



Jersey Care
Commission

INSPECTION REPORT

12 Clos de Ville

Care Home Service

Clarke Avenue, St Helier, Jersey, JE2 3WJ

10 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 service is a six-bedroom house situated on the edge of St Helier, with access to shops, restaurants and public transport. The care home also has the benefit of a seven-seater car which can be used for those care receivers who have less access to independent travel. 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
Dates of Inspection	10 November 2020
Times of Inspection	12 noon – 4pm
Type of Inspection	Announced
Number of areas for improvement	Four

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 five people accommodated in the home.

SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was completed on 10 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 and that support is available and is provided to care receivers where additional support to access activities and services is required. However, the Regulation Officer was concerned about the impact of senior management decision-making without consideration of the impact on individual autonomy.

The environment is homely, and each care receiver is supported to furnish their bedroom to reflect their own personality, interests with items such as photos, pictures, pets, ornaments, etc. 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 within the home and planning activities in order to minimise possible tensions.

The service's arrangements for recruiting staff needs 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. However, this created some difficulty within this home and further adjustments to duty rotas were necessary to ensure that the new working patterns could be sustained. 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

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

of Covid-19, registered managers have been reporting daily on any issues including, for example, staffing and maintenance which is reviewed. However, a monitoring process needs to be in place to ensure that the home is meeting the Standards consistently. This is an area for improvement.

Three care receivers were consulted at the home and reported being happy and satisfied with their care. Three relatives were consulted and although they were generally happy with the care, two had significant concerns relating to the measures put in place during the first lockdown period and to the blanket decisions made at senior management level which did not appear to take sufficient account of individual need and risk.

None of the relatives consulted were aware of the complaints procedure and it is of concern that one relative advised/suggested that complaints do not tend to result in a formal response. Additionally, this relative was concerned that the care receiver would not be aware of how to raise a complaint and that the complaints process is not in an easily accessible format. This is an area for improvement.

Care plans are completed using an online system and are not outcome-focussed or individualised. However, in practice, the Regulation Officer 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. There was evidence that actions recommended in care planning meetings, had not been followed up. 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 has in common. This was also an opportunity for Commission staff to meet with the registered managers as a group, away from the regulated activity. The organisation's response to the Covid-19 situation was discussed in detail alongside developments in care planning, staff training and quality assurance. This was a useful engagement and enabled the Commission to prepare for the inspection of each regulated activity.

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

The Regulation Officer sought the views of three care receivers and three relatives, as well as speaking with the manager and two members 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	<p><u>Mandatory</u></p> <p>Maximum number of care receivers: 5 Number in receipt of personal care or personal support: 5 Age range of care receivers: 18 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</p> <p><u>Discretionary</u></p> <p>There are no discretionary conditions</p>
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A discussion with the manager and an examination of records provided confirmation that these conditions on registration were being fully complied with and will remain unchanged.

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

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 home is a large six-bedroom home on a quiet housing estate on the outskirts of St Helier. The downstairs communal areas were well decorated and reflected the fact that there are several care receivers sharing these areas. One care receiver particularly likes watching films and there is a container with a variety of DVDs to choose. All care receivers have TVs in their own room if they wish to watch TV in private. The manager reported that care receivers often choose to have a movie night and staff make an event of this by having a variety of snacks.

There were some minor maintenance issues which the manager stated had been reported to the maintenance team. Two relatives raised an issue that previously after water damage to the lounge, it took six months for this to be repaired and redecorated. The home is shared by both males and females and there are separate bathroom areas for each gender.

The Regulation Officer sought permission and saw bedrooms of all the care receivers. One person proudly showed the Regulation Officer their bedroom and it was evident that it had been decorated according to their preference and with photographs of family and pictures celebrities that they admire. All the rooms were personalised, and the Regulation Officer witnessed a discussion between a care receiver and the manager regarding a change they wished to make in their bedroom. The manager listened and planned to follow up on this request.

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 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 of how to raise safeguarding concerns.

Applications were made in April 2020 for Significant Restriction on Liberty (SRoL) authorisations for three care receivers. These were still outstanding at the time of the inspection and the home was managing the needs and risks associated with restrictions on liberty in the absence of authorisations. The Commission was notified of an incident between two care receivers in April 2020, but a notification should have also been made when medical intervention was sought for a care receiver. The manager is aware of this omission and the Regulation Officer was satisfied that the registered manager understood their responsibilities in this regard.

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 and relatives consulted 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. One relative reported a concern to the Chief Executive Officer that the risk to mental health was of a greater concern to their relative than that posed by the virus. However, in their opinion, they did not receive a valid response and the restrictions remained in place for some time.

Two relatives who were consulted expressed the view that additional prompting is needed for their relatives to maintain a good level of personal cleanliness. However, while the manager understood their concern, care plans promote independence skills, and this is balanced with support when necessary.

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.

All care receivers have lived in the home for some time. One relative raised a concern that neither they nor their relative had appropriate access to information about how to raise a complaint. Two other relatives stated that they did not know the formal process for raising a complaint.

Relatives were not aware of how to escalate issues if they do not receive a satisfactory response in a timely manner and that they had not previously received a formal written response to concerns raised. All relatives expressed that they would appreciate increased communication with the registered manager.

One relative reported that maintenance issues in the home are not resolved in a timely manner. For example, two relatives cited that damage to the lounge ceiling had taken six months to repair. The oversight of complaints management during monthly quality monitoring would support timely and local resolution of complaints.

Earlier in the year, the Commission was contacted by a relative of a care receiver who expressed concerns about restrictions which were still in place in the home. The restrictions had impacted on their relative's ability to leave the home and there was a concern that while these restrictions had been appropriate earlier in the pandemic, they were no longer justified or proportionate. Commission staff encouraged dialogue between the relative and the manager and the matter was resolved. The Commission understands that at the beginning of the first lockdown period, steps were taken for the protection of all care receivers by senior management. However, a more individualised approach, using a risk assessment for each care receiver, may have allowed for care receivers to access time in the

community for the benefit of their well-being. This continues to be an area which needs consideration as the Covid-19 pandemic is ongoing.

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 did not satisfy 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. There is a small team of permanent staff, one at Level 4 Health and Social Care, one at Level 3 and one working towards Level 3. There are two unqualified staff, one of whom will start training for Level 2 in 2021 and one who is completing the induction period.

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 completed through Zoom. Unfortunately, First Aid training cannot be completed virtually with plans to resume St John's Ambulance practical training again when available.

There are areas of specific training identified by the senior management team such as dementia awareness for people with a learning disability. Links have been made with the Alzheimer's Society and training was planned but unable to go ahead as the trainer had to travel from the UK. The registered manager reported that they were able to use time during lockdown to update training plans and to reflect after supervision. They identified where staff had training needs and were able to plan for

this. Two members of staff who were consulted in this home, were positive about the ways in which the organisation encourages career progression and of the training opportunities which are made available. In situations where care receivers had a medical condition, it was evident that training had been provided to all staff in relation to providing care and support to meet these specific needs.

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. However, both members of staff consulted during this inspection, stated that they had found it difficult when working a long shift pattern with lone working, even considering that they had more days off between shifts. The manager had listened to staff members and had revised the shift pattern once he was made aware of the difficulties. Both staff members reported that they were relieved once the manager returned to the care home.

One issue raised by a relative was that due to the long shift patterns and only having one member of staff on duty, their relative had to be taken to hospital, in an ambulance, without any care staff accompanying them. This had caused them significant anxiety, although the relative was able to meet them once they got to hospital. The manager reported that there was an on-call system in place which would have allowed a duty manager to come to the home, in order that a member of staff could accompany the care receiver to hospital. As a result of this feedback, the manager stated that he would discuss with the care receiver and relative and ensure that a note is placed on the records to ensure this does not happen again.

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 both staff members consulted.

One relative praised a key worker stating they are "phenomenal, a life-line" and that the care receiver considers the home to be a "safe haven". This relative considers that the staff "do an amazing job." Another relative described staff as kind and caring, and that staff understand the care receiver and endeavour to do their best.

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. There were over twenty care plans for each care receiver, and the manager agreed that a smaller number of care plans which concentrate on the issues which need additional support or where the care receiver is seeking to gain skills would be more appropriate. While in discussion it was evident that individual needs are supported and independence is encouraged, it is difficult to see this in the current care plan system. It is hoped that the new system which is in the process of being devised and rolled out by Les Amis management will meet this need.

Two care receivers had recently received social work assessments to ensure that their placement in the care home continues to meet their needs. Consideration was given to whether one care receiver could move to semi-independent living. However, they expressed that they did not wish to move from the care home, and it was positive that their wishes were considered and respected in this process.

An example of an individualised care approach is that care receivers are encouraged to do their own washing in the laundry room, with support provided in line with their level of independence. Care receivers informed the Regulation Officer that they are supported to work and engage in a variety of creative activities which they enjoy.

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 when accessing activities in the community. This is an area of good practice.

The Regulation Officer was informed by all relatives consulted that they did not understand the care plans which are in place. One relative reported that a care planning meeting had been arranged some time ago which they had attended, and they had felt positive that speech and language therapy and a referral to a dietician were recommended by the learning disability nurse. However, they were not aware of any further action following this. The manager stated that there had been an appointment and he would follow up on this and the dietician advice. Another care receiver had been given a late (in adulthood) diagnosis of autism and had expressed

an interest in finding out more about this condition. The care plan recommended links with Autism Jersey but the relative reported that this had not taken place. In both instances, the manager agreed to follow up on these actions and to discuss with relatives.

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 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.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 2.7</p> <p>To be completed by: 31 March 2021</p>	<p>Personal plans must evidence the involvement of care receivers and be prepared in a suitable format understandable to them. Where there have been identified needs, these will be followed up and changes made to care plans.</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 by: 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: 30 March 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 and best practice.



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