



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Care Home 02**

**Care Home Service**

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

**18 September 2020**

## THE JERSEY CARE COMMISSION

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

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

## ABOUT THE SERVICE

This is a report of the inspection of a care home which is provided by Les Amis. At the request of the registered provider, the name and address of the care home has not been identified in this report in order to preserve the confidentiality of the care receiver who lives in the care home. The service is a two-bedroom house on a main road, with easy access to shops, a bus stop and the beach. This is one of 18 care home services operated by Les Amis. The service became registered with the Jersey Care Commission ('the Commission') on 18 July 2019.

Registered Provider	Les Amis
Registered Manager	Lisa Neely
Regulated Activity	Adult Care Home
Conditions of Registration	Personal care/support for one care receiver Category – Learning Disability and autism Maximum number of care receivers: 1 18 years and above
Dates of Inspection	18 September 2020
Times of Inspection	10am – 12 noon
Type of Inspection	Announced
Number of areas for improvement	Five

The Care Home is operated by Les Amis and the registered manager is Lisa Neely.

At the time of this inspection, there was one person accommodated in the home.

## SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was completed on 18 September 2020. The Standards for care homes were referenced throughout the inspection.<sup>1</sup>

The Regulation Officer focussed on the following areas during the inspection:

- the service's Statement of Purpose and Conditions on registration
- safeguarding (adults)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

Overall, the findings from this inspection were positive, and there was evidence of the care receiver being provided with a service that is safe, and which takes their wishes and preferences into account. The manager and the staff member who participated in the inspection demonstrated a good understanding of the care receiver's interests and needs. There was evidence that the care receiver is supported to access a range of social events and community activities.

The property does have some maintenance issues by nature of being an older property. There was evidence of repairs having been undertaken when necessary and plans for further decoration following repair work. However, it is kept to a good standard and the bedroom has been decorated in accordance with the wishes of the care receiver. At the time of the last inspection, the bed was in poor condition and this has been replaced.

The service's arrangements for recruiting staff need some improvement to ensure that the registered manager has appropriate oversight of the recruitment process. The staffing arrangements during the lockdown period had been adjusted and the home's manager was not physically present in the home during this period. Some review of the management arrangements will be necessary to ensure that the home has an appropriate managerial presence.

The home's Statement of Purpose should be reflective of the home's aims and objectives. Currently it is generic in nature, which reflects the aims and objectives of the Les Amis organisation but does not focus upon those of the home.

It is a requirement for monthly quality reporting to be completed and this has been identified as an area for improvement. During the difficult period of Covid-19, the registered manager was working remotely, and care staff had been reporting daily on any issues as they arose; for example, staffing and maintenance requirements.

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

However, a monitoring process needs to be in place to ensure that the home is meeting the Standards consistently.

Care plans are completed using an online system. Consideration should be given to the use of various formats for care plans in order that the care receiver can refer to them. While there are numerous care plans in place, the care receiver would benefit from an additional plan relating to inter-personal relationships.

## **INSPECTION PROCESS**

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

Prior to our inspection visit, information submitted by the service to the Commission since the service became registered, was reviewed. This included any notifications and any changes to the service's Statement of Purpose. The findings from the most recent inspection, carried out on 7 September 2018, were also reviewed in advance of the visit.

The Regulation Officer sought the views of the person who uses the service, and a relative, and spoke with the manager and one member of staff. The Regulation Officer initiated contact with a range of allied health professionals, but no responses were received.

This inspection was undertaken in accordance with the home's infection prevention and control protocols.

During the inspection, records including policies, care records, incidents and complaints were examined. The Regulation Officer undertook a physical inspection of the premises.

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

This report sets out 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 by the provider attached at the end of the report.

## INSPECTION FINDINGS

### The service's Statement of Purpose and conditions on registration

The care home's Statement of Purpose was reviewed prior to the inspection visit. The Standards outline the provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The care home's Statement of Purpose met the criteria for registration but follows the generic template for all Les Amis homes. It was noted that the information is mainly reflective of the organisation's overall aims and objectives rather than those of the individual service. The Statement of Purpose must be kept under review and amended to reflect the distinctive aims and objectives of this home and the care and support provided. This is an area for improvement which was discussed with the registered manager, who acknowledged and agreed that it should be improved upon. The manager agreed to submit a revised version of the Statement of Purpose to the Commission. The Regulation Officer was satisfied that the registered manager fully understands their responsibilities to manage the service in accordance with the Statement of Purpose. Consideration should be given to ensuring that the Statement of Purpose is made available in an accessible version in order that it can be understood by the care receiver.

The care receiver and their relative both gave positive reports of the home. The care receiver reported being happy with both the care home and the staff team. The relative was confident that they were being supported safely to continue to access activities in the community.

The care home is, as part of the registration process, subject to the following mandatory and discretionary conditions:

Conditions of Registration	<p><u>Mandatory</u></p> <p>Maximum number of care receivers: 1 Number in receipt of personal care or personal support: 1 Age range of care receivers: 18 and above Category of care: Learning disability and autism Maximum number of care receivers to be accommodated in the following rooms: Bedroom 1 – 1 care receiver</p> <p><u>Discretionary</u></p> <p>Manager to complete a Level 5 Diploma in Leadership in Health and Social Care by 5 July 2022.</p>
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Discussion with the manager and examination of records provided confirmation that these conditions on registration were being fully complied with and will remain

unchanged. Lisa Neely confirmed that she is expecting to complete the requested qualification imminently.

The Regulation Officer was satisfied that all conditions are currently being met.

### **Safeguarding (adults)**

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

During the meetings with Les Amis senior management and the registered managers on 2 and 4 September 2020, it was confirmed that there are two in-house trainers who conduct Level 1 (foundation level) safeguarding training for all new staff. Registered managers were confident that staff can recognise concerns and raise alerts in this regard and that this is part of the monthly supervision discussions. Registered managers reported that safeguarding is a theme which runs throughout all training programmes.

There is a whistle blowing policy in place and staff were able to demonstrate that they knew how to access this and raise concerns both within and outside of the organisation. The registered manager reported that there had been no complaints from the resident or relative.

There was a specific Covid-19 care plan evident on the system for this care receiver and consideration was being given to a review of this in order to ensure that they can access the community safely.

There had been no notifications made to the Commission during 2020. One notification was made in 2019, and it was noted that one incident had not been notified to the Commission in 2019. However, the Regulation Officer was satisfied that the registered manager understands their responsibilities in this regard.

It was evident that themes had been recognised in terms of triggers for challenging behaviour and this had been managed with appropriate advice sought. Additional support and training have been given to staff in the use of emotional coping skills to be able to support the wellbeing of the care receiver during this difficult time.

Advocating for the rights and well-being of care receivers is central to the care home's philosophy and underpinning approach. The Regulation Officer was advised that Les Amis are considering options for an independent advocacy service for their residents in the light of the fact that previous advocates are no longer in post.

At the time of the inspection, the registered manager was responsible for managing three care homes operated by Les Amis. The decision by senior management that required registered managers to work remotely to reduce the amount of footfall into each home during the height of the Covid-19 pandemic was discussed. Alternative

forms of communication were used such as email and remote access to care records, daily telephone and video calls, and the registered manager reported that they felt confident in their staff teams in meeting the needs and promoting the welfare of the care receiver during this time.

Should the registered manager be absent from the home at any stage in the future, for a period exceeding 28 days, the Commission must be notified of the alternative management arrangements which are in place.

## **Complaints**

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

This care receiver reported that they know that they can raise a complaint with the manager if they are unhappy with an area of their care. The registered manager reported that there had been no complaints raised.

The care receiver was very positive about their staff team and that they enjoy the activities that they do. The care receiver has a stable staff team and knows who will be on duty as there is a photographic staff rota. The family member was particularly complimentary about the manager of the care home, stating that it is very rare that they need to raise issues but that the manager is very approachable when they wish to discuss anything. The relative, however, was unclear about any process if an issue needed to be escalated beyond the registered manager. The organisation's website does not provide any information about the ways in which to raise concerns or make complaints. This area requires improvement.

## **Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)**

The safe recruitment of staff is an important element in contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider's responsibility to ensure that there are always suitably recruited, trained and experienced staff available to meet the needs of care receivers.

Prior to this inspection, the Regulation Officer visited the registered provider's head office and was facilitated to examine the arrangements in place for recruiting staff. During this visit a sample of 25 recruitment records were reviewed. One of these related to the staff employed to work in this care home. Although it was evident that the DBS check and references were received prior to the member of staff commencing employment, the manager did not satisfy themselves that all relevant information was in place before the start date. The registered manager has a key responsibility in this regard, and this is an area for improvement.

Previously, care receivers had been involved in the recruitment process. However, because of the Covid-19 situation, they have not recently been able to be physically included. Given that the Covid-19 situation is likely to continue for some time, consideration should be given to how measures could be put in place to enable care receivers to be involved again.

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

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

There are areas of specific training identified by the senior management team such as dementia awareness. Links have been made with the Alzheimer's Society and training was planned but unable to go ahead as the trainer had to travel from the UK. The member of staff spoken to in this home has worked for the service for some years and was positive about the training and development available. There is a small staff team in this care home which meets the needs of the care receiver.

All staff receive MAYBO training to reduce situations where conflict may arise. A behaviour support plan is in place and it was evident that continuous assessments were completed and changes to the staff team made when necessary for the benefit of the care receiver.

During the period of Covid-19, the senior management team reviewed the staff rota to reduce the amount of staff coming into the home. This led to the registered manager being advised to work remotely and staff shifts becoming longer in duration but with more days off between shifts. The senior management team, during the meetings on 2 and 4 September, described this change as having been positive, which the staff member confirmed during inspection. Supervision of staff also took place virtually and the staff member reported being able to contact the manager when necessary. However, the absence of the registered manager from the home for a prolonged period has the potential to undermine their ability to ensure that Standards are always being met. The registered manager stated that they were not involved in the changes which were made to the staff rota. The registered provider should undertake a review of staffing arrangements and provide an assurance that any contingency arrangements put in place include appropriate management arrangements.



## Care planning

The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility to ensure that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.

During the meeting on 2 September 2020, the senior management team described a planned widespread overhaul to the ways in which care receivers' personal plans and care records are recorded. It was explained that the new system is to be more relevant to the communication needs of individual care receivers and more user-friendly. The registered manager described not having been consulted or involved in the proposal to introduce the revised system.

Care plans were reviewed with the registered manager. It was agreed with the manager that the volume of care plans made it difficult to see the relevant information at a glance. Overall good practice was evident and included specific activities which were important to the care receiver. The care receiver was able to inform the Regulation Officer that they have one to one time regularly for care planning and they felt involved in the decision making. For this care receiver, a care plan should be in place regarding relationships including education and health. This is an area for improvement.

A relative of the care receiver was contacted and was very positive about the management of the home and the care provided. Although the environment could be updated, the relative praised the care provided by the staff team.

## Monthly quality reports

The quality of care provision should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.

The systems in place for monitoring compliance with the Regulations and Standards require further development. Monthly quality reports were not being produced at the time of inspection. The combination of the lack of managerial presence in the home and insufficient quality assurance reviews is of concern. This is an identified area for improvement and was discussed with senior management staff on 2 September 2020.

Whilst there are arrangements in place for managers to submit information about the management and operation of the home, the effectiveness of this information and outcomes for care receivers has not been examined.

## IMPROVEMENT PLAN

There were five areas 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 1.1</p> <p><b>To be completed by:</b> 22 December 2020</p>	<p>The service's Statement of Purpose should be reviewed and amended to make clear the range of services being provided and submitted to the Commission within 28 days of the revision.</p> <hr/> <p><b>Response by registered provider:</b> This has been completed and submitted to the Commission. Consideration has been given around the accessible versions of the Statement of Purpose for each resident and will be addressed accordingly.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 12.2</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The provider must put suitable arrangements in place to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations.</p> <hr/> <p><b>Response by registered provider:</b> In the first part on 2020 the planned visits by the Head of Governance did not take place due to the first wave of Covid-19. We would like to note that managers were not left unsupervised or unsupported however operational norms did change to reduce the risk of spreading the virus. This has now been rectified and regular visits have been booked in (now that it is safe to do so) and are taking place with the Head of Governance, Registered Managers, Staff and Residents in each location.</p>

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 2.7</p>	<p>Personal plans must evidence the involvement of care receivers and be prepared in a suitable format understandable to them.</p>
<p><b>To be completed by:</b> 22 December 2020</p>	<p><b>Response by registered provider:</b> It must be noted all managers were consulted on the process by the Managing Director and the Head of HR on an individual basis to ensure they understood the rational for the work that had to be carried out.</p> <p>As noted when we met on the 2nd of September a full review of our tablet based care planning programme ZURI has taken place.</p> <p>The rational for this review is echoed in the comments made in the body of the report with respect to the level of details and the amount of plans on the current system.</p> <p>This is now being addressed as planned and explained when we met, with a data transfer time window in place, to enable the movement of the data from the old to new more transparent platform, so it is achieved in an efficient and timely manner.</p> <p>This process will include the relevant communication needs for each individual resident being noted clearly in their personal care plans to ensure person centred (outcome based) planning and care delivery continues.</p>

<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 3.6</p>	<p>The registered provider must ensure that all staff are recruited safely, and the registered manager has appropriate oversight of the recruitment process.</p>
<p><b>To be completed by:</b> with immediate effect</p>	<p><b>Response by registered provider:</b></p> <p>It must be noted that the staff member alluded to which has led to this area of improvement does not work for this manager but does work for this organisation. We have however still noted a response to this issue below.</p> <p>The comments noted in the body of the report has been attributed to an oversight by our HR team, which was mainly due to the absence of a Head of HR (old manager had left at the end of December 2019 new one to start March 2020).</p> <p>We would like to note that we have recruited over 44 staff in 2020 which have all met the required safer recruitment standards however for the reason noted above this individual slipped through our recruitment framework. No staff member should start work until all the required documentation is received. A full review of our recruitment processes has taken place and will be revisited in early 2021 to prevent this from happening again.</p> <p>To ensure the Registered Manager is involved throughout the whole safer recruitment process and the procedures around previous convictions with respect to a staff risk assessments, have been reviewed and will include a sign off by the relevant Registered Manager to prevent any further oversight of this manner.</p> <p>As soon as we are able to re-introduce residents to the interview panel safely this will take place.</p>

<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 10.2</p> <p><b>To be completed by:</b> 22 December 2020</p>	<p>The provider must ensure that people who receive care and their representatives are aware of the service's complaints policy and procedures in suitable formats to meet people's individual communication needs.</p>
	<p><b>Response by registered provider:</b></p> <p>The opportunity to ensure staff and manages are fully aware of the relevant procedures noted in this report will be taken immediately and followed up during the next Governance visit booked in with residents and their families.</p> <p>Les Amis website has an option to make a complaint in the contact us section a copy of the complaints procedures will be attached for reference.</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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