



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Rosevale**

**Care Home Service**

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

**6 August 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 Rosevale Care Home which is provided by Les Amis. The service is situated within a residential area of St Saviour, with access to shops, a public house and on a regular bus route. This is one of 16 care home services operated by Les Amis. The service became registered with the Commission on 18 July 2019.

The home is domestic in nature and all care receivers have their own bedrooms. There are three bedrooms on the first floor which share a bathroom, and one on the ground floor which is en suite. There is a staff sleepover room which is also used as an office. The ground floor has a domestic lounge and dining room. There is a kitchen and garden at the rear. There is also a car available to facilitate care receivers' outings and appointments.

Regulated Activity	Care Home
Conditions of Registration	<u>Mandatory</u>  Type of care: personal care, personal support  Category of care: learning disability, autism  Maximum number of care receivers in receipt of personal care or personal support: four  Age range of care receivers: 18 years and above  Maximum number of care receivers that can be accommodated in the following rooms: bedrooms 1-4    one person
Dates of Inspection	6 August 2021
Times of Inspection	1.00pm 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	Three

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

Following the inspection visit, the Commission received an updated copy of the service's Statement of Purpose on 11 August 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 wearing of masks by staff members. However, it was positive to note that activities outside of the home had recommenced. The registered manager demonstrated that risk assessments were in place for each care receiver and where restrictions were in place, the reason for these decisions was documented.

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 on 18 December 2020 and 7 January 2021. The Regulation Officer was assured the manager and registered provider understand the requirement to notify the Commission if there is an absence of the manager of more than 28 days. Monthly reporting has improved, and the Regulation Officer was

satisfied that there are ongoing plans to ensure that improve this process with action plans each month.

There are robust recruitment and selection processes in place. 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 provided in all mandatory areas with a regular training updates and personal development as staff progress within the Les Amis organisation. Staff reported that they are encouraged to gain qualifications and develop skills within the 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.

It was positive to note that since the time of the last inspection in December 2020 and January 2021, 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.

The staff team were found to be very positive in their approach to the care and support of care receivers. There was evidence that care receivers are involved in household activities and supported in the community according to their preferences. However, the current staffing arrangements do not enable care receivers to undertake activities spontaneously. This is the subject of ongoing discussion within the organisation and the Regulation Officer would support any change which will improve the ability of care receivers to increase community activities. A review of the staffing arrangements and an assurance that they meet the needs and care plans of the care receivers is requested and this is an area for improvement.

Each care receiver has their own bedroom and it was evident that they had been able to decorate according to their wishes and preferences. One care receiver is moving to a downstairs bedroom and there was evidence that their needs and preferences had been considered in this decision. Care receivers had been consulted regarding the current vacancy within the home. This was an area of good practice.

The registered manager is responsible for three care homes for Les Amis. A Team Leader has been appointed and they had previously been employed at this home. This is a new arrangement which is being kept under review.

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.

## 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 6 August 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 two care receivers at the time of inspection. Discussions were also held with the registered manager, and four members of staff were contacted by email following the inspection visit. A response was received from all four 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 one professional were also received as part of the inspection process.

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.

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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.ie/Standards/>

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 18 December 2020 and 7 January 2021, 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 notify the Commission if the Registered Manager was absent from the care home for more than 28 days. The Regulation Officer was satisfied with the response that the provider understands their responsibility in this regard.

Monthly quality reports have improved sufficiently to provide information to the provider that the care home is meeting the Standards for Care Homes. There is a plan for a tracker to log actions and to ensure these are resolved and this would also provide a more robust report for the provider. This is no longer an area for improvement.

### **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."

Rosevale care home has four full time staff which includes the new team leader post. The registered manager described a previous system where they were allocated a member of staff who supported to cover annual leave and sickness at this home. However, this system is no longer in place which places a strain on a small staff team to be able to cover additional shifts. The registered manager reported that it can be difficult to get bank staff to cover at this care home and they are reluctant to introduce new staff to the care receivers, unless necessary. The Regulation Officer reviewed the staff rota and noted that an additional member of staff is on duty two or three days per week from 7.30am to 3pm in order to support care receivers to take part in activities or attend appointments. One staff member stated that due to the

shortage of staff “this affects staff wellbeing and most importantly residents, and their activities.” Another member of staff stated that the current staffing arrangements mean that activities outside the home take place as a group, and do not allow for one-to-one time except for appointments. A further discussion with the registered provider indicated that there are ongoing discussions between Les Amis and Health and Community Services regarding funding and the Regulation Officer would be supportive of any plan which could be put in place to allow care receivers to be more freely able to undertake activities on any day and at any time. The provider should undertake a review of the current staffing arrangements and this is an area for improvement.

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. There have been no new members of staff at this care home since the last inspection. A consistent staff team who demonstrated good understanding of the needs of the care receivers is an example of good practice at this care home.

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 reported that they feel the training offered is good and supports them in their role within Rosevale. One staff member reported “training is regularly updated and completed in a good timely manner.”

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 more than 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.

Staff supervision takes place every six weeks. The new team leader is now responsible for completing these for all staff. Following a meeting with senior management, there was a review of the responsibilities for this manager and the Regulation Officer was satisfied that this would enable them to support the team leader in spending enough time to undertake these supervisions.

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.

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."

At the time of the previous inspection in December 2020/January 2021, Les Amis management team reported that there had been a review of the care planning programme and that a new system had been devised.

The data for all care receivers at this home had been transferred to the new system which had been live since April 2021. Les Amis aim to complete reviews every three months and no reviews had been completed at the time of this inspection. As the new care planning system has not been reviewed, the Regulation Officer was unable to assess its effectiveness.

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 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.

During the inspection visit, the Regulation Officer had the opportunity to observe care receivers in their home. They were all engaged in individual activities and received support as and when appropriate. There is a picture rota in the kitchen



which helps care receivers to understand their household task for that day. Another board has photos of the staff in order that care receivers know who to expect on the next shift.

Due to the restrictions resulting from Covid, the expected programme of social activities and family contact had been severely affected. Fortunately, most activities have now resumed. The staff team had worked hard to safely maintain family relationships during the period of the pandemic, and relatives commented that they had felt safe and supported during this time.

Following the last inspection, information relating to complaints can now be found through the website. Both relatives consulted reported positive communication with the registered manager and that they would raise any concerns through them. The registered manager gave an example of listening to the views of a care receiver regarding a change to their personal care and that this had been changed in their care plan. A relative stated that “if there are any issues, they are dealt with straight away.”

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 regarding 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 the appropriate notifications were made to the Commission.

There was evidence of good multi-agency working to support one care receiver following a change in their health needs. The registered manager attended meetings and shared information appropriately in order to ensure that the care receiver was provided with a care package which met their needs and included their wishes and preferences. During the period when the care receiver was in hospital, the registered manager continued to visit. Unfortunately, due to a change in health needs, the care receiver is no longer residing at this home but the staff team support contact with their friends in the home. This was an example of good practice.

Both relatives who provided feedback reported that they had no concerns for the care and welfare of their family members. One relative reported that the staff team “do everything they can.” They felt that their loved one had been kept safe during the period of the pandemic and that they were “very happy there.” Another relative

stated that the care was “second to none, especially during Covid” and that the care “couldn’t be more personal.” Both relatives were positive about the communication with Rosevale staff and stated that they were kept informed.

### **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. There have been no new staff employed since the last inspection.

Staff have all undertaken medication training. The Regulation Officer reviewed a competency assessment for one care receiver who can manage some of their own medication, and identifies areas where support is needed. The Regulation Officer reviewed the medication charts and found these to have been completed appropriately.

Learning Disability training is available to all staff as part of the Les Amis core training. All staff responded to questions raised in an email by the Regulation Officer. All reported that good training was provided and that they were encouraged to develop skills and take qualifications. One reported that the “training is excellent...almost too much!” The staff at this home have been a consistent team, with all being employed before the last inspection. This is an area of good practice.

Staff reported that they are provided with regular supervision and at other times, they can contact the manager and feel listened to. During the inspection one staff member stated that they felt that for a care home of this size the supervisions are too often as they can informally raise any issues or discuss with the manager as necessary.

Notifications made to the Commission demonstrated that the registered manager is aware of when to use this process. Following a notification made in March 2021, the registered manager kept the Commission up to date. A care receiver spent some time in hospital, and it is positive to note that the registered manager visited during this time, liaised with the social worker and provided communication to the family.

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.

A social worker who had recently been involved in the transfer of a care receiver from this home to another care home provided feedback. During a difficult time, the social worker reported that they received “very helpful, very compassionate” support from the registered manager.

## 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. Relatives reported that they undertake a Covid-19 test on a monthly basis in order to be able to visit the home.

The home is situated in a quiet close on the outskirts of town. The environment is domestic and meets the needs of these care receivers.

The Regulation Officer sought permission to see one bedroom with the care receiver. The bedroom had been decorated since the last inspection visit and marks noted before on the wall were now covered. The care receiver was proud of the choices they had made with the decor.

One care receiver had recently moved from the home and a decision had been made that another care receiver would move to the vacated bedroom on the ground floor. This decision was made with consideration for the future mobility needs of this care receiver in order that they could continue to live in this home for as long as possible. The room was in the process of being redecorated in a colour chosen by the care receiver. The Regulation Officer also noted that adjustments were being made to shelving and coat hooks in order that the care receiver could reach them. This was an example of good practice.

The ground floor bedroom has an en suite bathroom. There is a further house bathroom on the first floor. The shower in this bathroom has been adapted for the use of all care receivers. No issues were reported with these arrangements.

There is a 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. There are two rotas with photographs to inform care receivers of who will be on duty, and their daily household task to complete.

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.

It was noted at the time of the last inspection that there were signs of wear and tear on bannisters and these had been decorated.

## 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 Rosevale. However, due to the new team leader role, it was agreed that the registered manager would provide a further update, and this was received following the inspection.

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 three Les Amis care homes and has been a consistent manager for some years at this home. The registered manager is responsible for a current total of 13 care receivers and 17 staff and they spend their time between the three homes. 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. The registered manager reported that they have found it difficult to divide their time between the three homes.

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 five 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. There is some evidence of improvement in the quality of the reports and these will continue to be reviewed by the Regulation Officer.

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.

## 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 most activities had re-started and support had been given to any care receivers who were anxious about engaging in community activities.

The registered manager reported that they were responsible for risk assessments in respect of decision making to ensure safety of the care receivers. The Regulation Officer reviewed one of these risk assessments and considered they were proportionate and were kept under review.

Feedback gained from two relatives indicated that they were both satisfied with the measures put in place during the time of the pandemic and that they had been kept informed of decision making. They both reported finding it difficult when they were unable to see their loved ones during the most restrictive Covid guidelines. However, one described the care given at this time as "second to none" and the other relative described it as "perfect." Both family members felt that their relative had been kept safe during the pandemic and that communication was excellent with the staff team.

Care plans included preferences and were personalised for each individual. The Regulation Officer reviewed a care plan for a care receiver which included plans to support them to improve independence skills by getting the bus alone. This care receiver is sociable and enjoys going out alone into the community. Their relative reported that they had been very unhappy to be restricted during the period of the pandemic. However, they described that their relative had been excited with indoor activities such as "parties" and film nights. They reported that they hoped that the plan to promote independence skills could resume as soon as it is assessed as safe to do so.

One relative described how their loved one enjoys doing jigsaws and when they were unable to go to the gym, they used a treadmill in the home. The relative stated that their loved one is "very happy there."

The Regulation Officer observed a discussion between the registered manager and a staff member to consider if a care receiver would enjoy a new activity. They considered the positive benefits of this activity but also the barriers for this care receiver. The outcome was that they would discuss with the care receiver and this was an example of good practice.

A relative described how, at the time of a bereavement, the care receiver had been supported by staff members and this had been very helpful. The staff team had used the faith of the care receiver to explain the situation and as a result, the family

member felt that they had been less distressed. This relative described how the care “couldn’t be more personal” and this was an example of good practice.

Care plans reflected the individual wishes, preferences and abilities of the care receivers at this home.

## 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> Regulation 17 (4) (a)</p> <p><b>To be completed:</b> within two months of the inspection, 8 October 2021</p>	<p>The provider must undertake a review of the staffing in conjunction with Health and Community Services and provide assurance that they can provide the range of services outlined in the Statement of Purpose and in accordance with individuals' care plans.</p>
	<p><b>Response by registered provider:</b></p> <p>A review of the staffing is underway for this property and we continue to work closely with Health and Community Services along with other departments, to strive to provide a full range of services for each resident. We note that during the time of this inspection a resident had recently left the location which had reduced the funding and therefore the number of staff deployed. We are aware of the issues when carrying a vacancy in locations can cause and note we are in active conversations with various departments within the States of Jersey to address this, along with considering any suitable referrals or resident moves in a timely manner. A new resident moved in on the 31/08/2021, which in turn will now increase the funding. Ideally, we would like a peripatetic staff member which will enable more spontaneity and flexibility of support in the home. Les Amis are meeting with the Adult Social Team on the 13.10.2021 where this proposal will be addressed.</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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