significant change to how the home operated during this time.

During the inspection, records including policies, care records, incidents and complaints were examined. The Regulation Officer undertook a review of the premises. It was noted that there were some areas of disrepair that warranted some attention. This was raised with staff on duty as a matter which required attention.

The Regulation Officer took the opportunity to carry out a random audit of medication management (storage and recording), that helped to evidence that the policy and procedures which are in place are followed appropriately.

At the conclusion of the inspection process, the Regulation Officer provided feedback to the registered manager of their general findings and of the intention to record the areas for improvement. This relating to observations and information established during the visit and to the more general findings which had been established from the earlier engagement with the senior management team.

This report sets out the findings and includes areas of good practice which were identified during 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's Statement of Purpose was reviewed prior to the inspection visit. The Standards outline the provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The Statement of Purpose met the criteria for registration but follows a generic template for all Les Amis homes. The Statement of Purpose should be reviewed to reflect the specific aims and objectives of this care home. This is an area for improvement. The Regulation Officer was satisfied that the provider / manager fully understands their responsibilities in this regard

The Care Home is, as part of the registration process, subject to the following mandatory and discretionary conditions:

Conditions of Registration	<u>Mandatory</u>
	Maximum number of care receivers 5 Number in receipt of personal care 5 Number in receipt of personal support 5 Age range of care receivers - 18 and above Category of Care - Learning Disability Autism Rooms: The maximum number of persons to be accommodated in the following rooms: Rooms No: 1 – 5 One person
	<u>Discretionary</u>
	Johanna Jakubietz, who is registered as the manager of L'Avenir, must complete a Level 5 Diploma in Leadership in Health and Social Care by 10 th July 2022.

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

The manager advised the Regulation Officer that they expect to complete the RQF level 5 qualification (Level 5 Diploma in Leadership in Health and Social Care), within the given time frame.

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

Safeguarding (adults)

The Standards for Care Home service 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.

From discussion with the Registered Manager, they were confident that staff can recognise and raise an alert in this regard and indicated that this forms part of the monthly supervision discussions. It was confirmed that safeguarding is a theme which runs throughout all training programmes.

From a review of notifications and alerts on file, a recent incident was discussed with both the Registered Manager and staff on duty as to how the safeguarding aspects relating to the incident had been managed and reviewed. It was clear from this information that a proactive and prompt response had been issued which was proportionate and appropriate to the situation. In this matter, good practice was well demonstrated. It was apparent that staff were suitably informed and appropriately trained to address such issues as they arose to best support care receivers.

There is a whistle blowing policy in place, but no examples were identified of where staff had made use of this policy. The organisation has reported that they have received no complaints from residents or families.

It was confirmed from the notifications which had been received by the Commission and which were further reviewed during the inspection, that applications had been appropriately made by the manager to the Capacity and Liberty Legislation team for authorisation of Significant Restrictions on Liberty (SRoL). It was noted from the information provided by the Registered Manager of this home that two applications had been made on the 3 December 2019 and 4 January 2020 respectively. It was concerning to note that at the time of the inspection, these applications had not received a response. As a result of these outstanding authorisations, the liberty of these two residents was being significantly restricted without an appropriate legal framework in place. The manager was advised of this being an issue which might be escalated to the Legislation Team Manager.

One allied health professional commented that a more "individual approach" should have been considered at the time of Covid-19, rather than the imposing of a "blanket policy on all restrictions" (of liberty). This professional was concerned about the mental health impact on some care receivers who are now anxious to access the community. It was highlighted from a review of one care receiver, that their social outing activity was of concern. This related to insufficient numbers of staff being available to facilitate the necessary 2:1 ratio needed to support the resident to

access the local community. This was under review by the registered manager and team.

Some of the relatives who were consulted as part of this inspection, shared similar observations relating to the types of adjustments which might be made if such a scenario is repeated. For example, it was suggested that care receivers might have greater opportunity to access outdoor space daily or that alternative routines could be developed for care receivers where social activity routines were affected. However, relatives also reflected how helpful and appreciated it was that visiting opportunities had been facilitated where possible, and that relevant information and updates had been provided to both relatives and care receivers throughout the period of restriction.

Notifications of incidents had been processed appropriately from review of those on file and/or as received routinely by the Commission. There was no increase of such reporting noted during the period of Covid-19. Staff reported having more time available to spend in supporting care receivers with social activities, domestic roles such as cooking and simply having more time to interact with care receivers, during a period when care receivers had fewer appointments. It was reported that residents had used this opportunity to learn new skills. Additional support and training have been given to staff in the use of emotional coping skills to be able to support the wellbeing of care receivers during this difficult time.

Staff in the home provided evidence of how the period of lockdown had been seen to benefit one resident in that their level of agitation and distressed behaviours markedly reduced. Possible reasons for this were identified and explored with both the care team and the registered manager. It was also indicated that some adjustment to the resident's care plan may be considered to reflect this. It may be helpful to involve relevant healthcare professionals in doing this.

Advocating for the rights and well-being of care receivers is central to the care home's philosophy and underpinning approach. The Regulation Officer was advised that Les Amis are considering options for independent advocacy for their residents in the light of the fact that the independent advocacy service has ended.

Complaints

The Standards for Care Home set out 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.

It was reported that each resident and their family receive a welcome pack on arrival which includes the complaints process. However, the Regulation Officer had concerns that this is not always provided in a format that the care receiver can access. Although an easy-read version of the welcome pack is available, this is only available in a written format. Other means of providing and communicating this information to care receivers should be considered.

The welcome pack does not include information about the organisation's complaints procedure in a language or format which is suitable for all care receivers. Care receivers should be made aware of how to make a complaint or comment to the home about the service. The manager meets each resident monthly and asks whether they have any complaints or concerns. The organisation's website did not provide any information about the ways in which to raise concerns or make a complaint.

The organisation reported that they have received no complaints from either residents or families. This was confirmed in discussion and review during this inspection process.

Two relatives were contacted and provided feedback on their experience and views of how the home supports their loved ones. This feedback was positive and included such comments as, "staff are amazing" and "staff are marvellous". No complaints or concerns were noted.

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.

Across the Les Amis service, 25 Human Resources (HR) records were reviewed by one Regulation Officer as part of the inspection process. The registered manager was asked about their practice regarding new recruits and the induction programme. The registered manager confirmed that there had been no new staff recruited to the home around the time of the inspection. Nonetheless, it was clarified as to the role of the manager in this process and to the level of oversight which is provided.

The manager explained that they meet with newly recruited staff each week and continue a process of shadowing as part of the induction process. 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. Therefore, training often needed to be completed online. It was confirmed that most staff are trained to vocational training Level 2 NVQ or RQF.

There has been some creative training during the period of Covid-19, e.g. safe handling theory can be completed online, and the assessment can be done through Zoom. Unfortunately, First Aid training cannot be completed virtually, and it is hoped that St John's Ambulance will soon be able to recommence practical training courses again.

Some areas of specific training needs have been identified by the senior management team. An example is dementia awareness training. Links have been made with the Alzheimer's Society and training was planned. Unfortunately, this was

unable to go ahead because the trainer had to travel from the UK and was unable to do so. Registered managers across the organisation reported that they were able to use the additional time during the lockdown period to consider the findings in supervision sessions relating to training and to identify where staff had outstanding training needs. They were able to update training plans accordingly

All staff receive positive behavioural support (MAYBO) training, to be equipped to reduce aggressive behaviour and to manage situations where conflict may arise. Residents only receive a positive behaviour support plan if necessary. Staff reported such incidents had reduced during the period of Covid-19 but where incidents have occurred, they seek to identify triggers in order to be able to prevent a further similar incident occurring.

During the period of Covid-19, Les Amis addressed the staff rota and reduced the amount of staff handovers. This was achieved by longer working days with more days off between shifts. This new rota system is more positive for residents as it reduces the amount of changes and promotes consistency. At the same time as introducing the new rota system, the senior management team decided that, in order to reduce the amount of footfall into each home, the registered manager should work remotely.

Discussions highlighted the disadvantages and challenges associated with this approach in terms of managers being less able to fully assure themselves that standards were being maintained in their absence. Although alternative forms of communication were available such as: email; access to care records and daily telephone and video calls, registered managers reported that they needed to have complete trust and confidence in the staff team that appropriate provision for care during would be made in the absence of management presence in the home. It was also noted that supervision took place virtually during the initial stages of the Covid-19 period.

The manager has a responsibility to ensure that Standards are always being met. It is difficult to be assured that this responsibility was upheld during the period of lockdown. It would be expected that there is always regular management presence in the home. The Commission must be notified of alternative management arrangements if a manager is likely to be absent for a period exceeding 28 days.

The managerial absence in this home has been further prolonged due to unforeseen events. It is apparent that this has further impacted on staff support and communication. Although it is acknowledged that managerial oversight has been provided, this has not been consistent in that four different managers have been identified as providing managerial oversight during the registered manager's absence. It may be concluded that this arrangement has not provided the necessary or most helpful oversight of the functioning of the home. However, it was encouraging to note that staff on duty were able to confirm that they had opportunity to contact managers if they required any advice. Despite this, it remains the case that online supervision was the primary support mechanism available to staff and that this continued for a prolonged period.

Care receivers had previously been involved in the recruitment process. However, since the Covid-19 period, this involvement had ended. Given that the current 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 in recruitment processes.

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.

Care plans for each resident are maintained on a computerised system. This makes it difficult for care receivers to refer to their own plans. There was no evidence of pictorial or easy-read versions of care plans being made available to care receivers.

It is acknowledged that the senior management team recognise that there is too much repetition on this system. There is a plan for the care plans to be streamlined. However, managers and staff have reported that they have not been involved in the discussion or planning for the revision of the computerised system.

It was evident that the staff team thoroughly understands the needs of residents. However, care planning needs to be made clearer. The commitment to multi-agency working was well evidenced. Les Amis are using their own in-house training to support care receivers to develop effective coping skills and to build resilience and communication skills. It is intended that the service will assess the effectiveness of this prior to considering referrals to other agencies. However, such referrals will be made if needed.

From a discussion with care staff during the inspection visit, their understanding of care receivers' needs and their experience of how to best support care receivers was evident. Various examples were provided which re-enforced this positive finding. However, it was apparent that some challenges and frustrations arise when working with the current electronic system. Specifically, the utility of the recordings and documentation was sometimes questionable, and their accessibility was problematic. For example, one care receiver had a total of 18 care plans on file. It was not apparent that this was of benefit to either the care receiver or staff.

The electronic system did not make documentation easy to locate. For example, it was difficult to track back relevant information such as incident forms for reference. Review dates were not always easy to locate. It was apparent that even experienced staff who were familiar with the system found it difficult to navigate. However, there were some good examples of care plans which reflected the underlying ethos of empowerment and independence, for example in encouraging social activity and in promoting employment.

Monthly quality reports

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

The systems in place for monitoring compliance with the Regulations and Standards require further development. Monthly reports relating to quality were provided for the months up until March 2020. However, there was no evidence that this reporting had continued after that period.

However, it was apparent from these reviews that the expected attention to core standards, for example the general home environment, were not being addressed in a timely or consistent fashion. Furthermore, where actions for repair to areas of the home were needed, these had not been clearly highlighted or followed up. One such example was that an area for improvement was noted relating to damage to tiles and flooring in a bathroom and a downstairs lounge (in the self-contained accommodation). It was reported that this had occurred nearly one year prior to the inspection. The failure in addressing this type of issue indicates that quality assurance represents an area for improvement.

Monthly quality reports are not currently being produced. The combination 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 four 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 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. This includes the physical environment so the issues noted in the report have been addressed.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 5.1</p> <p>To be completed by: 2 months from the date of this inspection (5 December 2020)</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 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</p>

	their personal care plans to ensure person centred (outcome based) planning and care delivery continues
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Area for Improvement 3 Ref: Standard 7.1 To be completed by: 2 months from the date of this inspection (5 December 2020)	Repair to the water damaged flooring in the 1 st floor bathroom and the downstairs lounge flooring (self-contained accommodation) must be undertaken to promote a comfortable and homely environment.
	Response by registered provider: The repair has been carried out as per improvement requirement.

Area for Improvement 4 Ref: Standard 1.1 To be completed by: 2 months from the date of this inspection (5 December 2020)	The service's Statement of Purpose should be reviewed and amended to make clear the range of services being provided and submitted to the Commission within 28 days of the revision
	Response by registered provider: This has been completed and submitted to the Commission

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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