



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Sarum**

**Care Home Service**

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

**28 October 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 Sarum Care Home which is provided by Les Amis. The service is situated within a residential area of Gorey, with access to shops, a public house, the beach and on a regular bus route. This is one of 15 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 and one on the ground floor, which is currently vacant. One bedroom on the first floor is en-suite and there is a bathroom which is shared by the other care receivers. There is a staff sleepover room on the first floor and an office on the ground floor. The ground floor has a domestic lounge and dining room. There is a kitchen and garden at the rear.

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
Date of Inspection	28 October 2021
Time of Inspection	1.00pm to 5pm
Type of Inspection	Announced

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 4 November 2021.

The Commission undertook two engagement sessions with Les Amis registered managers in April 2021. The purpose of these were 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 acknowledged that the restrictions during the period of the pandemic had an impact on care receivers and staff have worked to encourage them back into the community and to the activities they enjoy.

## 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 three areas for improvement identified during the previous inspection on 17 December 2020. The Regulation Officer was assured that the Registered Manager and Registered Provider understood the requirement to notify the Commission if there is an absence of the manager of more than 28 days.

There has been some improvement in monthly reporting. However, the Regulation Officer considered that the current process does not support the Registered Manager to ensure that the Standards are met. A further meeting was held with the Provider and this will remain under consideration by the Commission.

The maintenance of the home had improved, and the Registered Manager reported that a schedule was in place to ensure that this was maintained. However, a recommendation by an occupational therapist for changes to the en-suite bathroom remained outstanding from the last inspection. This must be addressed and is an area for improvement.

There are robust recruitment and selection processes in place. A further review of recruitment records on 4 November 2021 provided evidence that there is now a process in place which prevents start dates of new members of staff being agreed upon by the central Human Resources (HR team) before registered managers have reviewed the safer recruitment documentation. During discussions, it was highlighted that registered managers do not currently have sight of safe recruitment checks when they use recruitment agency staff. It was agreed that the HR Manager would consider how a process could be put in place to resolve this.

Training is provided in all mandatory areas with 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. This remains an area where progress is needed but the Regulation Officer was satisfied that Les Amis is working with the developers to ensure that the care planning system meets the needs of the service.

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

It was positive to note that there is a consistent staff team who are well known to the care receivers and have a good understanding of their needs and preferences. There was evidence that care receivers are involved in household activities and supported in the community according to their preferences. That there is a consistent and well-trained staff team is an area of good practice.

Each care receiver has their own bedroom, and it was evident that they had been able to decorate according to their wishes and preferences. The wishes of one care receiver to change their bedroom when a vacancy became available were listened to and there was evidence that staff had ensured that the care receiver understood the consequences of this change.

The Registered Manager had recently been responsible for three care homes for Les Amis. Team Leaders had been appointed to each home to support this arrangement. However, due to significant events in the homes, this arrangement was reviewed, and the Registered Manager is now responsible for two homes.

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 six 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 28 October 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 three 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.

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 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.

---

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

The Registered Manager had not recruited any new staff to this service. However, meetings were held with the Human Resources (HR) Manager and the Regulation Officer was satisfied that safe recruitment processes were in place.

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. The Regulation Officer sought and was given permission by all care receivers to view their bedroom.

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 17 December 2020, three 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. This has not been an issue during the period since the last inspection.

Monthly quality reports have improved but would benefit from more robust actions to assure the Provider that the care home is meeting the Standards for Care Homes. The Regulation Officer will continue to meet with the Provider and review monthly reports to ensure they continue to develop to assure quality improvement.

The exterior decoration of the home had improved, and the Registered Manager reported that there was now a schedule of maintenance in place.

### **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."

Sarum care home has four full time staff which includes the new team leader post. The staff team also includes one member of staff who provides cover when necessary and is solely allocated to this care home. When necessary, the Registered Manager uses two members of staff from a recruitment agency, who are known to the care receivers.

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. No new members of staff had been recruited to this home since the last inspection. That there is a consistent staff team who have a good understanding of the needs of the care receivers is an area of good practice in this home.

The Regulation Officer met separately with the Les Amis HR manager to review recruitment files across the service. All documentation was found to be in place including references and recent Disclosure and Barring Service (DBS) certificates. A change was made to the recruitment process and on 4 November 2021 a further review was made of recruitment files. It was noted that a policy had been put in place to ensure that start dates of new staff are not agreed until the Registered Manager has reviewed the safer recruitment documentation. This demonstrated improvement and good practice.

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 Sarum. Staff reported that they had received additional training to support them to understand a specific medical condition of one of the care receivers.

The Registered Manager reported that three members of staff currently have a Level 2 vocational qualification in Health and Social Care. One member of staff has a Level 3 qualification in Health and Social Care and two members 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.

All staff reported that they receive regular supervision at least every two months. This is a small staff team and they all reported that they are also able to discuss any issues arising with the Registered Manager as necessary. 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.

Training and support of staff by the Registered Manager is an area of good practice.

### **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. This was discussed with a member of the senior management team who confirmed that there were still issues in the care planning system. To address this, a process has been put in place where evaluation of the care plan will be noted within a file note.

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 Registered Manager reported that there had been an impact on the physical and emotional wellbeing of care receivers during the period of the pandemic due to the restrictions. However, it was noted that staff had encouraged care receivers to resume the activities that they had previously enjoyed.

Following the last inspection, information relating to complaints can now be found through the website. The Registered Manager explained a situation where one of the care receivers had requested to move rooms. The pros and cons of this move were explained to the care receiver and they were given time to consider their



decision. Following this, a move had taken place and the care receiver informed the Regulation Officer that they were very happy with the decision.

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. Where necessary, appropriate referrals have been made for further social care or medical 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 no SROL's in place at this care home.

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 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. This was a significant change for the other care receivers in the home and support was given to enable them to understand the reason for the care receiver's move and provide space for them to talk about any worries or concerns. This was an example of good practice.

### **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 and competencies are reviewed on a regular basis. 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. 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.

All staff had received training in the management and care of a particular medical condition of a care receiver.

Staff reported that they are provided with regular supervision and at other times, they can contact the Manager and feel listened to.

Notifications made to the Commission demonstrated that the Registered Manager is aware of when to use this process. There were two notifications which had not been made to the Commission during a period of absence of the Registered Manager. These were made following the inspection, and it was suggested that supervision could be used to ensure that all members of the staff team are aware of when notifications must be made.

Following a notification made in June 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 and provided support at a time when the care needs had increased, and the care receiver was no longer able to return to this care home.

During the time of the inspection, the Registered Manager reported that a raiser chair is provided to help support a care receiver back to standing when they fall. Staff have been appropriately trained in the use of this chair and the Registered Manager was aware that a maintenance check needs to be organised.

### **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 to provide some protection for the care receivers. The Regulation Officer was required to wear a mask when moving around the home.

The home is situated in a quiet close in Gorey, with access to a bus route to town, shops, and cafes. There has been improvement in the external maintenance of the home since the last inspection.

The Regulation Officer sought, and was given, permission to see the bedrooms of all care receivers. All bedrooms were in good condition and decorated according to the wishes and preferences of each care receiver. Following the change of room for one care receiver, they reported that although they had been given the opportunity to redecorate, they wanted to keep the current decoration in the room. However, the Regulation Officer had completed the inspection in 2020 and it was evident that the room had changes which reflected the preferences of this care receiver.

Following the departure of one care receiver from the care home, another care receiver requested that they move from the ground floor to the first floor. Consideration was made for their safety due to a health condition, and evidence in

the records of discussions with the care receiver to ensure that they were aware of the impact of a decision to move, should their previous room then be taken by a new resident.

One care receiver has an en-suite bathroom, and it has been assessed that the shower needs to be adapted to meet their changing physical needs. This was reported to the Regulation Officer at the time of the 2020 inspection, but no action has yet been taken. It is acknowledged that the period of the pandemic has had an impact on the availability of the appropriate team and the access to the home. However, there is no current timescale for this work to be completed and is therefore an area for improvement.

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 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. Medications are kept in a locked cupboard in the office on the ground floor.

### **Management of services**

Reference was made to Standard 11 of the Care Home Standards which states: “The care service will be well managed.”
--

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 Sarum. 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.

At the time of the inspection, this Registered Manager had recently been managing three Les Amis care homes. The Registered Manager reported that they have found it difficult to divide their time between the three homes. A decision had been made that one of the care homes would be managed by an alternate Manager, and a handover process was in place. This would allow the Registered Manager to concentrate on the two care homes that they had managed for some years. The Registered Manager would now be responsible for seven care receivers and teams of staff at two homes. 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 they are not overwhelmed.

Quality reports are currently undertaken by the organisation's Head of Governance. Monthly reports were reviewed for July, August, and September 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 monthly report for August had identified that two notifications had not been made to the Commission, but these were not highlighted as an action to be completed. The changes needed to the en-suite bathroom were also not included in the monthly reports and there had been drift and delay in ensuring this was completed for the benefit of a care receiver. 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, 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.

All care receivers consulted at the time of the inspection were positive about the staff team and the support given.

Care plans included preferences and were personalised for each person. The Regulation Officer reviewed care plans of two care receivers. The impact of the pandemic had been identified and there were plans in place to encourage engagement in the community. One care receiver had not previously been to a specific social event but was due to go the day after the inspection. The Regulation Officer observed a discussion between one member of staff and three care receivers, who discussed the event and plans to go in fancy dress costume for Halloween.

The Registered Manager reported that there were some care receivers who had previously enjoyed going to the community independently and the period of the pandemic had a significant impact on this activity. Staff had worked with care receivers to encourage them to re-engage in this activity.

Staff had supported care receivers when a previous resident was no longer able to return to the home due to increased care needs. The situation was explained, and

care receivers were given time to talk about the impact on them when the dynamics in the home changed. Care receivers will be consulted if there are plans for someone to move into the home.

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> Standard 7.2</p> <p><b>To be completed:</b> within one month</p>	<p>A plan and target date for the adaptation to the en-suite bathroom to be put in place. To be included in the monthly report.</p>
	<p><b>Response by registered provider:</b></p> <p>Authorisation from the landlord has now been granted to seek quotations and begin work for the required adaptation of the bathroom.</p> <p>Les Amis Maintenance Manager has confirmed work will begin at the beginning of 2022 and is looking at a target date of March 2022 for completion.</p> <p>An update on the progression of this work will be included in the Monthly report going forward.</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.



Jersey Care Commission  
1<sup>st</sup> Floor, Capital House  
8 Church Street, St Helier  
Jersey JE2 3NN

Tel: 01534 445801

Website: [www.carecommission.je/](http://www.carecommission.je/)

Enquiries: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)