



Jersey Care
Commission

INSPECTION REPORT

Les Amis (Home Care) Domiciliary Plus

Home Care Service

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

9 September 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 Les Amis (Home Care) Domiciliary Plus. The service was originally registered with the Commission on 6 August 2019. Following a restructure, the service was renamed, and Katherine Foley was confirmed as Registered Manager on 21 June 2021.

| Regulated Activity | Home Care Service |
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| Conditions of Registration | <u>Mandatory</u> Type of care: Personal care, personal support Category of care: Learning disability, physical disability, autism Maximum number of personal care/personal support hours to be provided per week is 2,249 Age range of care receivers: 18 years and above <u>Discretionary</u> Katherine Foley to complete RQF Level 5 in Leadership by 21/6/2024 |
| Dates of Inspection | 9 September 2021 |
| Times of Inspection | 2pm to 4pm |
| Type of Inspection | Announced |
| Number of areas for improvement | Three |
| Number of care receivers using the service on the day of the inspection | Eight |

The home care service is operated by Les Amis Limited and the registered manager is Katherine Foley.

The discretionary condition on the service's registration was discussed and the Registered Manager is working towards the RQF Level 5 qualification within the required time limit.

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.

During this year, Les Amis made an application to separate the original Home Care service, into two separate services, with one concentrating on smaller care packages and this service is now responsible for care packages over 25 hours per week.

An updated copy of the service's Statement of Purpose was received during the period of inspection.

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 service was inspected last year and has now been divided into two services. This had been reflected in an updated Statement of Purpose.

There are staff vacancies which have an impact on the current staff and on the Registered Manager, who is covering many shifts in addition to their management role. It is acknowledged that this is a general issue across the care sector. The recruitment policy is robust and safe recruitment practices are in place. There is a good training and development programme, and staff were positive about the induction and support which is in place.

The Registered Manager endeavours to provide supervision on a monthly basis, but with staffing pressures this is not always possible. However, supervision is provided within the timescales of Commission Standards, and staff felt well supported. Appraisals take place yearly, with a six-monthly review.

There has been an improvement in the care planning system in this service. The Regulation Officer reviewed care plans and it was evident that there has been progress for care receivers in moving towards more independence. However, there were no reviews undertaken, and this is an area for improvement.

Staff receive specialist training relative to the care receiver they are supporting. Generally, notifications of incidents are made to the Commission appropriately. There was evidence of learning from incidents when necessary.

The Registered Manager has been promoted to this role and has good knowledge of the service and needs of the care receivers. It was evident that staffing shortages are placing pressure on management time and this should be considered by the Provider.

There has been some improvement in the arrangements for monthly reporting. However, actions are not robust and timely and could be improved in order to support the Registered Manager.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the Registered Manager on the day before the visit. This was to ensure that the Registered Manager would be available during the visit on 9 September 2021.

The Home Care 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**
- **Management of services**
- **The service will be reviewed regularly**

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the inspection report for the previous Home Care service.

The Regulation Officer met with three people who use the service and contacted four members of staff who all provided feedback by email.

During the inspection, records including policies, care records, incidents and complaints were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager.

¹ The Home Care Standards 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 for the Les Amis Home Care service 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, with consideration given to the impact of the separation of the previous service into two services. As there have been changes made to the focus of this service, a request was made for an updated Statement of Purpose which was received before the completion of the inspection. Monthly reporting remains an area which requires improvement, and this is discussed in more detail within the inspection findings.

Staff recruitment, training and development

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

Les Amis (Home Care) Domiciliary Plus has 12 staff, with four vacancies at the time of inspection. It is acknowledged that staffing is currently a general issue across the care sector in Jersey. The Registered Manager stated that causes some difficulties in managing the service.

There is an induction programme for new staff which is completed over a six-week period. The topics cover both organisational practices and procedures, as well as practical elements of joining this home care service.

The Regulation Officer met separately with the Les Amis Human Resources (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 met with the HR Manager and with the provider separately and it was agreed that an adjustment to the current policy would be made to ensure that start dates were not agreed until the Registered Manager has reviewed the safer recruitment documentation. By the time of this inspection visit, the Registered Manager confirmed that this was now in place and that they are required to sign before a start date is given to a new employee.

Due to the impact of Covid-19, care receivers have not been involved in the recruitment process during the past year. However, the Registered Manager

reported that one care receiver who is new to the service has requested to be involved in the recruitment of their support staff. The Registered Manager confirmed that they would be planning for this involvement, and for any future involvement of care receivers in the interview process.

A central record of staff training is kept by the Head of Learning and Development and this was reviewed following the inspection visit. Staff undertake a range of mandatory training courses as part of their induction programme and attend update sessions. The Registered Manager reported that they receive a reminder each month of the members of staff who need to update their training. Training courses provided include First Aid, safe handling, safeguarding, food hygiene, infection control and conflict management. Where specialist training is needed for care receivers, such as use of a hoist, the period of shadowing other staff is longer, and the training is signed off by both the care receiver and the Registered Manager. Involving the care receiver in this process is an example of good practice.

All staff reported that the standard of training and development offered was good, with one stating that they had been impressed by the induction programme. One member of staff reported that as most of their initial training had to be given online due to the pandemic, they had now been offered the opportunity for further face to face training. All staff reported opportunities to develop their skills and learning with Regulated Qualifications Framework (RQF) courses.

Overall, there is a good system in place to ensure that mandatory training is kept up to date and that there is evidence of additional specialist training provided where necessary. The Registered Manager was aware that some staff members needed to attend training updates for positive behaviour management methods. However, it is acknowledged that this needs to be face-to-face training and that this has been difficult during the period of the pandemic. The Registered Manager confirmed that this would be resolved as soon as possible.

The Regulation Officer reviewed the training record, and it was positive to note that two members of staff have the RQF/NVQ (National Vocational Qualification) Level 3 standard qualification, with two further members of staff studying towards it. Six members of staff are qualified to RQF/NVQ Level 2 standard, with three further members of staff working towards it.

The Registered Manager reported that they find it useful to provide supervision on a monthly basis where possible. They explained that as staff work in different locations, this gives them an opportunity to check in on staff well-being and to resolve any issues in a timely manner. Staff all reported that supervision is offered on a monthly basis and includes support for their wellbeing. Where staff do not receive a formal supervision session, they reported that the Registered Manager will make time to meet with them.

Appraisals are in place for all staff. There is an electronic system which 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. The plan is then reviewed with the Registered Manager at six months and 12 months.

All staff reported that there is pressure within the team due to the staff vacancies. There are regular opportunities to take on additional shifts, but equally they have not felt under pressure if they are unable to help. All staff members reported that they enjoy their jobs with one stating “I absolutely love my job and I do feel valued and listened to.”

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

Approaches to care and welfare of care receivers

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| Reference was made to Standard 5 of the Home Care Standards which states: “You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences.” |
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At the time of the previous inspection in October 2020, the Les Amis management team reported that there had been a review of the care planning programme and that a new system had been devised.

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

The data for all care receivers in receipt of this service had been transferred to the new system which has been live since April. The Regulation Officer reviewed three care plans which demonstrated that choice and independence are promoted. In particular, the Regulation Officer observed that there had been positive progress for one care receiver who they had met during the inspection both last year and during this year. The service had requested that the kitchen be adapted to the needs of the care receiver and this had enabled them to be more involved in cooking which they enjoyed. This was evidence of good practice.

The Registered Manager explained that where necessary, training in Makaton or finger spelling is given to staff to enable good communication.

One care receiver was now in receipt of support from this service, having moved from a care home. However, the care plans did not reflect this change in service or the need to ensure regular review to ensure that the care receiver has made a successful transition to the community and the right level of support is being provided. In discussion, the Registered Manager accepted that improvements could have been made to this process and agreed that this would be the case for any future new care receivers to the service. The review of care plans is discussed further below and is an area for improvement.

Three care receivers were visited in their own homes. The Registered Manager respected the need to be invited into the home and checked that they were happy for the Regulation Officer to visit. Two care receivers reported that they were satisfied with their staff team and with the care provided. They were able to inform the Regulation Officer that they knew what to expect from their staff team and were involved in making choices. One care receiver reported that they were unhappy on the day of the visit, but it was positive to note that they had completed a complaints form, which they shared with the Regulation Officer. The Registered Manager listened to the concerns and arranged to meet with the care receiver the following day. By the end of the visit, the care receiver stated they no longer wished to make a complaint, but it was clear that they had a good relationship with the Registered Manager and were able to raise concerns when necessary.

There were no reviews on file of care plans. The Registered Manager was aware of this omission and the need to ensure that all plans are reviewed on a regular basis. This is an area for improvement.

One member of staff described how independence was promoted with a progression from attending activities with the care receiver, to waiting for them outside while they took part. Care receivers are encouraged to arrange activities with friends independently. Another member of staff reported that they had helped a non-verbal care receiver to set up an email account in order to promote communication with family members.

The Registered Manager described a situation where a care receiver had refused care. Appropriate referrals were made to the Adult Social Care team and a multi-disciplinary meeting was held. The decision to refuse care from this service was respected and the care receiver was supported to make alternative arrangements.

Staff competence relating to categories of care provided

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| Reference was made to Standard 6 of the Home Care 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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When commencing work with Les Amis (Home Care) Domiciliary Plus, new staff meet with the Registered Manager who can provide advice relating to the needs of the care receiver(s) that the care worker will be supporting. Following this, the member of staff is introduced to the care receiver and there is a six-week period of shadowing. This is sometimes extended if there are additional training requirements such as those relating to the use of hoists.

All care receivers have information about their staff rota provided in a way which is appropriate to their capacity and level of understanding. For those care receivers who do not have full-time care, they are provided with the contact details for the Registered Manager and the on-call service in the event that there is a problem such as their support service does not arrive.

All care workers receive support in first aid and are aware of when to seek additional medical advice. The Registered Manager reported that all care receivers undertake a medication competency assessment and are involved to some extent in the administration of their own medication. These competency assessments are reviewed six-monthly, or where there has been a significant change. Where support is needed, staff complete in-house medication training.

Specialist training is provided according to the needs of the care receivers. For example, there was evidence of some members of staff completing training in fluids and nutrition, in operating a disability vehicle and in dementia-related needs and support. There is a central record for all training needs, and this supports the Registered Manager to ensure that updates are provided as required.

There is one authorisation for a Significant Restriction on Liberty (SRoL) for a care receiver. There was evidence that staff receive training relating to the Capacity and Self-Determination (Jersey) Law 2016. The Registered Manager understands their responsibility in notifying the Commission of any authorisations.

One notification of an incident had not been made to the Commission. However, when this was raised, the Registered Manager used this as an opportunity for learning within the team and was aware that arrangements need to be in place in their absence. A discussion with the Registered Manager demonstrated that where there has been an incident, a de-brief is held with staff to explore the triggers and to consider whether a change in need warrants a reassessment or the provision of additional support.

Management of services

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| Reference was made to Standard 8 of the Home Care Standards which states: "The home care service will be well managed." |
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This service is part of Les Amis Limited and is based at the head office. There is a separate HR and Finance department, and records are kept securely. Records are gradually moving to a solely electronic based system. Staff reported that they can access policies and information through the electronic system.

During this year, a decision was made to divide the previous Les Amis Home Care service into two separate services. Katherine Foley who was previously a deputy manager, took on the role of Registered Manager of this service. Unfortunately, due to staff shortages Ms Foley was also required to manage an additional service for a period and this placed additional pressure on her at a time when she was new to the registered manager post. Currently the Registered Manager is now solely responsible for this service.

However, due to the staff shortages, the Registered Manager is frequently covering shifts which cannot be covered by other staff members. This reduces the amount of time which can be spent in supporting staff, consulting with care receivers, reviewing care plans, etc. The Provider needs to put in place a strategy to cover staff shortages or a plan of support for the Registered Manager. This is an area for improvement.

The service will be reviewed regularly

Reference was made to Standard 9 of the Home Care Standards which states: “The care service will be checked and reviewed regularly to sort out any issues and make things better for you and others.”

Quality reports are currently undertaken by the organisation’s Head of Governance. The Regulation Officer reviewed the last three months’ quality reports along with the internal action tracker, which records actions outstanding and is maintained by the Head of Governance. There has been some improvement in monthly reporting since the inspection in 2020. However, while the August monthly report highlighted that an incident had not been notified to the Commission, this was not an action and had therefore still not been made at the time of the inspection. Actions in the tracker are not robust or timely and do not support the Registered Manager to understand what needs to be completed. This is an area for improvement.

The Registered Manager meets with care receivers on at least a quarterly basis to gain feedback of the service provided. They will also undertake more informal visits in order to maintain good communication with staff and to make any improvements or adjustments to the provision of the service.

At the time of the last inspection visit in 2020, it was discussed with both the Registered Manager and Deputy Manager (now the Registered Manager) that it would be helpful to have a record or log of informal complaints. Currently a complaint is not recorded unless it is made formal. The Registered Manager described a situation where a care receiver had expressed dissatisfaction and action had been taken as a result of this. A register would demonstrate that the care receiver or relative had been listened to and would record actions taken as a result of the complaint. The Registered Manager has been in post for a relatively short period and intends to set up this complaints log.

IMPROVEMENT PLAN

There were three 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 9.2</p> <p>To be completed by: with immediate effect</p> | <p>Monthly reports will ensure compliance with registration requirements, standards and regulations. The action plan should be robust and will highlight outstanding issues to ensure the Registered Manager is aware of actions needed.</p> <hr/> <p>Response by registered provider: We will continue to liaise with the regulator around how and what should be considered and reported to meet this improvement. Steps have already been taken in order to improve this reporting capability such as more detail added to the live Action Tracker.</p> |
| <p>Area for Improvement 2</p> <p>Ref: Standard 2.4 & 2.5</p> <p>To be completed by: 30 November 2021</p> | <p>All care plans will be reviewed regularly to ensure that the requirements of the plan are implemented in day-to-day care provision.</p> <hr/> <p>Response by registered provider: We are currently working with the relevant Senior support workers and Team leader, we have reviewed and updated any necessary changes to reflect their care package, needs and environment.</p> |
| <p>Area for Improvement 3</p> <p>Ref: Standard 8 Regulation 5.2</p> <p>To be completed by: 30 November 2021</p> | <p>The Registered Provider must ensure that the Registered Manager has sufficient resources to manage the regulated activity in a way that is consistent with the Statement of Purpose. There will be planned responses to a range of foreseeable crises (eg staffing shortages).</p> <hr/> <p>Response by registered provider: Risk assessments are in place regarding staffing pressures which are currently affecting the care industry. There has recently been redeployment of staff into this service, successful recruitment and the use of agency staff where needed.</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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