



Jersey Care  
Commission

## **INSPECTION REPORT**

**43 Clubley Estate**

**Care Home Service**

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

**7 July 2021**

## THE JERSEY CARE COMMISSION

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

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

## ABOUT THE SERVICE

This is a report of the inspection of 43 Clubley Estate Care Home. The service is situated within a residential area of St Helier with amenities locally which include a bus stop, a shop and a health centre. It is close to the centre of town and benefits from easy access to many amenities.

The home is domestic in nature and all care receivers have their own bedrooms which are located on the first floor, along with two communal bathrooms and a staff sleepover room. The ground floor has a domestic lounge, a dining room and kitchen and there is outside space at the rear of the home. There is also a car available to facilitate care receivers' outings and appointments.

43 Clubley Estate is one of 16 care home services operated by Les Amis. The service became registered with the Commission on 18 July 2019. The home has been in operation for several years and has been subject to one previous inspection.

Regulated Activity	Care Home
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care, personal support</p> <p>Category of care: learning disability, autism</p> <p>Maximum number of care receivers in receipt of personal care or personal support: five</p> <p>Age range of care receivers: 18 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms: bedrooms 1-5    one person</p>

	<u>Discretionary</u>  Donna Bentley to complete Level 5 Diploma in Leadership in Health and Social Care by 24 June 2022.
Dates of Inspection	7 July 2021
Times of Inspection	2.30pm to 5pm
Type of Inspection	Announced – with two days’ notice
Number of areas for improvement	One
Number of care receivers accommodated on the day of the inspection	Four

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

The Commission received an updated copy of the service’s Statement of Purpose on 19 January 2021.

The Commission undertook two engagement sessions with Les Amis registered managers in April 2021. The purpose of this was to introduce new managers to their responsibilities in relation to the Regulation of Care Law (2014), and to provide an overview of the inspection process. There was also a separate session held for members of the Les Amis senior management team. At this session, the new management structure was discussed, and feedback given from the engagement sessions.

At the time of the inspection, infection control measures at the home included the continued wearing of masks by staff members. However, it was positive to note that activities outside of the home had recommenced and there was no restriction on daily activities for care receivers. It was noted at the time of the last inspection that the measures taken to reduce footfall in the home during the initial stages of the pandemic had included longer days in the shift pattern, and this had an impact on staff wellbeing. More recently Les Amis have consulted staff with regard to working hours and overall, staff appeared more satisfied with the changes now made to the shift pattern.

Through a discussion with the registered manager, it was apparent that they recognised the need to have a balance between the Government of Jersey’s guidelines for care homes and the best interests of the care receivers. The registered manager is keen to support all care receivers to maximise their social opportunities in order to promote health and wellbeing, whilst ensuring that appropriate measures are in place to minimise risk.

## SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

Overall, the findings of this inspection were positive. There was evidence that care receivers were being provided with a service that is safe and which takes their wishes and preferences into account.

The Regulation Officer followed up on two areas for improvement identified during the previous inspection. Improvements were noted in the provision of information to relatives about the complaints policy, and both relatives reported knowing that they could raise issues with the registered manager. It was positive to note that care plans produced with care receivers will be further developed to include information about making complaints. Monthly reporting still remains an area which requires improvement, and this is discussed in more detail within the inspection findings.

There are robust recruitment and selection processes in place and there was clear evidence that staff members are supported through an induction process. However, some adjustments to policy may be necessary to ensure that internal processes prevent start dates of new members of staff being agreed upon by the central HR team, before registered managers have reviewed the safer recruitment documentation.

Training is a key part of the induction process with a focus on regular training updates and personal development as staff progress within the Les Amis organisation.

There has been much work undertaken by Les Amis in recent months to make improvements to care planning systems and to develop easily accessible information for care receivers. The Regulation Officer was able to review some of the progress made to date and to discuss the future plans with members of the senior management team. Care planning is a particular area of good practice in this home as each care receiver has an accessible care plan which has been produced in line with their communication needs and is person-centred.

The staff team were found to be very positive in their approach to the care and support of care receivers. The Regulation Officer witnessed many positive interactions between care receivers and staff. There was evidence that care receivers are involved in household activities and supported in the community according to their preferences.

There is a plan in place to replace worn carpet on the stairs. Each care receiver has their own bedroom and it was evident that they had been able to decorate according to their wishes and preferences.

A new team leader has been recruited at this home and this currently appears to be working well. The team leader was previously employed at this home and works well

with the registered manager. Both stated that the role and number of hours which are allocated for administrative work will be reviewed with senior management.

All relevant policies and procedures were found to be in place to support the management of the home. The registered manager has a good understanding of both internal and external practices and procedures which support management, staff and care receivers.

It was positive to note that since the time of the last inspection in November 2020, care receivers had been supported back to activities in the community. Staff maintain infection control procedures but otherwise, care receivers are back to normal activities and this has had a positive impact on their wellbeing.

## INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the registered manager two days before the visit. This was to ensure that the registered manager would be available during the visit and to confirm the home's infection prevention and control arrangements. The inspection took place on the 7 July 2021.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

- **Staff recruitment, training and development**
- **Approaches to care and welfare of care receivers**
- **Staff competence relating to categories of care provided**
- **Care home environment**
- **Management of services**
- **Range of activities which reflect choice, preferences and lifestyle**

Prior to the inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection reports, notifications, correspondence and the home's Statement of Purpose.

The Regulation Officer sought the views of the people who use the service, speaking to one care receiver at the time of inspection and observing another undertaking an activity with a member of staff. Discussions were also held with the registered manager and two members of staff.

Following the inspection, contact was made by telephone with two relatives who were happy to provide feedback on the home. The views of two professionals were also requested as part of the inspection process.

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

In addition, the Regulation Officer requested a meeting with representatives of the Les Amis team who were involved in the development of the new care planning system. The purpose of the meeting was to see a demonstration of this new system in order to establish an understanding of its aims and objectives. The demonstration provided a benchmark for determining the effectiveness of the system within individual Les Amis homes.

Two further meetings were held with the Human Resources (HR) manager to check the recruitment files of all new members of staff and to review Disclosure and Barring Service (DBS) records.

As part of the inspection, documentation including policies, care records, incidents, complaints, induction processes, staffing rotas and training records were examined. This inspection also included a tour of the premises which was facilitated by one of the care receivers.

At the conclusion of the inspection, the Regulation Officer provided feedback to the registered manager.

This report sets out our findings and includes areas of good practice identified during the inspection. 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**

At the last inspection on 26 November 2020, two areas for improvement were identified and an improvement plan was submitted to the Commission by the registered provider setting out how these areas would be addressed.

An area for improvement was to make the complaints policy available to all relatives and care receivers. The improvement plan was discussed during this inspection and it was positive to note that there was evidence that the policy is now available on the website and that plans were in place to work with each care receiver to ensure that they are aware of how to make a complaint. The Regulation Officer was satisfied that there has been sufficient progress and that plans are in place to improve this area.

The areas of improvement relating to monthly quality reports is explored in more detail within the inspection findings. One member of staff explained that they are working on an easy read version of the complaints policy and that this will be personalised for each care receiver.

## Staff recruitment, training and development

Reference was made to Standard 3 of the Care Home Standards which states:  
“You will be cared for and helped by the right people with the right values, attitudes, understanding and training.”

43 Clubley Estate has six full time staff. The staff rota demonstrates that care receivers can be supported to take part in activities either inside or outside the home. There is one member of staff on duty each evening who sleeps over and cover is put in place the next morning if the staff member is disturbed.

There is an induction programme for new staff which is completed over a six-week period. The topics cover both organisational practices and procedures, as well as the practical elements of working within 43 Clubley Estate. One new member of staff joined in May 2021 and is currently working through the induction programme.

The recruitment process was discussed in detail with the Regulation Officer. The registered manager demonstrated their understanding of the safer recruitment practices which need to be in place, and their responsibilities within the process. The registered manager is clear that they will not agree start dates for new members of staff until they have reviewed the relevant safer recruitment documentation. Care receivers at this home are not currently involved in the interview process for new staff and it is hoped that Les Amis will soon be able to put measures in place for this to take place.

The Regulation Officer met separately with the Les Amis HR manager to review recruitment files. All documentation was found to be in place including references and recent Disclosure and Barring Service (DBS) certificates. It was noted that safer recruitment documentation was not consistently reviewed by registered managers prior to start dates being agreed. There is a recruitment policy in place which was reviewed by the Regulation Officer following the inspection. The Regulation Officer discussed with the HR manager the need for some adjustment to the current policy in order to ensure that start dates are not agreed until the registered manager has reviewed the safer recruitment documentation. This will ensure a consistent approach for all registered managers within Les Amis.

The registered manager confirmed that all staff training records are in place. A copy of staff training records was requested from the Head of Learning and Development following the inspection and reviewed by the Regulation Officer. Staff undertake a range of mandatory training courses as part of their induction programme and attend update sessions. There are also additional training opportunities available dependent upon the needs of the care receivers or organisational requirements. Training courses provided include First Aid, safe handling, safeguarding, food hygiene, infection control and conflict management. All staff at this home receive specific training in managing a medical condition for one care receiver. Following the training, staff have to demonstrate competence in this task, and this is signed off by either the team leader or registered manager. All staff reported that they feel the training offered is good and supports them in their role within 43 Clubley Estate.

The registered manager reported that three members of staff currently have RQF/NVQ Level 2 qualification in Health and Social Care. One member of staff has a Level 3 qualification in Health and Social Care and one member of staff is studying towards this qualification. This constitutes 50% of the total staff team who are qualified to RQF/NVQ Level 2 standard, which is the minimum requirement as set out in Standard 3.9 of the Care Home Standards. Two members of staff do not yet have an RQF/NVQ qualification.

Staff supervision takes place every six weeks. The new team leader is now responsible for completing these for all staff. It is recognised that both the team leader and this arrangement should remain under review to ensure that the team leader is able to spend sufficient time supporting each member of the team.

Appraisals are in place for all staff. The registered manager explained that there is a new electronic system for appraisal. This consists of a self-appraisal process for staff which is then discussed with the registered manager and their views given. A development plan is then formulated, and the staff member is responsible for updating their plan. It is then reviewed with the registered manager at six months and 12 months.

During discussion with the registered manager and staff members, it was reported that staffing rotas within Les Amis were changed during Covid. Following the relaxation of the guidelines at the end of the first wave of the pandemic, the registered manager reported that there had been a consultation period with staff who had been given a choice if to stay with the current rota, or revert back to a rota which would give one weekend in two off duty. The Regulation Officer spoke with two members of staff, one of whom reported that they are happy with the rota change as it provides a better work/life balance. Consultation with staff regarding significant changes in staff rotas is an area of good practice.

Copies of the complaints, disciplinary, grievance and whistleblowing policies were requested from the HR manager and made available to the Regulation Officer for review following the inspection and were found to be satisfactory and up to date.

### **Approaches to care and welfare of care receivers**

Reference was made to Standard 5 of the Care Home Standards which states: "You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences."
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At the time of the previous inspection in November 2020, Les Amis management team reported that there had been a review of the care planning programme and that a new system had been devised. It was noted in the inspection report that there was evidence of good practice in the design of a care plan in this home which evidenced the communication needs and preferences of a care receiver.

The data for all care receivers at this home had been transferred to the new system which had been live since April. The minimum standard set for reviews is every



three months and no reviews had been completed at the time of this inspection. Overall, the registered manager and staff team reported that they have had positive experiences of the new system, however some are taking time to get used to it.

Prior to the inspection, the Regulation Officer met with members of the senior management team at Les Amis who were involved in devising the new system. This gave the Regulation Officer an opportunity to receive a demonstration on the functions of the system and the anticipated outcomes following implementation. Members of the management team acknowledged that the system is in the early stages of implementation and there will need to be regular opportunities to review progress, seek feedback and identify any adjustments required.

Following information reviewed on a care plan, the registered manager explained that social stories are being undertaken with one care receiver who has expressed a wish to consider a move. A relative reported that they were aware of this expressed wish but was confident that the care receiver was happy and would not want to move. However, it was good practice to note that the views had been considered and that work was being done to ensure that the care receiver was able to make their own choice.

As the new care planning system has not been reviewed, the Regulation Officer was unable to assess its effectiveness. However, there was evidence of paper copies of care plans which had been completed with the care receivers. Their wishes and preferences for activities, meals and personal care were all included alongside photos to make the care plans more accessible to care receivers. The team leader explained that situations had been set up for each care receiver to demonstrate the activity for a photo and this had been an enjoyable activity to complete together. Additionally, the team leader explained that they intended to add information about the complaints process using individual communication methods. This was evidence of good practice.

The Regulation Officer had the opportunity to observe activities within the home. There was evidence of positive relationships between care receivers and staff. Staff members were proactive in setting up activities and explained how much the care receivers enjoyed a creative activity. Two care receivers sat at the dining room table and it was evident that they enjoyed this time and staff members were observed being respectful and encouraging. Paper care plans demonstrated that each care receiver is encouraged to take part in independence skills such as cleaning, washing up and mopping the floor.

Due to the restrictions resulting from Covid, the expected programme of social activities and family contact had been severely affected. It was noted at the time of the last inspection that the staff team had worked hard to provide a variety of home-based activities including gardening when the care receivers were advised to remain within the home. Fortunately, most activities have now resumed. There was evidence that one care receiver had experienced a loss of confidence and increased anxiety and had been supported to return to activities by the staff team.

Following the last inspection, ensuring awareness of complaints procedures for care receivers and relatives, in suitable communication formats, was identified as an area

for improvement. Information relating to complaints can be obtained via the Les Amis website. Two relatives consulted were not aware of the complaints policy, however they both reported positive communication with the registered manager and that they would raise any concerns through them. The Regulation Officer is encouraged by the plan to include information about complaints in a way that each care receiver understands them.

Registered managers within Les Amis meet on a monthly basis. It has been identified within these meetings that there is a need to update the welcome packs issued to new care receivers and their relatives. This is to ensure that they not only provide an introduction to Les Amis but are also personalised to each home and are accessible to care receivers. This will include information on the complaints procedures.

Accidents and incidents relating to care receivers are recorded on the electronic care planning system and this was reviewed by the Regulation Officer during the inspection. There is an accident form in place for general issues which is completed online and sent to senior management for review. Appropriate notifications have been made to the Commission and where necessary requests have been made for further assessments or support.

The registered manager understands the Capacity and Self Determination (Jersey) Law 2016 and is aware of the process for making applications for Significant Restriction of Liberty (SROL) authorisations. There are currently two SROL's in place and notifications of these were made to the Commission.

Both relatives who provided feedback reported that they had no concerns for the care and welfare of their family members. One relative reported that they were "really pleased with the care" and that the staff team were "a great crowd, they really look after (them)." This relative noted that there had been an improvement in the social skills of their family member and although they had been concerned at the isolation during the initial stages of the pandemic, overall, they were positive about the activities and support provided. A second relative described the staff team as "all very nice" and reported that they would know if their family member was unhappy in the home.

Overall, the feedback from relatives in relation to the care and welfare of their family members was very positive. One person stated they were "really pleased with the care" and that the staff team are a "great crowd who really look after (them)." This relative described how they had noted an improvement in the emotional wellbeing of their loved one and that they had become more talkative. Another described how care home staff had requested a review of their loved one's medication and this had resulted in positive physical and mental wellbeing. They were very pleased with the communication with care home staff and described a positive staff team.

## **Staff competence relating to categories of care provided**

Reference was made to Standard 6 of the Care Home Standards which states: “Your care will be provided with consistency by competent care and support workers who have the necessary training and qualifications to meet your needs.”

Induction of new staff takes place over a six-week period. During that time, new members of staff do not take part in any personal care or medication administration tasks. They will work alongside an experienced member of the team, taking time to get to know the care receivers.

During induction, staff will undertake online medication training. Once this is completed, they will have three supervised medication administration sessions before being deemed competent. Any medication errors are immediately followed up with a competency review for the member of staff.

Through discussions with staff, it was evident that they know the care receivers well and have a good understanding of their needs. Both members of staff who were consulted talked about each care receiver as an individual, identifying their routines, preferences and any challenges faced by them.

Learning Disability training is available to all staff as part of the Les Amis core training. Staff at this home are also trained in a specific medical support procedure. The team leader reported that in addition to the medical support, staff have supported the care receiver’s emotional wellbeing and there has been improvement in the management of the medical condition.

Notifications made to the Commission following an incident demonstrated that the registered manager is aware of the various sources of support that are available both within the Les Amis organisation and within Government of Jersey. Referrals had been made for review and assessment when appropriate.

During the time of the inspection, there was no specialist equipment and there were no devices in use within the home, which would have required additional training or procedures to be in place.

## **Care home environment**

Reference was made to Standard 7 of the Care Home Standards which states: “The environment will enhance your quality of life and the accommodation will be a pleasant place to live or stay.”

At the time of the inspection, staff were still wearing masks within the home in order to provide some protection for the care receivers. The Regulation Officer was required to wear a mask when moving around the home.

The home is situated in a quiet close on the outskirts of town, with other houses on either side of the property. The environment is domestic and meets the needs of

these care receivers. However, due to the nature of the building, there would be limitations to the adaptations that could be made to support increased needs, such as mobility issues.

The Regulation Officer sought permission to have a tour of the home and was shown around by one of the care receivers. All the bedrooms were found to be comfortable and to be decorated according to the preferences of the care receivers. Both care receivers consulted spoke with pride about their bedrooms and demonstrated that they had been able to make choices in furnishings and décor. There have been occasions when there have been difficulties in the relationships between the care receivers, as could be expected when all living in the same home. One care receiver has stated that they would like to move to alternate accommodation. The home is supporting decision making in this regard and is using social stories to consider how life could be different in alternate accommodation and the pros and cons of this.

At the time of the inspection, two care receivers were using the dining room table to do a creative activity, being supported by a support worker. Another used a separate room to listen to music, using headphones, while a fourth was upstairs listening to music in their room. This demonstrated that the layout of the home allows all care receivers to take part in their chosen activities.

There are two bathrooms on the first floor, one with a shower and the other with a bath. These are shared by all care receivers. No issues were reported with these arrangements.

There is a galley kitchen which can be accessed by care receivers, who independently make drinks and snacks as required. Staff support care receivers to plan their meals on a weekly basis and there are opportunities to make changes should care receivers so wish. There is a folder with photos of meals and the care receivers use this to choose their weekly menus.

The sleep-in room is situated on the first floor and houses a locked cupboard which is used for medications storage. The room is small but described as adequate by staff.

The registered manager pointed out a worn stair carpet and informed the Regulation Officer that this is in the process of being replaced.

## **Management of services**

Reference was made to Standard 11 of the Care Home Standards which states: “The care service will be well managed.”
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The home’s statement of purpose was reviewed and updated in January 2021 and upon review it was found to be reflective of the range of services provided at 43 Clubley Estate.

There have been some recent changes to the management structure within Les Amis with the introduction of team leader roles within each of the care homes. The

team leader position sits below the registered manager role and has been put in place to support registered managers whose responsibilities have widened to include the management of two to three small care homes.

The registered manager currently manages two Les Amis care homes and has been a consistent manager for some years at this home. They spend their time between the two homes and a team leader was present at the time of the inspection. It is acknowledged that the role of team leader is a developing one and the registered manager was mindful of working with the team leader to ensure they were able to undertake new tasks and ensure that they are not overwhelmed at the start of this new role.

Quality reports are currently undertaken by the organisation's head of governance. The registered manager was able to supply reports for May and June 2021. A meeting was held with the head of governance and a Regulation Officer on the 21 April 2021, to discuss the content and format of monthly reports moving forward. The May report included ten action points which didn't appear to have been responded to by the registered manager. The June report did not follow up on these action points. Whilst it is recognised that work is ongoing in this area, it remains an area for improvement.

Funding of placements is through Long Term Care Benefit (LTCB), with top up funding from Health and Community Services, for those care receivers assessed as requiring it. This has recently been reviewed and funding arrangements updated for all care receivers. In addition, guidance has been issued to registered managers on funding structures and processes to be followed when changes in need are identified that may require additional funding. Information on specific funding for each care receiver has also been shared with registered managers. The monthly report recommended that the next team meeting should include a discussion to help the team understand how the funding system impacts on this home. However, this was not recorded as an action point and it was therefore unclear to determine if this discussion had occurred or was planned.

### **Range of activities which reflect choice, preferences and lifestyle**

Reference was made to Standard 9 of the Care Home Standards which states: "You won't have to give up activities you enjoy when you live or stay in a care setting. There will be a range of things to do which will reflect your preferences and lifestyle".

Overall, Covid greatly affected the ability of care receivers to participate in a range of activities outside of the home. Fortunately, at the time of the inspection all activities had re-started and support had been given to any care receivers who were anxious about engaging in community activities.

This is a busy home with adults with a range of abilities and preferences which are well supported by a team of support staff. The Regulation Officer observed care receivers who were happy and supported in their environment and able to have

space to undertake separate activities. Care plans included likes and dislikes including household tasks and activities both within the home and in the community.

One care receiver informed the Regulation Officer that they had met with the team leader to discuss a new course. They understood the objectives of the course and were excited to apply and hopefully start on the entry level of this course in September.

The registered manager informed the Regulation Officer of progress for one care receiver. The team had requested a review of medication as they were concerned about the impact on mood and physical health. Following this review and a reduction in medication, the care receiver expressed a wish to start cycling. They had been motivated to engage in this activity and are now able to cycle without support. This was an area of good practice.

## IMPROVEMENT PLAN

There was one area for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The registered provider must ensure that suitable arrangements are in place to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The monthly report should include a review of previous actions and clearly set out action plans for any areas of improvement identified.</p>
	<p><b>Response by registered provider:</b></p> <p>Internal monthly operational submissions are required and completed by Registered Managers to assist the Head of Governance carry out and complete the Monthly reports required in law.</p> <p>This process was confirmed during the meeting held on the 21st of April. We will continue to liaise with the regulator around how and what should be considered and reported to meet this improvement.</p> <p>We are currently implementing an Action Tracker process for any areas of improvement identified during the monthly reports, this will encourage responsibility, alert where support is required and increased communication regarding their progress.</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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