



**Jersey Care
Commission**

INSPECTION REPORT

Garden Flat

Care Home Service

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

21 and 26 May 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 the Garden Flat. The service is situated in the parish of St Saviour. It is on a main road with a regular bus route which operates between St Helier and Trinity. There is a garage, local shop, bank, and public house within walking distance of the property.

The Garden Flat provides ground floor accommodation with a large courtyard which has a good-sized outside space. Parking is provided to the side and rear of the building. The home has access to two vehicles for the facilitation of community and social activities.

The accommodation includes a central lounge with a conservatory area, which provides a variety of seating options. At one end of the home is a large kitchen diner, with a range of domestic kitchen appliances fitted. There is an additional smaller kitchen area found at the opposite end of the building that can provide opportunities for independent living skills, social visits with others or time away from the main areas. A second conservatory area is situated at the entrance to the building which is used as a lounge/activity area. A further area has been created within the home to allow for a private sitting area for one resident.

There are seven single bedrooms; five of which have an en-suite bath or shower, toilet, and washbasin. In addition to en-suite facilities, the home has two separate toilets, and one level access wet room with a toilet and wash basin.

This is one of 16 care home services operated by Les Amis. The service was registered with the Commission on 18 July 2019.

| Regulated Activity | Care Home |
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| Conditions of Registration | <u>Mandatory</u> Type of care: personal care, personal support Category of care: learning disability, autism |

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| | <p>Maximum number of care receivers: Seven</p> <p>Maximum number in receipt of personal care/ support: Seven</p> <p>Age range of care receivers: 18 years and over</p> <p>Maximum number of care receivers that can be accommodated in the following rooms: rooms 1-7, one person</p> <p><u>Discretionary</u></p> <p>As the registered manager, James Meechan must either provide formal confirmation from an appropriate educational source that their academic qualifications have equivalence to QCF Level 5 Diploma in Leadership in Health and Social Care Module or obtain this specific qualification by 22 April 2024.</p> |
| Dates of Inspection | 21 and 26 May 2021 |
| Times of Inspection | 10:30am – 5pm and 7:30am to 11am |
| Type of Inspection | Announced |
| Number of areas for improvement | Seven |
| Number of care receivers accommodated on the day of the inspection | Six |

The Garden Flat is operated by Les Amis Ltd and the registered manager is James Meechan who has been in post since January 2021. An application was received in March 2021 for James to become the registered manager and this was approved by the Commission on 10 May 2021.

Since the last inspection on 20 November 2020, the Commission received an updated copy of the service's Statement of Purpose in December 2020. This was submitted following a review by the provider in order to more accurately reflect the specific services provided within the Garden Flat. A further update was submitted in April 2021 following an informal meeting between the registered manager and the Regulation Officer, where it was agreed further updates were required in relation to the current aims of the service. Further minor amendments were identified at the time of inspection which the registered manager agreed to action and re-submit. This was completed on 10 June 2021.

The Commission also 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 (Jersey) 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.

An introductory meeting was held between the Regulation Officer, the registered manager, and the team leader on 18 March 2021. The purpose of the meeting was for the Regulation Officer to introduce themselves and to discuss their role.

At the inspection, the discretionary condition on the service's registration was discussed. The registered manager reported that he is making steady progress in the Level 5 Diploma in Leadership in Health and Social Care and has time within his working week for attendance at teaching sessions and private study. The registered manager hopes to have completed the qualification by early 2022.

The Regulation Officer discussed with the registered manager and team members the impact that Covid has had for residents and staff. It was evident that it has been a difficult year for everyone. The registered manager shared that maintaining staffing levels during Covid was difficult. This was due to shielding and isolation, as well as being due to a number of Covid positive cases.

There have been temporary management arrangements in place since August 2020, until the current registered manager came in to post in January of this year. This has clearly been disruptive for the team and led to some disruption in the communication between staff and management.

The home also suffered a bereavement, with the death of a resident during the lockdown period at the beginning of the pandemic. This has had a major impact for both residents and staff.

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.

The Regulation Officer followed up on two areas for improvement identified in the previous inspection report. While some progress has been made further developments are required.

All relevant processes are in place in relation to recruitment of staff and safer recruitment practices. Once in employment, there is provision for an induction process and completion of mandatory training requirements, along with formalised supervision and appraisal processes. Training is a key part of the induction process with a focus on regular training updates and personal development as staff progress within the organisation.

As part of the inspection process, it was highlighted that there needs to be adequate staffing levels in place to meet the needs of residents within the Garden Flat, with the correct levels of appropriately trained staff on duty.

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 residents. The Regulation Officer was able to review some of the progress made to date and to discuss future plans with members of the senior management team.

The staff team are very knowledgeable and skilled, with positive and supportive relationships evident between staff and residents. There is clear evidence that the team are aware of their scope of practice and understand when to seek advice from relevant professionals. However, this inspection highlighted the importance of providing professionals with the correct information, following up on referrals in a timely manner and responding appropriately to requests from professionals when referrals are actioned.

The Garden Flat is an adapted property which has limitations on the adjustments that can be made to accommodate an ageing client group with increasing needs. There were several issues identified in relation to maintenance and repair which require immediate attention.

The registered manager is new to their role but is progressing well. Feedback was consistently positive from residents, staff, and professionals in respect of his efforts to date.

The staff team have experienced a number of difficulties in the past year which have impacted upon morale and communication. Some work needs to be undertaken to support staff to acknowledge their experiences and to explore ways of moving forward.

Covid has had an impact on all aspects of the daily lives of the residents at the Garden Flat, which has had an effect upon the wishes, preferences, and choices of individuals. At the same time there have been funding reviews for residents and changes to staffing rotas during Covid, when restrictions have been in place. There is a need to test changes made to ensure that they continue to fully support the rights and choices of individuals as they return to their normal activities.

There also needs to be a focus upon developing the environment at the Garden Flat to better accommodate the preferred activities and interests of all the residents who live there.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the registered manager three 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 21 and 26 May 2021. The Regulation Officer also visited the home on the 25 May 2021 to meet with the team leader. A final visit was undertaken on the 03 June 2021 which

focused upon discussion with the registered manager, in order to clarify some key points and provide feedback.

The Care Home Standards were referenced throughout the inspection.¹

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, safeguarding alerts, correspondence, and the home's Statement of Purpose.

The Regulation Officer sought the views of the people who use the service. This involved speaking directly with one resident. In addition, time was spent in the home with four other residents observing their daily routines and interactions and accessing the expertise of staff to use alternative and augmented methods of communication. A tour of the home was also facilitated by a member of staff at the first visit.

At the time of the inspection visits, the Regulation Officer spoke with eight members of staff including the housekeeper and spent time with the registered manager. The views of one relative were sought whilst they were visiting the home and a further two relatives and one staff member were contacted by telephone after the inspection visits. Four professionals also provided feedback.

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 obtain a demonstration of the new system in order to establish an understanding of the aims and objectives and provide a benchmark for determining the effectiveness of the system within individual Les Amis homes.

During the inspection, documentation including policies, care records, incidents, complaints, induction processes, staffing rotas, staff meetings and training records were examined. This inspection also included a tour of the premises which was facilitated by a member of staff.

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

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

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 is attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, 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.

The improvement plan was discussed during this inspection. The areas of improvement related to care planning and monthly quality reports. Whilst the registered provider has not yet met the Standards in relation to these areas, there is evidence that plans are in place to resolve this. The details of which are explored in more detail within the inspection findings.

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."

The Garden Flat has eleven permanent support staff who are in a variety of full time and part time roles. The team includes one team leader and two senior carers. The home has recently introduced waking night staff to work alongside a sleeping member of staff. This change has occurred due to increasing needs of residents. One permanent member of night staff has been successfully recruited. There are a further two vacancies for night cover which are currently being covered by relief and agency workers. The team also has the support of a housekeeper for 20 hours per week to undertake cleaning and laundry duties. This has been in place since November 2020. The registered manager reports that this has had a very positive impact on the team.

The registered manager spoke of his plans to induct new night staff members once recruited. He is putting plans in place to ensure that new staff get the opportunity to work alongside experienced staff during the day, getting to know residents and building relationships before transferring to night duty.

The Garden Flat Statement of Purpose indicates that the minimum staffing levels are three staff per day (8am to 8pm), with additional staff when required. This was confirmed by the registered manager. The registered manager explained that there were several factors impacting upon staffing rotas at the time of inspection which included, staff sickness and the provision of support for a resident who was in hospital. This was noted by the Regulation Officer when considering the inspection findings.

During a discussion with the registered manager and staff members, it was reported that staffing rotas within Les Amis were changed during Covid to minimise the risk of cross infection. It has now been confirmed that the changes will be permanent. Staff reported that a survey of staff had been undertaken earlier in the year to seek staff views on the rotas. Staff further explained that no results of the survey had been made available to them prior to the changes being made permanent. The current rotas are not welcomed by several team members, and there is some frustration at the lack of engagement from senior management, despite concerns being raised. The Regulation Officer discussed with the registered manager the need for rotas within the Garden Flat to be devised in order to meet the needs of that home specifically, not the organisation as a whole.

All members of staff spoken to consistently reported that there were issues with maintaining staffing levels within the Garden Flat which had been ongoing for several months and that it is unacceptable and unsustainable. Staff also reported that they often have to work with staff who have had no prior induction or have limited knowledge of the Garden Flat. It is unsettling for residents and creates further problems for staff, as there are limitations to the tasks that unfamiliar staff can support with and puts additional pressure upon the existing team. Reduced staffing and the presence of unfamiliar staff was observed by the Regulation Officer during the inspection visits and confirmed by the registered manager. It was also noted by the Regulation Officer that three members of experienced staff are consistently required in order to effectively meet the needs of the residents.

It was also recognised by the registered manager that the residents within the Garden Flat do not respond well to unfamiliar staff. In addition, most of the residents have specific communication needs which require staff to have underpinning knowledge and experience of working with the residents. With this in mind, the registered manager tries to plan cover for annual leave well in advance, in order to ensure that appropriately experienced staff members are in place to cover. This has proved difficult due to the current staffing issues

It is essential that staffing levels are always maintained, and any deficits in staffing rotas are covered by staff who have prior knowledge and understanding of the specific needs of the residents within the Garden Flat. This is an area for improvement.

The registered manager is present within the Garden Flat four days per week. He currently has one study per week and is contactable on this day. Both the registered manager and the team leader report that they will make themselves available to cover shifts. However, this should not be seen as a long-term solution.

There is an induction programme for new staff which is completed over a six-week period. The topics cover organisational practices and procedures, as well as focusing on the practical elements of working within the Garden Flat. Once completed, there is a final review meeting with the registered manager to discuss progress and to check that all elements of the induction booklet have been completed. The Regulation Officer reviewed the induction experience of a recent new recruit. All aspects of training were completed; however, they were not afforded the full six-week period working alongside and observing experienced members of

staff. After three weeks the member of staff undertook full duties due to staff shortages within the home.

There are training records in place for all staff members. The registered manager explained that there is an electronic database in place which allows him to track progress of all team members. He also receives reminders on a monthly basis of team members who are required to update training, he will then arrange for attendance at appropriate training courses.

Staff undertake a range of mandatory training courses as part of their induction programme and then attend update sessions. There are also additional training opportunities available depending upon the needs of the residents or organisational requirements. Training courses provided include First Aid, safe handling, safeguarding, food hygiene, infection control and conflict management. Staff generally felt that the training offered is good and supports them in their role within the Garden Flat. One member of staff commented that they felt it would be beneficial to have a more robust training programme which is specifically focused on the increasing needs of the Garden Flat residents.

The registered manager reported that there are three members of staff who have a Level 2 Regulated Qualification Framework (RQF) or National Vocational Qualification (NVQ) in Health and Social Care. One member of staff has a Level 3 RQF/NVQ, with the remaining members of the team still to undertake the qualification. The Regulation Officer noted that there were some shifts where no members of staff on duty had an NVQ/RQF qualification and this was acknowledged by the registered manager. Standard 3.9 states that 50% of staff on duty at any one time and in the team overall must hold the minimum of a level 2 qualification. Due to the level of care and support required by residents within the Garden Flat, it is essential that this is maintained at all times. This is an area for improvement.

The registered manager explained that staff supervisions take place every four to six weeks. These are formalised and recorded sessions which provide staff with an opportunity to discuss their role.

There is also an appraisal process in place for staff. A new electronic system has recently been introduced which the Regulation Officer viewed at inspection. The system allows for a self-appraisal process for staff which is then discussed with the registered manager. A development plan is then formulated. The staff member is responsible for updating their own plan. It is then reviewed with the registered manager six-monthly and annually. At the feedback meeting on the 03 June 2021 the registered manager confirmed that all appraisals had been completed.

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.”

The previous inspection of the Garden Flat on the 20 November 2020 highlighted the following as an area for improvement:

“Personal plans must evidence the involvement of care receivers and be prepared in a suitable format understandable to them”.

The provider response highlighted that there had been a review of the care planning programme and that a new system had been devised. The process would include the relevant communication needs of each resident being clearly identified in personal care plans.

At the time of this inspection, all data had been transferred to the new system which had been live for approximately six to eight weeks. Therefore, there had been no care plan reviews recorded. The minimum standard set for reviews is every three months. Through a discussion with the registered manager and staff members, it was clear that everyone was still getting used to the system. The registered manager was focusing on ensuring that all staff were being given the correct support to navigate the system and had been advised on using a consistent approach in updating it.

The Regulation Officer reviewed one resident’s file with the registered manager and found that all relevant care plans were in place. It was evident that a great deal of work had been undertaken by the senior support staff and team leader to transfer over all information to the new system which was found to be very detailed. The Regulation Officer also reviewed a sample of a ‘positive behaviour passport’ which detailed the interventions required by staff in order to promote positive outcomes for the resident during their day. The registered manager explained that this is the type of document that he would like to develop further within the new system.

There were tools or aids in place for two residents which promoted communication specific to their needs. Staff explained that they would like the opportunity to develop these tools further. The team leader informed the Regulation Officer that the communications facilitator was due to spend an extended period of time with the Garden Flat team from mid-June. They will support staff to develop communication aids which promote effective communication for all. It is anticipated that this will also help to improve access to and involvement in personal care plans

Following the inspection, the Regulation Officer met with members of the senior management team at Les Amis who were involved in devising the new care planning 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.

The Regulation Officer was unable to assess the effectiveness of the changes to the care planning system or indeed the proposed interventions to improve communication and involvement for residents. This is due to the system being in the early stages of development. Nevertheless, the Regulation Officer was encouraged by the efforts and plans in place to date.

The Regulation Officer had the opportunity to spend some time with the residents of the Garden Flat and to make some observations of the daily interactions between residents and staff.

It was evident that the permanent staff team know the residents very well and are very responsive to a variety of non-verbal communication methods used by residents. This includes Makaton, gesture and object referencing. They are also able to easily interpret changes in presentation and respond appropriately, in order to meet individual need which create positive outcomes for residents.

Residents are encouraged to be as independent as possible. One member of staff explained that despite increasing needs which are inevitably leading to greater input from staff, residents are encouraged to do as much for themselves as they are able. This was observed by the Regulation Officer and tasks were broken down to allow residents to participate in what they could achieve.

The registered manager gave some examples of how the team have worked with specific residents to try and promote positive experiences during the second lockdown and subsequent restrictions. An example of this has been to support a resident to continue visits with a family member in an outdoor café. Another was the planning and preparation undertaken by staff in order to facilitate the resumption of visits for a resident to a relative residing in another care home. These are good examples of positive risk taking to ensure that residents maintain much valued family contact.

There have been no formal complaints received since the last inspection and the registered manager has plans to set up an informal complaints log within the home. The Regulation Officer also discussed the possibility of adding in a compliments log. The registered manager gave an account of one informal complaint received by a resident in recent months. This had been acknowledged immediately by the registered manager and steps taken to resolve the matter. In subsequent discussions with residents, it was confirmed that the issue had been resolved satisfactorily.

One resident was able to discuss with the Regulation Officer the process that they would follow if they wanted to complain about any aspect of their care.

Accidents and incidents relating to residents are recorded on the electronic care planning system and this was reviewed by the Regulation Officer at inspection. There is an accident form in place for general issues which is completed online and sent to senior management for review. The systems for accident reporting are

explained to staff at induction. The registered manager and team leader are aware of the process for notifications to the Commission. However, through discussions with the team leader, it was highlighted that there was a lack of understanding that notifications need to be forwarded to the Commission for any Significant Restriction of Liberty (SROL) authorisations that are in place. This will be rectified for any new applications or renewals.

There is an understanding within the team of the Capacity and Self Determination (Jersey) Law 2016, and they are aware of the process for making SROL applications. At the time of inspection there were five SROL's in place.

Feedback from relatives was positive. All felt that their family member's needs were being met and that wishes, and preferences were respected. Communication by the staff team was praised with relatives feeling that they are kept informed with one commenting that the staff are "super, so nice". Another family member spoke of their relative's reluctance to raise issues with staff. They commented on the positive change in their relative since the arrival of the registered manager who has worked to improve communication for the resident.

Staff competence relating to categories of care provided

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| 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." |
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Through discussions with staff it was very evident that they know the residents well and have a good understanding of their needs. One professional commented on the knowledge and skill of staff stating, "they have a good overall understanding of the residents and who they are". The team were also described as "motivated" and "very positive".

Learning disability and dementia training is available to all staff as part of the Les Amis core training. There are also plans to provide a more in-depth training course for dementia care. All staff have undertaken conflict management training which is essential for the support of one resident and a support plan is in place to guide staff in positive intervention techniques.

During induction, staff will undertake online medication training. Once complete 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.

The registered manager reported that all of the residents have additional health needs. The team are aware of the professionals and services that are available to support them in their role. In addition, they are aware of the scope and limitations of their competence in relation to the management of health needs. An example of this was observed by the Regulation Officer. A resident required an increased level of monitoring for a specific health need. This included the performance of a clinical

task which staff were not trained to perform. The team immediately sought advice and support from the management team and health professionals.

During the inspection process, the Regulation Officer was made aware of an issue for one resident which required a re-assessment of need in relation to accessing bathroom facilities. Upon further enquiry, it was noted that referrals were made to relevant professionals but did not provide an adequate description of the problems being experienced. There was also a failure to adequately follow up the progress of referrals, and of management to effectively communicate with the staff team when they had spoken with professionals about referrals. This has resulted in a delay of up to five months in the needs of the resident being addressed. One professional described their experience of making several attempts to meet with members of the team to progress a separate referral. Referrals for specialist support services must be submitted with detailed information on the area of need and followed up in a timely manner. This is an area for improvement.

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.”

The home has appropriate infection control procedures in place at the entrance in response to Covid, with visitors signing and providing contact details. Staff were observed to be engaging in the correct use of personal protective equipment within the home.

The Regulation Officer was given a tour of the home by a member of staff. The communal areas are pleasantly decorated with many personal items throughout, including photos of residents and a memory board for a resident who recently passed away. One resident has access to a separate sitting room as they prefer a quieter area to sit and watch television.

All rooms are nicely decorated and reflect the personalities and preferences of residents. All rooms currently in use have en-suite facilities except one, however a wet room is located directly across the corridor.

During the walk round, the Regulation Officer noticed and was made aware of several outstanding maintenance and repair issues. One en-suite bathroom has recently been refurbished but water pressure is not adequate. Another en-suite shower has had a leak for several months. This is a slip hazard for the resident and requires urgent attention. Ceiling tiles in another bathroom were noted to be water damaged and bowing. Some ‘touch up’ painting was required in another bedroom. All issues were raised with the registered manager for immediate action. Staff consistently spoke of their frustration with issues relating to maintenance and repair. This relates to the time taken to action and complete repairs. Maintenance, repair, and upgrade of the property is identified as an area for improvement

The Garden Flat is not designed to specifically accommodate residents with physical needs. Some adaptations have been made, however there will be limitations to this should the needs of residents increase. This was echoed by one professional who stated, “they may struggle to accommodate the ongoing needs of the clients there, as they age and their mobility changes”.

There is a large kitchen/diner in the home which has sufficient room for all residents to eat together. It is very homely, and one resident was observed independently preparing breakfast and making drinks. The cooker has recently been replaced but it is a smaller model. Meals are prepared for six residents plus staff. One resident has a different meal option each day and another requires a soft option. Staff reported that the size of the cooker creates difficulties when cooking. This will require replacement.

The staff sleep-in room is situated at the entrance to the home. It is a multi-functional room and houses the medication cupboard, finances, and the staff computer. Staff store their bags and coats on top of the bed during the day. The bed has fuse boxes at the head and extension sockets at the foot. The room is poorly decorated. Current shift patterns mean that staff can be present in the home for over 24 hours at a time. It is therefore essential that they have an environment which provides a pleasant sleeping area within which they can feel comfortable. Consideration needs to be given to the re-location or upgrade of the existing facilities.

The Regulation Officer observed that one resident was not comfortably seated in the lounge and will require some support to source appropriate furniture which meets their individual needs. Staff noted that this has been an ongoing issue and a referral has now been made to seek specialist support and advice.

Management of services

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| Reference was made to Standard 11 of the Care Home Standards which states: “The care service will be well managed.” |
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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. This role sits below the registered manager role and has been put in place to support registered managers whose responsibilities have expanded.

The registered manager reported that the team leader role has had a very positive impact and provides essential support with administrative tasks. The team leader reported that they are enjoying their new role. To date, the team leader reports that they have up to ten hours administrative time each week and there is flexibility in how this is taken.

Despite only being in post since January 2021, there was widespread praise for the positive impact that the registered manager has had within the home. Staff have welcomed the stable management support. Other professionals noted the following: “James’ coming has lifted the staff, “James is supportive, I feel listened to by him”,

“he has definitely made the home more positive”. One resident described the impact he has had in supporting them to voice their issues and concerns. Professionals also recognised the stability that he has brought to the staff team.

The Garden Flat team have clearly experienced some significant difficulties over the last year with issues including Covid, bereavement, staffing levels, lack of consistent management support and problems with the environment. This has inevitably had an impact on morale and communication. One member of staff described it as being “the forgotten team” with another describing it as “an unsettling time”. Time needs to be taken to re-establish positive communication and review the impacts of working conditions within the last 12 months, whilst exploring ways to strengthen collaborative working practices moving forward. This is an area for improvement.

Staff are supported through supervision and appraisals, as well as monthly team meetings. The Regulation Officer reviewed the minutes of the previous three months’ meeting minutes. They focus upon general house issues and also specific resident needs.

There is a complaints policy in place and feedback from one resident and two family members confirmed that they would speak with staff or the registered manager if they had any concerns.

Daily weekly and monthly tasks are managed through a colour coded calendar in the sleep over room. All tasks are recorded on the calendar. The tasks range from maintenance checks to medication checks and GP reviews. Each morning, staff check the tasks for that day and write them on the board. Staff then cross off as completed.

Funding of placements is through Long Term Care Benefit (LTCB), with top up funding from Health and Community Services, for those residents assessed as requiring it. This has recently been reviewed and funding arrangements updated for all residents. 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 resident has also been shared with registered managers.

The Regulation Officer discussed the new funding structures with the registered manager and the benefits of sharing this information with the staff team. This will not only positively inform and educate the team but allow them to play an active role in the processes for identifying changes in need, which may prompt re-assessment of funding requirements. Some staff expressed their frustration at not being aware of the arrangements for funding of equipment for residents and would benefit from some additional information in this area also.

The previous inspection of the Garden Flat on the 20 November 2020 highlighted the following as an area for improvement:

“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”.

The provider response detailed the impact of Covid on visits to homes, and that now it was safe to do so, visits had resumed.

Quality reports are currently undertaken by the organisation's head of governance. The registered manager was able to supply one report for 2021 which was for the month of April. A meeting was held with the head of governance and the Regulation Officer on the 21 April 2021 to discuss the content and format of monthly reports moving forward.

Upon review of the April report, it was noted by the Regulation Officer that there had been no update on the progress made on previous areas of improvement other than the original provider responses. There was a failure to identify that less than 50% of the staff team did not have at least a level 2 RQF/NVQ qualification, which may impact upon the minimum requirements for standard 3.9. Many of the environmental issues highlighted within this report were also not identified, or the significant delay in an appropriate response to identified changes in need for one resident. Whilst it is recognised that work is ongoing in this area, it remains an area for improvement.

Following the inspection, the Regulation Officer was supplied with information from Les Amis which included a copy of the current insurance certificate and information relating to current fees and charges.

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".

As previously stated, the impact of Covid has inevitably meant restrictions on the residents' normal activities and routines. Social activities and family contact have been severely affected.

Staff reported that prior to Covid, there were regular outings and activities both in groups and on a 1:1 basis. There is concern that a return to this level of activity may not be achievable due to rota changes and increasing needs of residents. This was discussed with the registered manager who recognised there may be some difficulties in achieving this.

The recent changes to staffing rotas and re-assessments of funding have taken place during Covid 19 restrictions. As residents return to a normal way of life, it is essential that there is a monitoring and review system in place to ensure that changes made can support and sustain a full return to pre-Covid activity levels for residents.

There are several communal areas within the home which could provide space for individuals and group activities. In discussion with team members, it was apparent

that they have ideas as to how the indoor space could be developed to better meet residents' needs, but they feel constrained due to a combination of staffing and financial issues.

An example of this is the small kitchen area to the rear of the home. Staff reported that they have not been able to utilise this area since Covid. This is an ideal area for residents to have time engaging in cooking activities with staff support.

During observations, the Regulation Officer noted that most activities tend to take place in the main lounge area, with separate activity tables set out for some residents. Several residents enjoy loud music and other types of sensory stimulation as part of their preferred activities. This all tends to take place in the main lounge. The Regulation Officer observed one resident sitting in the lounge with the television on while music was playing for another resident. The level of noise and activity was leading to one resident becoming unsettled. One professional commented that during some of their visits they had found the environment to be "loud and overstimulating".

There are two conservatory-type areas within the property which appear to be under-used. There would be enough space to develop these areas in order to meet the sensory needs of residents, meaning that they can enjoy activities without impacting upon the lounge environment. The environment was also noted to be lacking in sensory type equipment. The development of communal areas to accommodate residents' activity preferences within the home, and the need to introduce sensory equipment is an area for improvement

IMPROVEMENT PLAN

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

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| <p>Area for Improvement 1</p> <p>Ref: Standard 12</p> <p>To be completed by: Three months from the date of inspection (26 August 2020).</p> | <p>To establish an effective communication strategy for staff which facilitates an opportunity to review the impacts of working conditions within the last 12 months and explores ways to strengthen collaborative working practices moving forward.</p> <hr/> <p>Response by registered provider:</p> <p>The Registered Manager appointed in January 2021 has been received very well by staff who reporting feeling supported and listened to. His appointment gives the organisation a good level of confidence that stability has now been achieved and will help to strengthen collaborative practice going forward. He will take the lead to highlight the staff individually and in a team what processes and policies are in place to promote their general wellbeing in their working environment. Continuing their 4-6 weekly supervisions and incorporating some bespoke away days and relevant team training sessions.</p> <p>To further support the above there is an open-door policy for all staff to discuss issues or concerns with their Registered Manager or a Senior Manager as and when they want too, this is underpinned by policy and procedures which have been shared and noted in team meetings and will continue to do so</p> <p>Les Amis have a continued focus on striving for excellent communication across all its staff teams, this remains at the forefront of our business strategy.</p> <p>There is staff engagement through a working group which involves staff and managers from every area of the business. This group have developed the People Strategy for 2020-2023 and are currently reviewing key themes and actions taken to date to ensure effective progress is being made to enhance the levels of staff engagement across Les Amis.</p> <p>The People Strategy group are also in the process of developing of a Staff Charter which coupled with our current Silver Status Investment in People (IIP) award gives the organisation confidence this improvement has already been met.</p> |
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| <p>Area for Improvement 2</p> <p>Ref: Standard 3</p> <p>To be completed by: With immediate effect</p> | <p>To ensure that minimum staffing levels are always maintained, and any deficits in staffing rotas are covered by staff who have prior knowledge and understanding of the specific needs of the residents within the Garden Flat.</p> |
| | <p>Response by registered provider:</p> <p>Since the inspection a new Rota has been developed to ensure the shifting needs of the current and possible future residents will be met effectively This has been communicated to the staff team and the implementation of this will be happening in the coming weeks.</p> <p>Unfortunately the ongoing pressures Covid-19 presents to the social care sector in general has had an impact on staffing for Les Amis. This however does not prevent the organisation doing its utmost to manage this effectively.</p> <p>Any staff member who is requested to work in this location are afforded a shadowing period as and when this can be facilitated.</p> <p>However due to staffing residents increasing needs and supporting residents off site who have been admitted to hospital, can challenge a suitable shadowing period to be achieved.</p> <p>Irrespective of the above challenges we will aim to continue to utilise staff that have been used previously in this location to back up the permanent staff team as and when required to ensure residents are supported with staff who have prior and current knowledge of their support and care needs.</p> |

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| <p>Area for Improvement 3</p> <p>Ref: Standard 7</p> <p>To be completed by: With immediate effect</p> | <p>The registered provider must take immediate steps to ensure that all outstanding maintenance and repairs are carried out. This must also include areas that have been identified as requiring upgrade and any equipment that requires replacement</p> |
| | <p>Response by registered provider:</p> <p>Due to the residents needs and health conditions and work required to be carried by qualified tradesmen only one room could be worked on at a time to prevent causing disruption and unsettlement to them.</p> <p>The work is almost complete with one bathroom left to be worked on which has been programmed in on the availability of the tradesmen required to do the job such as plumbers.</p> |

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| <p>Area for Improvement 4</p> <p>Ref: Standard 9</p> <p>To be completed by: Five months from the date of inspection (26 August 2020).</p> | <p>To develop communal areas to accommodate residents' activity preferences within the home and explore possibility of introducing sensory equipment to the home.</p> |
| | <p>Response by registered provider:</p> <p>The Registered Manager has liaised with the Le Geyt Centre (next door to the home) regarding using their sensory room at weekends to introduce the use of sensory equipment to these residents, which will lead to the purchase of and utilisation of suitable equipment for this home. This will be completed in line with the inspectors' comments and recommendations.</p> |

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| <p>Area for Improvement 5</p> <p>Ref: Standard 3</p> <p>To be completed by: With immediate effect.</p> | <p>The registered manager and registered provider must ensure that 50% of care/support workers on duty at any time have completed as a minimum a relevant level 2 Diploma or equivalent.</p> |
| | <p>Response by registered provider:</p> <p>As an organisation Les Amis has approximately 60% of all staff/managers trained or working towards an RQF award making this requirement logistically difficult to achieve.</p> <p>The difficulty is due to the lack of training providers, the availability of limited assessors coupled with the operational demands and workforce management to release staff to achieve the award, these have to be considered and managed.</p> <p>All of the above have been formally raised with the regulator prior to and after the new legislation was implemented.</p> <p>As the staff team in this location is made up by 14 support workers of which 7 (50%) are either qualified or working towards the award, we acknowledge this does not meet the standard. The Registered manager is recruiting qualified staff to increase the percentage of staff who are qualified on shift at any time to address this improvement.</p> |

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| <p>Area for Improvement 6</p> <p>Ref: Standard 6</p> <p>To be completed by: With immediate effect.</p> | <p>The registered manager must ensure that there are adequate processes in place to ensure the timely submission of referrals for specialist support services and a tracking system which ensures referrals are appropriately followed up. This must also include the recording of accurate information in order to avoid unnecessary delays in residents receiving the correct support required.</p> |
| | <p>Response by registered provider:</p> <p>The SPOR referral noted in the report has now been addressed. To prevent this happening again the Registered Manager is having regular meetings with LD community nurse team to discuss concerns with them regarding the length of time that response is taking for SPORS in general and the time lapse that take place before they are acted.</p> <p>This information has also been passed on to support staff to make sure that correct and sufficient information is documented on the form before being sent off.</p> |

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| <p>Area for Improvement 7</p> <p>Ref: Standard 12</p> <p>To be completed by: 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>Response by registered provider:</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 which the inspecting officer attended. 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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