



**Jersey Care
Commission**

INSPECTION REPORT

Sarum

Care Home Service

**Head office – La Grande Route de St
Martin, St Saviour, Jersey, JE2 7JA**

17 December 2020

THE JERSEY CARE COMMISSION

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

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

ABOUT THE SERVICE

This is a report of an inspection of a care home which is provided by Les Amis. The care home is situated in Gorey, with access to shops, a public house, the beach and on a regular bus route. 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	Alison Brolly
Regulated Activity	Adult Care home
Conditions of Registration	Maximum number of care receivers in receipt of personal care or personal support is 4. Categories of care – Learning disability and autism. Age range is 18 years and above
Dates of Inspection	17 December 2020
Times of Inspection	2pm -5pm and 2.30pm – 3.30pm
Type of Inspection	Announced
Number of areas for improvement	Three

The Care home is operated by Les Amis and the registered manager is Alison Brolly.

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 17 December 2020 and followed up with a discussion with the registered manager on 7 January 2021. The Standards for care homes were referenced throughout the inspection.¹

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

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. It was evident that independence is promoted as far as is practicable for individual care receivers, although support is available and provided to access activities and services as necessary. However, there was some evidence that decisions are sometimes taken at senior level without the involvement of care receivers or with enough consideration being taken of individual risks and preferences. The Regulation Officer was concerned about the impact of this on the physical and emotional wellbeing of care receivers.

The exterior of the care home needs to be cleaned and redecorated. However, the interior was noted to be homely, and each care receiver is supported to furnish their bedroom to reflect their own personality with items such as photos, pictures, ornaments, etc. All four care receivers were present during the inspection and there was evidence of the staff member responding well to the different personalities and varying care needs within the home.

During the initial stages of the pandemic, the home's manager had been advised by the senior management team to work remotely and the staffing rota was changed to reduce the footfall into the home. Additionally, the manager was unable to be present in the home for a prolonged period. The home's staffing arrangements should be reviewed to ensure that any contingency arrangements which are put in place include appropriate management arrangements. This is an area for improvement.

The home's Statement of Purpose has been updated since the inspection and is reflective of the specific aims and objectives of the service. During the difficult period of Covid-19, registered managers have been reporting daily to the management team on any issues including, for example, staffing and maintenance. The Regulation Officer noted that a monthly monitoring system was not yet in place and that only one report had been completed. A monthly report should be completed and should set out how the service is operating within the Standards and Regulations. This is an area for improvement.

All care receivers were consulted during the visit and reported being happy and satisfied with their care. Three relatives were consulted, and they were generally happy with the care and communication with the manager. None reported a need to have made a complaint.

Care plans are completed using an online system. The Regulation Officer examined care plans and, although the number of plans was considered excessive, the content and evidence of personalised care was an area of good practice. Consideration should be given to the use of various formats for care plans in order that the care receivers can refer to them. The senior management team reported in September that they were in the process of updating the care planning system to make it more accessible and outcome focussed. It is also hoped that the new online system of care planning will make plans more accessible and with regular updates.

INSPECTION PROCESS

Commission staff met with Les Amis senior management on 2 and 4 September 2020 to discuss a range of matters that each of the Les Amis registered services have in common. This was also an opportunity for Commission staff to meet with the registered managers as a group, away from the regulated activity. The organisation's response to the Covid-19 situation was discussed in detail alongside developments in care planning, staff training and quality assurance. This was a useful engagement and enabled the Commission to prepare for the inspection of each regulated activity.

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

The Regulation Officer sought the views of all four care receivers present in the home and three relatives. A member of staff was consulted during the visit and the registered manager was consulted virtually after the visit was completed. The Regulation Officer initiated contact with a range of allied health professionals, but no responses were received.

This inspection visit 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.

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 evidence of personalised care as an area of good practice. 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 kept under review 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: 4 Number in receipt of personal care or personal support: 4 Age range of care receivers: 18 years and above Category of care: Learning disability and autism Maximum number of care receivers to be accommodated in the following rooms: Bedroom 1-4: One person</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 are intended to remain unchanged.

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

The home is in good condition but would benefit from some exterior cleaning and painting to maintain a positive image of the home. Internally, the registered manager reported that a bathroom awaited a change from a bath to a walk-in shower for the benefit of one of the care receivers. This had been recommended by an occupational therapy assessment and was evidence that the changing needs of care receivers are considered.

The Regulation Officer sought permission from all care receivers to view their bedrooms, which was agreed. The rooms were all individually decorated and with

items that were important to them. Additionally, all care receivers had an area in the lounge/dining area to place ornaments and family photos.

Safeguarding (adults)

The Standards for care homes set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.

During the meetings with Les Amis senior management and the registered managers on 2 and 4 September 2020, it was confirmed that there are two in-house trainers who conduct Level 1 (foundation level) safeguarding training for all new staff. Registered managers were confident that staff can recognise a concern and would raise an alert in this regard. Registered managers reported that safeguarding is a theme which runs throughout all training programmes and forms part of monthly supervision discussions with staff. The registered manager for this home was unable to attend these meetings and the Regulation Officer advised them to ensure that safeguarding is part of regular supervision discussions with staff. There is a whistle blowing policy in place and staff are required to confirm that they have read and understood this.

There were three incidents where medical intervention was requested by staff in the home, which should have been notified to the Commission. However, following discussion with the registered manager, the Regulation Officer was assured that they understood their responsibilities in this regard. The Commission will keep this under review.

All care receivers are supported and encouraged to be as independent as possible, while ensuring that support is provided in areas where it is needed. Les Amis put in place a range of measures at the initial stages of the pandemic to ensure the safety of the care receivers in advance of Government of Jersey guidelines. The registered manager informed the Regulation Officer that care receivers understood the reasons for these measures being put in place.

The Regulation Officer was advised that once lockdown measures were reduced for the general public, the residents of this home continued to experience disproportionate levels of restrictions. The registered manager was aware that the period of lockdown had created some difficulties for care receivers who would normally enjoy going for a walk with the aim of getting to a café. As they were no longer able to go into a café, the option of going for a walk was less appealing. The manager reported that it was their intention to encourage care receivers to become more active and access community services. It is acknowledged that the organisation was balancing the risk of infection with the physical and emotional impact of being unable to access community activities. However, it would be expected that individual needs and risk assessments would be completed if this situation arose again.

Complaints

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

Les Amis has a complaints policy in place and the manager reported that the care receivers at this home have access to an easy read version. The organisation's website had recently been updated with information about timescales and process for making a complaint which can be made through the website. Additionally, the registered manager reported that they consult with care receivers every month to seek their views on the quality of service. This would have been more difficult during the period of absence in the home of the registered manager.

All three relatives consulted reported that they had good communication with the registered manager and staff in the home. One relative stated that they "couldn't ask for better. They are a family. I don't have to worry, and I can't praise them enough." Other relatives described the care as "fantastic" and "incredible." A relative commented that the staff had endeavoured to maintain contact during the difficult lockdown period even though they were unable to have direct contact.

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 provided with an overview of the arrangements that are in place for the safe recruitment of staff. During this visit, a sample of 25 recruitment records was examined. As there had been no recent recruitment to this home, a staff record from 2018 was reviewed, and it was evident that the manager had been assured of safe recruitment before the employee started work. It is positive to note that recruitment systems were improved following the initial head office visit to ensure that the registered manager ensures that all checks have been completed before a new employee is introduced to care receivers.

Previously, care receivers had been involved in the recruitment process. Senior management have assured the Commission that they are intending for this involvement to be reinstated once it is safe to do so.

There is a small team of permanent staff. The member of staff consulted had been with the service, and working in this home, for two years. They reported that they have completed Level 2 Diploma in Health and Social Care and have been encouraged to work towards the Level 3 qualification. The member of staff enjoys

the work and particularly working in this home as they feel that there is a “good energy” and teamwork.

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

The Regulation Officer noted some of the creative approaches taken to staff training during the period of Covid-19, for example, the completion of online safe handling theory with the assessment, through online communication systems such as Zoom. Unfortunately, First Aid training cannot be completed virtually although there were plans in place with plans to resume St John’s Ambulance practical training again when available.

There are areas of specific training identified by the senior management team such as dementia awareness for people with a learning disability. Links have been made with the Alzheimer’s Society and training was planned but unable to go ahead as the trainer had to travel from the UK. One member of staff consulted was positive about the training and development available within the organisation.

During the initial stages of restrictions of Covid-19, the senior management team reviewed the staff rota to reduce the amount of staff coming into the home. This led to the registered manager being requested to work remotely and to staff shifts becoming longer in duration, but with more days off between shifts. The senior management team, during the meetings on 2 and 4 September, described this change as having been positive.

Supervision of staff also took place virtually and a member of staff reported being able to contact the manager when necessary. However, the Commission maintains that the absence of a registered manager from a care home for a prolonged period has the potential to undermine their ability to ensure that Standards are always being met. 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.

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.

Care plans were reviewed with a member of staff and there were approximately 20 care plans for each care receiver. The care home provides for a range of support needs. The manager agreed that a smaller number of care plans which focussed on additional support or skill development would be more appropriate.

In discussion with the manager, examples were given of person-centred care planning. For example, the Regulation Officer was able to note from risk assessments some of the sporting activities enjoyed by individuals being supported in the home. While the overall ethos and practice is good, the current care planning system does not reflect this. It is hoped that the new system, which is in the process of being devised and rolled out by Les Amis management, will provide evidence of this and be easily accessible to all staff.

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. The Regulation Officer was sent one monthly report for September 2020. It is expected that reports are produced every month and are available for the Regulation Officer to inspect. 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.

IMPROVEMENT PLAN

There were three areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 12.2</p> <p>To be completed: with immediate effect</p>	<p>The provider must put suitable arrangements in place to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations.</p> <hr/> <p>Response by registered provider:</p> <p>In the first part on 2020 the planned visits by the Head of Governance did not take place due to the first wave of Covid-19. We would like to note that managers were not left unsupervised or unsupported however operational norms did change to reduce the risk of spreading the virus. This has now been rectified and regular visits have been booked in (now that it is safe to do so) and are taking place with the Head of Governance, Registered Managers, Staff and Residents in each location.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 7.1</p> <p>To be completed by: 30 April 2021</p>	<p>The provider should identify an improvement plan and schedule to address the maintenance needs of the home's exterior.</p> <hr/> <p>Response by registered provider:</p> <p>This is being booked in to be rectified.</p>
<p>Area for Improvement 3</p> <p>Ref: Regulation 27</p> <p>To be completed: with immediate effect</p>	<p>The registered provider must notify the Commission if the registered manager intends to be absent for a continuous period of 28 days or more.</p> <hr/> <p>Response by registered provider:</p> <p>The Registered Manager was physically absent during the first lockdown due to Government advice and high Risk due to health issues. There was however regular contact with staff and residents either virtually or via visits in the garden etc. This was not reported as an absence however if this occurs in the future it will be notified. The Registered Manager has since had their first vaccination and is now able to return to the homes.</p>

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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