



Jersey Care
Commission

INSPECTION REPORT

La Mabonnerie

Care Home Service

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

10 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 the inspection of La Mabonnerie Care Home. This is one of eighteen care homes operated by Les Amis. The service is a five-bedroom detached house situated near Trinity Church, with easy access to a local shop, public house and a bus stop.

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 Commission on 18 July 2019. It 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	Johanna Jakubietz
Regulated Activity	Care home for adults
Conditions of Registration	Personal care or personal support can be provided to 4 care receivers. Category of Care is learning disability, physical disability and autism. Age range of care receivers is 18 years and over.
Date of Inspection	10 December 2020
Time of Inspection	1.30pm – 4.30pm
Type of Inspection	Announced
Number of areas for improvement	Two

The Care Home is operated by Les Amis Limited and the registered manager is Johanna Jakubietz.

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

SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was completed on 10 December 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 being involved in activities of their choice.

The staff team on the day of inspection, appeared to have a thorough understanding of each care receiver's interests, preferences and communication abilities. The Regulation Officer noted that time was spent individually by staff with each care receiver with evidence of good teamwork.

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 are members of staff who have worked for the service for a number of years and understand the needs and preferences of the care receivers.

The registered manager is aware of safe recruitment practices and of the need to personally ensure that all checks are in place prior to an employee working with care receivers. Previously, the registered manager had endeavoured to be on the interview panel for new staff to be recruited into the home.

Following the inspection, the Statement of Purpose was updated and provided to the Commission 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

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

registered manager was absent or working remotely, and care staff had been reporting daily on any issues as they arose; for example, staffing and maintenance requirements. Relatives reported to the Regulation Officer that they were not aware of the managerial arrangements that had been put in place during the registered manager's absence. In addition, the provider did not formally notify the Commission of the alternative arrangements which had been put in place. This is an area for improvement.

A monitoring process needs to be in place to ensure that this home is meeting the Standards consistently.

The environment was found to be comfortable and homely and bedrooms were personalised to individual taste.

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 for the provider to notify the Commission of alternative arrangements if the manager is unable to fulfil their responsibilities.

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 6 December 2018, was also reviewed in advance of the visit.

The Regulation Officer sought the views of two people who use the service and met with the third care receiver in the home at the time of inspection. After the visit, telephone contact was made with three care receivers' relatives to gain their views about the home. The Regulation Officer consulted two staff members and the manager of the home and attempts were made to contact allied health professionals 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 environment was homely and, given the time of year, was noted to be tastefully decorated with Christmas decorations. There were plans for each care receiver to have a Christmas tree in their own bedroom. There were photos of the care receivers around the home engaged in a variety of activities.

The care home service is, as part of the registration process, subject to the following 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 provided: Learning disability, physical disability and autism. Maximum number of care receivers who can be accommodated in the following rooms: Bedrooms 1-4 one person (Person with physical disability can be accommodated on the ground floor only)</p>
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	<p><u>Discretionary</u></p> <p>Johanna Jakubietz to complete Level 5 Diploma in Leadership in Health and Social Care by 10 July 2022.</p>
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The Regulation Officer was satisfied that, at the time of the inspection, all conditions were being met.

The environment was homely and warm. All care receivers have large bedrooms which are decorated according to their preferences and with photos of themselves and family/friends. There were some maintenance issues which have arisen as a result of installing a stair lift, and the registered manager stated that these had already been reported and would be addressed.

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 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.

There was evidence within care plans that the vulnerabilities of the care receivers had been considered. While independence is promoted as much as possible, this is balanced with safeguarding risks.

Care receivers are encouraged and have opportunities to be involved in decisions in the activities they pursue. Where appropriate, the registered manager has applied for an authorisation of a Significant Restrictions on Liberty (SRoL) in January 2020 but, at the time of inspection, these had yet to be authorised. It is important that where there is delay, the manager escalates this to the appropriate Team Manager. There was evidence that an advocate from the My Voice service had visited and met with two care receivers to ensure that their views were articulated as part of the

SRoL process. Notifications of incidents had been provided to the Commission as necessary.

All three relatives recognised that decisions made during the initial stages of the pandemic were designed to keep their relative safe. However, two relatives expressed concern at the length of the lockdown period within the home and the difficulties they experienced in having contact with their relative. Once the lockdown measures were reduced for the general community in order that people could go out of the home for longer periods, the care receivers within La Mabonnerie remained within the home, with no direct contact with their relatives. One relative was concerned for the emotional wellbeing of a care receiver, and this was raised and resolved through senior management.

The registered manager is responsible for managing two Les Amis homes. The Commission was 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. Additionally, the registered manager of this home was unable to work for a period beyond the initial phase of the pandemic. They reported to the Regulation Officer that they felt confident in the skills and experience of senior support workers who remained in the home. The senior support workers were supported at this time by two other Les Amis managers who also had responsibility to manage their own services, but this was not formally communicated to the Commission. The relatives and staff who participated in this inspection reported to the Regulation Officer that they had not been made aware of the management arrangements during this period of absence.

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. A failure to do so, is a breach of the Regulations.

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 had recently been updated with information about

timescales and process for making a complaint which can be made through the website. It is important that the manager ensures that relatives are made aware of this information and that copies of complaints are kept on record, with a log of how they have been resolved. The registered manager advised there had been no recent complaints received from care receivers or families.

It was evident from discussions with relatives that two of them had contacted senior management directly in order to resolve concerns. This had occurred in the context of the manager of the home not being present for a period of weeks. At the time of the absence of the registered manager, relatives reported that they were not contacted to receive information about who would be covering this role in the interim. Both relatives stated that after discussion with senior managers, issues were resolved to their satisfaction.

The Commission was contacted in February 2020 and the nature of the concerns were raised with the registered manager. The Commission was satisfied with the response provided by the manager.

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. A recruitment record was sampled for a member of staff who started at this care home in 2019 which indicated that all safe recruitment checks were in place before they 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.

It was also noted that because of previous inspection findings for other Les Amis homes in 2020, the manager is now fully involved in overseeing all recruitment practices to ensure a safe recruitment process is followed. The manager reported that, where possible, they are involved in the interviewing process as they need to ensure that carers have the right attitude and values to work with the care receivers.

There is a permanent staff team of six staff with two carers always on duty. The registered manager reported that there has been no need to use relief staff even during the period of the pandemic. There are currently two staff working within their probation period. Two senior support workers both have Level 3 Health and Social Care qualification and one care worker has Level 2. Two members of staff are trained to use Makaton (a language programme which uses signs, speech and symbols to enable people to communicate). All staff have received specialised training in the use of the hoist and the transport of care receivers in a vehicle.

Two members of staff were consulted as part of the inspection process. The registered manager has worked for Les Amis for 13 years and considered that she has received support to develop to her current position and is currently working towards a Level 5 Leadership in Health and Social Care qualification. One care worker consulted was very positive about the training provided and that this had helped them to feel confident in their role. They had undertaken safeguarding training online although were not able to inform the Regulation Officer of how to escalate safeguarding concerns. It was acknowledged that the lack of classroom training during the initial stages of the pandemic had removed the valuable element of class discussion, which could validate evidence of learning. The registered manager was made aware of this and confirmed that this would be discussed during supervision. Staff reported that they receive supervision monthly and that this continued virtually while the manager was absent from the home.

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 consulted, reported that although the longer shifts had been difficult initially, they were now accustomed to it. One care worker reported that the lack of management presence within the home had not been an issue for them. They had worked for Les Amis for some years and felt they had enough experience to carry out their work and to ask for support when it was needed. However, another member of staff was unable to name the manager who was supporting the home while the registered manager was absent for a prolonged period.

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.

All three relatives consulted were positive about the quality of care given to their family member. They described staff as "amazing" and described it as a lovely home.

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.

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 evidenced that care staff provide 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. All care receivers had more than 18 care plans. The manager agreed that this was an excessive amount and that the new system proposed by senior management would reduce to this a more manageable and accessible amount.

All three care receivers had lived at this care home for more than four years. There was evidence of pre-admission assessments which had led to appropriate care plans for each care receiver being developed. All care plans were specific to the needs, preferences, communication levels and goals for each care receiver.

Communication was encouraged with family members and managed when guidelines prevented face-to-face contact. Care plans regarding contact with a friend for one care receiver, were reviewed during the initial stages of the pandemic to ensure that they maintained contact using virtual technology.

There was evidence that, where possible, care receivers have choice with meals and where they choose to eat them. The Regulation Officer reviewed the care plan and identified recommendations to understanding behaviours of one care receiver which were then observed during the inspection. Additionally, care plans demonstrated the promotion of independence skills and goals for all care receivers.

One care receiver had been supported with information about the Covid-19 vaccination and had then been supported during the inspection visit, to go to the GP and was able to describe to the Regulation Officer the process for receiving two vaccinations. Care staff had produced information using images and language which was appropriate to this care receiver. This was good evidence of information being given in a way that care receivers can understand.

One relative reported that they were very happy that the changing needs of their relative were accommodated, and appropriate advice sought, in order that they could remain at 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

<p>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.</p>
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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.

Les Amis are taking steps to improve their quality monthly reporting with a data collection system. This was still in development at the time of the inspection and the Regulation Officer was informed that it was intended that a variety of information be collated within this system in order that it could be analysed, and feedback given to registered managers each month. The effectiveness of this information and outcomes for care receivers has not been examined.

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: In the first part of 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: Regulation 27</p> <p>To be completed by: With immediate effect</p>	<p>The registered provider must make arrangements to notify the commission if the registered manager intends to be absent for a continuous period of 28 days or more.</p>
	<p>Response by registered provider: The Registered Manager was physically absent during the first lockdown due to Government advice. 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 both 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



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