



Jersey Care
Commission

INSPECTION REPORT

Le Figuier

Care Home Service

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

13 December 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 Le Figuier Care Home. The service is a five-bedroom detached house situated on the edge of St Helier, with access to shops, cafés, and public transport and is within walking distance to the beachfront. The exterior of the home has an enclosed garden area and the home benefits from a car which is available for staff to support care receivers to activities in the community.

This is one of 13 care home services operated by Les Amis. The service was registered with the Commission on 5 July 2019.

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: Four Maximum number in receipt of personal care, personal support: Four Age range of care receivers: 18 years and over

	<p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>Rooms No: 1-4 one person</p> <p><u>Discretionary</u></p> <p>Annette Burnouf must complete a Level 5 Diploma in Leadership in Health and Social Care by 26 June 2023.</p>
Dates and times of Inspection	13 December 2021 - 12.30pm – 5pm
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers accommodated on the day of the inspection	Two

Le Figuier care home is operated by Les Amis Ltd and the Registered Manager is Annette Burnouf, who has been in post since 26 June 2020 and was the Registered Manager at the time of the last inspection.

Since the last inspection on 20 October 2020, the Commission received updates to the service’s Statement of Purpose. The Statement of Purpose has again been updated during the inspection, following changes in staffing.

The Commission undertook two engagement sessions with Les Amis Registered Managers in April 2021. The purpose of these sessions 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.

The discretionary condition on the service’s registration was discussed at the time of the inspection. The Registered Manager reported an impact on their ability to progress their studies for the Level 5 Diploma in Leadership in Health and Social Care due to Covid-19 and responsibilities at other care homes. However, they also reported that there is a plan for more intensive support from the learning and

development team in order to ensure that they complete the qualification before the due date.

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 five areas for improvement identified in the previous inspection report. There were clear indications of improvement in all areas.

There has been an improvement in the quality of monthly reports which supports both the Registered Manager and Provider to understand areas where action needs to be taken.

There was evidence that the quality of care plans had improved, with person-centred information throughout. This electronic system continues to be reviewed, with a new process recently communicated to the Commission, to ensure that reviews are carried out on a three-monthly basis. The Regulation Officer could see that there had been positive outcomes in care plans, although there had only been one formal review since the new system was introduced in April 2021. The Registered Manager reported that reviews would take place on a quarterly basis.

There are robust recruitment and selection processes in place and there was clear evidence that staff members are supported through an induction process. Recent adjustments to policy have ensured that registered managers of Les Amis review the safe recruitment documentation before a member of staff starts employment with the service.

Since the last inspection, Les Amis have circulated the complaints procedure to all relatives and there is a complaints form in easy-read format to ensure that it is accessible to care receivers. The complaints policy is also available online.

There is a robust induction process which includes a period of shadowing more experienced staff. Les Amis have improved their safe recruitment checks to include agency staff. It was positive to note that, where possible, a member of staff who knows the care receivers and this home covers shifts.

Staff receive training in all statutory areas. However, one care receiver would benefit from working with staff who were trained in Makaton and this is an area for improvement.

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. Care plans were person-centred and of good quality. There was evidence that care receivers had been supported to be able to access a wider variety of activities and to develop their daily living skills.

It was evident that individual needs were matched to the appropriate levels of support and that individual preferences were promoted within the home.

There is a welcoming and friendly atmosphere, and the home has had some redecoration since the last inspection. The bedrooms of care receivers were decorated in line with their preferences.

It was positive to note that the Registered Manager and staff team have been consistent since the last inspection. This would suggest that the team is very stable and well-established.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the Registered Manager a week 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 initial inspection visit took place on 13 December 2021.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Staff recruitment, training and development**
- **Approaches to care and welfare of care receivers**
- **Staff competence relating to categories of care provided**
- **Care home environment**
- **Management of services**
- **Range of activities which reflect choice, preferences and lifestyle**

Prior to the inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection reports, notifications, correspondence, and the home's Statement of Purpose.

The Regulation Officer sought the views of one care receiver at the time of the inspection and observed one other care receiver with a member of staff.

Discussions were held with the Registered Manager, two members of staff and one relative.

During the inspection, documentation including policies, care records, incidents, complaints, induction processes, staffing rotas, staff meetings and training records were examined.

In addition, the Regulation Officer met with representatives of the Les Amis team who were involved in the development of the new care planning system. The purpose of the first meeting was to obtain a demonstration of the new system to

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

establish an understanding of the aims and objectives and provide a benchmark for determining the effectiveness of the system within individual Les Amis homes. A further meeting was held to provide feedback on the Regulation Officers' findings in relation to care plan evaluations and reviews.

One further meeting was held with the HR Manager to check the recruitment files of new members of staff and review Disclosure and Barring Service (DBS) records.

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 is attached at the end of the report.

INSPECTION FINDINGS

At the last inspection on 20 October 2020, five areas for improvement were identified and an improvement plan was submitted to the Commission by the Registered Provider setting out how these areas would be addressed.

The improvement plan was discussed during this inspection and it was positive to note that there had been improvements in all areas. This means that there has been a policy and process change with respect to recruitment. The Registered Manager now has oversight of safe recruitment documents before a new employee starts work.

The care planning process has been reviewed and there is more clarity for staff in understanding the individual needs and outcomes.

The complaints policy is now available in a format appropriate to the communication needs of the care receivers and this is an area of good practice.

The floor covering in the kitchen has been replaced and there has been redecoration to the hall, stairs and landing. Further detail on these areas of improvement is contained within the report.

The area of improvement relating to monthly quality reports is explored in more detail within the inspection findings. The Regulation Officer was able to review one monthly report which demonstrated 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.”

Le Figuier has four members of staff, additional to the Registered Manager. There have been no new members of staff since the last inspection, and this is a stable and consistent staff team. There is always one member of staff in the home, including overnight, with additional staffing to ensure that care receivers can take part in activities.

The period of induction includes ensuring that new staff understand policies and procedures, undertake a period of shadowing, and are assessed as competent before taking on responsibilities to work alone.

At a meeting with the Provider on 14 December 2021, they confirmed that any vacant shifts should now be covered by agency staff. There is a process in place to ensure that Registered Managers have sight of safe recruitment checks for staff who are not permanently employed by Les Amis. Additionally, the Registered Manager has one member of staff who is not on a permanent contract but will regularly cover shifts on a zero-hour contract. Cover by care workers who know the care receivers and have had safe recruitment checks is an area of good practice.

The staff training record was requested and reviewed by the Regulation Officer. Staff are required to undertake a range of mandatory training courses as part of their induction programme and then will attend update sessions. Training courses

provided include First Aid, safe handling, safeguarding, food hygiene, infection control and conflict management. Staff spoke positively of the training offered to them, and felt it supported them in their role. Training in mandatory areas is up to date.

All staff need to attend sessions on behaviour management training (MAYBO). It is acknowledged that it has been difficult for staff to access this training during the period of the pandemic as it is not a type of training which can be delivered in any other way than as a directly taught course in a classroom. The Provider confirmed that training sessions have now been reinstated. It was positive to note that other agencies also attend these sessions which enables the sharing of experience.

The Registered Manager confirmed that there is an electronic database in place which enables them to track progress of all team members' training. They receive a quarterly update from the Learning and Development team, and this enables them to remind staff that they need to undertake an update to their training.

The updated Statement of Purpose confirms that there are three members of staff who have a Level 2 Regulated Qualification Framework (RQF) in Health and Social Care which is over 50% of the staff team and is the minimum requirement as set out in Standard 3.9 of the Care Home Standards. One member of staff is working towards RQF Level 2, and one member of staff working towards RQF Level 3 in Health and Social Care.

Staff supervisions are in place and are conducted every six weeks by the Registered Manager. Appraisals are undertaken on an annual basis by the Registered Manager and are reviewed at six monthly intervals.

Copies of the complaints, disciplinary, grievance and whistleblowing policies were requested from the HR manager and made available to the Regulation Officer prior to the inspection.

Both members of staff were positive about the support provided by the Manager. One staff member described a "super, super" manager who is passionate about

providing care and really cares about the service. One member of staff described how they appreciated a visit by Managing Director at a time when a care receiver was leaving the home.

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."

Prior to the inspection, the Regulation Officer met with members of the senior management team at Les Amis to discuss the new care planning system which was introduced earlier this year. 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 will need to be regular opportunities to review progress, to seek feedback and to identify any adjustments required.

A further meeting was held with a member of the senior management team in August 2021 to highlight the issues encountered by Regulation Officers in relation to care plan updates and evaluations. This has been acknowledged and initial steps have been taken to rectify the issues raised.

The Regulation Officer reviewed all care plans at this care home. They were informative and person-centred. A new process has been agreed at Les Amis to ensure reviews of care plans are carried out every three months. Regulation Officers have been kept up to date with the changes to the care planning system. The Registered Manager has requested a new assessment from the Adult Social Work Team to ensure that the appropriate levels of staffing are in place now that there are only two care receivers at this home.

Registered managers within Les Amis meet monthly. 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 provide an introduction to Les Amis and are also personalised to each home and are accessible to care receivers. This will include information on the procedure for making a complaint.

One relative reported that “we have the best line of communication we’ve EVER HAD with” the current Manager. The relative described how their loved one was supported to attend a family event and stated this was “very kind, thoughtful and very much appreciated”. The relative was also positive about the staff team and felt that the care receiver is “brilliantly cared for”.

Accidents and incidents relating to care receivers are recorded on the electronic care planning system. There had been five notifiable incidents since the last inspection. Two of these related to appropriate medical advice. Three other incidents had caused a change in the support and supervision provided in the home and there was evidence that there had been a positive outcome to this. The Regulation Officer was satisfied that the Registered Manager is aware of their responsibilities in relation to the submission of notification of incidents to the Commission.

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. The staff team also receive training in this area. There was one SROL authorisation in place at the time of inspection.

One care receiver at this care home is supported to be as independent as possible. Towards the end of the inspection visit, the care receiver was unloading the dishwasher and helping to cook the evening meal. Every Sunday, this care receiver enjoys changing the staff rota which is displayed on the fridge.

Care plans demonstrated that one care receiver makes their own medical appointments but can request support to attend if they feel this is necessary. They also manage their own medication with support from care workers.

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."

All staff complete a six-month probation period, during which time they complete the care certificate and medications training. New staff members are introduced to care receivers and shadow more experienced members of staff, before being assessed as competent to take on the responsibility of working alone.

Where appropriate, care receivers are encouraged to complete a medications competency assessment. Providing it is assessed as safe to do so, care receivers can then manage all or part of their own medication administration. This is then reviewed every six months.

A staff rota is displayed in the kitchen area with photos in order that all care receivers know who is coming on duty. There is also a rota for meal preparation and for daily tasks around the home.

Care workers at this home had a good understanding of the different needs of the care receivers. One care receiver would benefit from additional communication aids, such as staff who are trained in Makaton. There is currently no Makaton training offered to staff and this is an area for improvement.

All Les Amis care homes are currently producing risk assessments for each care receiver in respect of Covid-19. This will identify the risk for each care receiver and actions taken to ensure their safety, while respecting Government guidelines. These should be completed with the care receiver, where possible, and a copy given to them in a format that meets their communication needs.

The staff team had a good understanding of activities available in the community and there was evidence that all care receivers are encouraged to engage with activities which they enjoy. Where necessary, support is provided by staff.

There had been one review since the inception of the new care planning system in April but there was strong evidence that improvement in the standard of care plans had taken place since the last inspection. Care plans were noticeably more outcome-focussed and demonstrated that the staff team strive to achieve positive change for care receivers. This is discussed in more detail under the section reviewing Standard 9, choice and lifestyle.

Care home environment

Reference was made to Standard 7 of the Care Home Standards which states: "The environment will enhance your quality of life and the accommodation will be a pleasant place to live or stay."

The care home is on the outskirts of St Helier with good transport links to the centre of town and within easy access of the beach, shops and cafés. On the ground floor, there is a lounge, kitchen and dining area. There are four bedrooms, with only two currently being used. One bedroom has an en-suite bathroom and there is a larger bathroom shared by all care receivers.

There had been recent redecoration to the kitchen flooring and the hall, stairs and landing and this gave the home a fresh and clean appearance. The Registered Manager reported that there were other areas of the home now identified for decoration and this had been requested for 2022.

The Regulation Officer sought and was given permission to view both the bedrooms of the care receivers. One care receiver went with the Regulation Officer to see their bedroom. Although both bedrooms were decorated according to their preferences, one care receiver reported that they would be moving to a room which had recently become vacant. The care receiver was very much looking forward to this move, which would provide them with an en-suite, and was involved in plans to redecorate according to their preferences.

There is an outside area which the Registered Manager planned to improve for the benefit of the care receivers.

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 had recently been updated to acknowledge the change in staffing numbers caused by one care receiver leaving the home. This also reflected the staff team and qualifications. The Regulation Officer is satisfied that the home is working within their conditions of registration.

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 small care homes.

The Registered Manager currently manages two Les Amis care homes. However, due to the fact that the other home is undergoing maintenance work and is empty, they have been able to fully commit and spend time at this home.

The consistency of this Registered Manager since the last inspection and the feedback from both staff and relatives has been a positive outcome from this inspection.

Staff spoke positively of the training provided by Les Amis. The review of the record demonstrated that all staff are currently up to date with training. Behavioural management training is now available in the classroom and all staff at this home will be expected to attend a course within the next couple of months.

Quality reports are currently undertaken by the Head of Governance. The Regulation Officer reviewed a monthly report completed in December 2021. While the quality of this report is improved, it is based on data provided in October 2021. There is some evidence of improvement in the quality of the reports, and these will continue to be reviewed by the Regulation Officer.

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

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".

At the time of the inspection, both care receivers were out on an activity with staff at the Animal Shelter. They returned late afternoon and both staff and care receivers had clearly had an enjoyable time. There was a friendly atmosphere in the home, with staff meeting the individual needs of the care receivers – doing an activity with one and chatting with another while they emptied the dishwasher.

The Regulation Officer reviewed the care plans of both care receivers and noted a variety of activities which were specific to their preferences. It was positive to note that care plans were outcome focussed and there was evidence that staff had supported care receivers to be able to increase the variety of activities available to them. One care receiver was being supported to save for a holiday and another was aiming to increase their skills for daily living. One care receiver had a plan in place which had supported them to be able to attend a theatre performance which they had enjoyed. This was an area of good practice.

During the initial period of the pandemic, there were concerns that all care receivers needed to cope with the experience of lockdown and that this had the potential to be

detrimental to their emotional well-being. There were no visits to or from relatives/friends and care receivers were not able to take exercise outside of the home. The Registered Manager confirmed that individual risk assessments would be put in place to ensure that future decisions would be taken based on personal vulnerability. In addition, the Registered Manager confirmed that they would continue to have a presence in the home even if the Government guidelines were to work from home, to ensure that staff and care receivers can access regular support and supervision.

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>Area for Improvement 1</p> <p>Ref: Standard 6</p> <p>To be completed: Training plan to be provided to JCC by end February 2022</p>	<p>People with learning disabilities will be provided with support by care staff with appropriate advance and specialised training. This includes communication training in Makaton or similar.</p>
<p>To be completed: Training plan to be provided to JCC by end February 2022</p>	<p>Response by registered provider:As a responsible provider of care and support for people with Learning Disabilities and Autism Les Amis regularly reviews the learning and development options available on Island for its staff teams. If face to face training is not available we review online options and/or applications through Medtech to determine if they are applicable to our working environment, and if they meet the needs of the individuals requiring said support. Les Amis are working with the Learning Disability and Autism Cluster group to ensure the apparent gap in learning and development to cover such areas is discussed and addressed through partnership arrangements. This will be tabled at the next Cluster group occurring bi-monthly, next meeting date is 26.01.2021. It must be noted that currently access to a MAKATON trainer on Island is very limited (possibly only 1) however alternatives will be looked at in partnership as this is an area that impacts on all service providers supporting people with a learning disability.</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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