



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Mourant Lodge**

**Care Home Service**

**La Rue Asplet**

**Trinity**

**Jersey**

**JE3 5JF**

**24 November and 8 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 Mourant Lodge. The property is a four-bedroom detached house situated near Trinity Church, with easy access to a local shop, public house and a bus route which goes to St Helier town centre. The service provides overnight respite to 19 young people and adults from the age of 16. There is provision for one bedroom on the ground floor with an en-suite bathroom and hoisting equipment, which can meet the needs of people with mobility needs.

This is one of 13 care home services operated by Les Amis. The service was registered with the Commission on 1 January 2019.

Regulated Activity	Care Home
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support  Category of care: learning disability, autism, physical disability and/or sensory impairment  Maximum number of care receivers: Four

	<p>Maximum number in receipt of personal care / support: Four</p> <p>Age range of care receivers: 16 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms: Bedrooms 1-4 – 1 care receiver Persons with physical disability can be accommodated in ground floor bedroom only</p> <p><u>Discretionary</u></p> <p>As the Registered Manager, Anna Bisson must complete a Level 5 Diploma in Leadership in Health and Social Care by 2 September 2024.</p>
Dates of Inspection	23 November and 8 December 2021
Times of Inspection	12pm to 6:30pm and 12pm to 1pm
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers accommodated on the day of the inspection	Two

The Care Home is operated by Les Amis Ltd and the Registered Manager is Anna Bisson.

Since the last inspection on 6 November 2020, the Commission received an application for a new registered manager on 6 April 2021. This was subsequently withdrawn as the person resigned and a notification of absence of registered

manager was submitted in May 2021. This provided details of the interim arrangements for the service.

A further application for a new registered manager was received on 6 August 2021 for Anna Bisson. This was approved by the Commission on 2 September 2021.

There have also been two applications from the registered provider to vary a condition on the service's registration in June and August 2021. Both were applications to vary the age range of care receivers. The first was for a temporary variation relating to one care receiver. The other was to permanently change the age range to 16 years and over, in order to improve upon the transition process for young adults.

In addition, an updated copy of the service's Statement of Purpose was received in August 2021. This was submitted as part of the variation application.

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.

The discretionary condition on the service's registration was discussed. The Registered Manager informed the Regulation Officer that she has not yet commenced the Level 5 Diploma in Management and Leadership but hopes to do so in 2022.

## **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 in the previous inspection report. There were clear indications of improvement in two areas. While progress has been made in the remaining area, further developments are required which are discussed in more detail within the inspection findings.

There are robust recruitment and selection processes in place and there was clear evidence that staff members are supported through an induction process. Some policy adjustments have been made in recent months, in order to strengthen the processes for review of safe recruitment checks prior to start dates of new recruits being agreed.

Training is a key part of the induction process with a focus on regular training updates and personal development as staff progress within the Les Amis organisation. However, some work is required in ensuring that ongoing enhanced training is provided for staff who support care receivers with specific needs. This is particularly important within a respite setting where the needs of the client group are diverse.

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 the progress made to date and found good examples of person-centred care plans.

The staff team were found to be enthusiastic and energetic, with clearly identifiable skills and knowledge about the care receivers they support. Relationships with both care receivers and their families were noted to be both professional and friendly.

Whilst being registered as a care home, Mourant Lodge very much provides a domestic home environment. The bedrooms are spacious, with a large, open plan

living area on the ground floor. The décor is neutral but welcoming and comfortable. Care receivers are encouraged to bring their own personal items to help make the surroundings more personal during their stays.

Care receivers are supported to attend their normal social activities when at Mourant Lodge. This includes social and sports clubs and evening classes, as well as events run by Mencap. There are also opportunities to spend time engaging in group activities with others who are receiving respite, both within and outside of the home. While the aim is for care receivers to enjoy a break away from home, engaged in activities of their choice, the team also focus upon maintaining and developing independence skills and building confidence.

Management within the home has changed several times since the last inspection which has been unsettling for both staff and relatives. The present Registered Manager has now been in post for four months and it is anticipated that a Team Leader will be recruited in the coming months, in order to bring stability to the team and support the Registered Manager in her role.

All relevant policies and procedures were found to be in place to support the management of the home. The Registered Manager has a good understanding of both internal and external practices and procedures which support management, staff and care receivers.

## **INSPECTION PROCESS**

This inspection was announced and notice of the inspection visit was given to the Registered Manager two days before the visit. This was to ensure that the Registered Manager would be available during the visit and to confirm the home's infection prevention and control arrangements. The inspection took place on 24 November 2021, with a further visit on 8 December to specifically review care plans.

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 and spoke with one care receiver during the inspection visit. Discussions were also held with the Registered Manager and two members of staff. A further two members of staff provided feedback via telephone and e-mail.

Following the inspection, contact was made by telephone with four relatives who were happy to provide feedback about the home. The views of three professionals were also sought as part of the inspection process.

As part of the inspection, documentation including policies, care records, incidents, complaints, induction processes, staffing rotas and training records were examined. This inspection also included a tour of the premises which was facilitated by the Registered Manager.

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 in

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

order to 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.

Two further meetings were held with the Human Resources (HR) manager to check the recruitment files of all 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 attached at the end of the report.

## **INSPECTION FINDINGS**

At the last inspection on 6 November 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.

The improvement plan was discussed during this inspection and it was positive to note that two of the improvements had been made as follows:

- Evidence of appropriate safe recruitment practices
- Easy access to complaints policy and procedures for relatives and care receivers.

The area of improvement relating to monthly quality reports is explored in more detail within the inspection findings. Whilst the registered provider has not yet met the Standards in relation to this area, there is evidence that plans are in place to resolve this.



## 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.”

Mourant Lodge has six full time and one part time member of staff. The Registered Manager reported that the current staff members have been in post for some time and there have been no new recruits. The permanent team are supported by approximately four zero hours contracted staff who have knowledge and experience of working within the home. Staffing levels for each shift are determined by the level of assessed need and number of care receivers attending the service.

A review of staffing rotas was undertaken. The rota is compiled in advance and there are two staff members assigned to each shift. Additional staff are then added as required, to meet the requirements described above. The Registered Manager explained that October had been a difficult month due to staff sickness and annual leave which had resulted in staffing shortages. This was offset by the use of zero hour and agency staff.

There has been an increase in the use of agency staff since the start of the pandemic. The Registered Manager explained that she will always ensure that there is an experienced member of the team on duty when agency staff are required to cover. However, some staff, professionals and relatives commented on the use of agency staff and expressed their concern over the impact that having unfamiliar staff, even when supported by members of the permanent team, has upon the running of the home and quality of care delivery.

It was acknowledged by the Regulation Officer that there are pressures on recruitment within the care sector currently. Nonetheless, safe and effective staffing levels need to be maintained. The Registered Manager described the contingencies in place to manage staffing shortages which included tea visits instead of overnight stays and offering alternative dates. When no alternatives can be found, the service has to make cancellations.

The Regulation Officer explained to the Registered Manager that when staffing levels and/or service provision is likely to be affected for an extended period of time, a risk assessment should be completed to recognise the impacts for families and look at the contingency planning required. The information must be shared with the commissioning service and/or the Commission. This is in line with Standards 3.9, 11.4 and 12.3 of the Care Home Standards.

There is a recruitment policy in place which contains all the elements identified in Standard 3 of the Care Home Standards. Prior to the inspection, the Regulation Officer discussed recruitment practices with the managing director of Les Amis. It was agreed that the organisation would benefit from an amendment to current policy, in order to ensure that there can be no deviation from a process which must ensure that the Registered Manager makes the final decision in relation to employment and start dates of new recruits. It was positive to note that this has now been completed and that a new process is in place. This was evidenced during a review of recruitment files which took place at the Les Amis head office on 4 November 2021.

The Regulation Officer discussed the process for safer recruitment checks with the Registered Manager and was assured that they were aware of their responsibilities. A further discussion explored the use of agency staff and the checks that are in place prior to shifts being undertaken. The Regulation Officer explained the need for the safe recruitment checks of any agency staff to be reviewed by the Registered Manager prior to shifts being offered. This would include as a minimum, copies of DBS certificates and references.

There is an induction programme for new staff which is completed over a six-week period. The topics cover organisational practices and procedures, as well as focusing on the practical elements of working within Mourant Lodge.

A sample of staff training records were viewed at the time of the inspection and a full list provided by the Learning and Development team following the inspection. Staff are required to undertake a range of mandatory training courses as part of their induction programme and then will 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.

It was identified by the Regulation Officer during the inspection that there were a number of care receivers with a diagnosis of Autism accessing Mourant Lodge. While all staff undertake basic online training in Autism, it would be beneficial for the team to have access to advanced training which identifies best practice approaches for the support of people with Autism. This will enhance the knowledge, skills and experience of the team. This is an area for improvement

It was also noted that one care receiver was proficient in the use of Makaton. However, training in this method of communication was not consistent within the staff team, and there was no provision for refresher sessions for those that had received training. Staff acknowledged that they lose their skills if they do not have regular opportunities to practice.

Effective communication is essential for people who have a learning disability; it is therefore important that the staff who provide support are proficient in the methods of communication used by individual care receivers. This is an area for improvement

The Registered Manager confirmed that there is an electronic database in place which allows them to track progress of all team members' training. They also receive reminders on a monthly basis from the learning and development team of any members who are required to update training.

The Registered Manager reported that there is two members of staff who have a Level 2 Regulated Qualification Framework (RQF) or National Vocational Qualification (NVQ) in Health and Social Care, with a further two currently undertaking the course. Three members of staff have a Level 3 RQF/NVQ. This constitutes over 50% of the total staff team, which is the minimum requirement as set out in Standard 3.9 of the Care Home Standards.

Staff supervisions are in place and are conducted every two months by the Team Leader. A new system has recently been introduced for supervision and the Registered Manager reported that staff have been receptive to this. Staff confirmed during feedback that they receive regular supervision.

Appraisals are in place for all staff, except one. The Registered Manager was able to provide an explanation for this and gave assurances that a plan is in place to address this in the near future.

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 6 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 prior to the inspection.

### **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."
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There have been three new referrals to the service since August 2021. Referrals are received via the Adult Social Care team following an assessment of need. Care receivers and their families are then invited to visit Mourant Lodge. They receive a welcome pack and are asked to complete documentation which details all relevant information about the care receiver. As previously stated, information will also be sought from others who know the care receiver well. Once the information is gathered the care plans are formulated.

The team will also undertake visits to services that the care receiver attends, such as children's respite facilities, school and day services. This allows staff to build relationships within familiar environments and observe routines and interactions with people who know them well. Care receivers will be offered the opportunity to attend Mourant Lodge for short visits before building up to an overnight stay. The Registered Manager explained that levels of support can be adjusted to meet individual needs during the settling in period and gave a recent example where waking night staff were put in place initially to ensure that the care receiver was settled overnight. This was only required for a short period of time. This is an area of good practice

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 reviews. This has been acknowledged and an alternative system has been implemented to record care plan reviews. This was discussed with the Registered Manager and evidenced at the time of the inspection.

Care receiver information is recorded on an electronic system called Zuri. The Regulation Officer reviewed a sample of five care plans at the second inspection visit. They were found to be informative and person-centred. Most were written from the viewpoint of the care receiver and gave the reader a good introduction to the person and the support required to ensure positive outcomes. Quality of content was able to be cross checked through observation of the daily routine, and from information supplied by both the staff members on duty and discussion with a care receiver. The Registered Manager explained that support staff are fully involved in

the implementation and review of care plans as they have in depth knowledge of the care receivers. This was evident in the samples viewed with some good examples of positive and proactive approaches to individual support needs.

The Registered Manager described how the team attempt to involve care receivers in contributing to and reviewing their care plans. A holistic approach is taken, and information gathered from other people involved in their lives, such as, family members, teachers and day service staff. Opportunities are also taken to seek feedback during everyday activities by asking care receivers opinions and observing responses during activities. Specific tools are also used for people with communication difficulties, which includes pictorial prompts and communication boards.

The Registered Manager explained that, with the consent of care receivers, family members can have access to the Zuri system to view care plans and recordings. Generally, family members felt that they were involved in the planning of care and that their relative's wishes and preferences were respected. One relative felt that there could be more opportunities to review the plan of care. They were not aware of the option to have access to the Zuri system, and the Regulation Officer raised this with the Registered Manager for their attention and action.

Through observations made during the inspection and discussions held with members of the team, it was evident that staff team know the care receivers well and showed great enthusiasm for their roles within the respite team. One commented on how much they enjoyed working with the variety of people who attend Mourant Lodge. Staff also spoke of the need to have positive relationships with family members and felt this was a real strength within the team. Good examples were witnessed of care receivers being offered choice during their stay and support offered was prompting and encouraging, rather than directive.

General feedback from relatives was positive. Relatives are confident in the knowledge, skills and experience of the permanent team and of the support that they provide.

The Regulation Officer also discussed with the Registered Manager and team members, the impact that Covid has had for care receivers, relatives and staff. The service closed for a period of time during 2020 and re-opened initially with a reduced bed capacity. The service has also had to make intermittent cancellations due to staff shortages. This has been difficult for families as respite provision is an integral to the ongoing support required for both family members and care receivers. Whilst feedback from family members was generally understanding of the difficulties faced, some felt that the cancellations could be more equitable amongst families. It was positive to note that this had been raised with the Provider who had acknowledged and agreed to consider this as part of any future cancellations. Family members also highlighted the fatigue that can be caused amongst carers when there are prolonged periods of cancellation.

Accidents and incidents relating to care receivers are recorded on the electronic care planning system. A sample of incidents recorded since the last inspection were reviewed. These were found to be in order and no notifiable incidents were identified. 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.

There is also an accident form in place for general issues which is completed online and sent to senior management for review. The systems for accident reporting are explained to staff at induction.

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 were no SROL authorisations in place at the time of inspection.

## 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. During that time, new members of staff do not take part in any personal care or medication administration tasks. They will work alongside an experienced member of the team, taking time to get to know the care receivers. The Registered Manager explained that there is no urgency for staff to complete their induction period. This is due to the time it may take to meet all care receivers and have the opportunity to work with them, as some may only attend once every two weeks. Staff need to be confident and happy to commence unsupervised support with care receivers. This was confirmed by a member of staff who stated that they were given the time they needed to get to know care receivers and felt comfortable to inform management if they did not feel ready to commence solo support.

During induction, staff will undertake online medication training. Once this is completed, they will have three supervised medication administration sessions before being deemed competent. Any medication errors are immediately followed up with a competency review for the member of staff. All staff except two who were working at Mourant Lodge at the time of the inspection, also held a level three RQF in administration of medication. Staff also undergo six monthly competency checks.

The team have recently undertaken training for a RQF level 3 standalone unit in Percutaneous Endoscopic Gastrostomy (PEG) feeding. This is in response to the recent referral of a care receiver who requires assistance with PEG feeding. Training has been sourced and overseen by suitably qualified professionals and now allows the team to respond to the individual needs of the care receiver as a delegated task. The Regulation Officer discussed with the Registered Manager the importance of ensuring that there are plans to re-assess staff competency on at least an annual basis. Discussions with staff assured the Regulation Officer that



staff are aware of their sphere of competence and know when to seek managerial or professional support.

Following the variation of conditions to the service's age range to 16 years and over, staff have now undertaken specific training in the safeguarding of children.

A key focus of the support provided during respite stays is to focus upon maintaining and developing independence skills. The Registered Manager and staff team gave several examples of how this is achieved. One care receiver walks independently to work on the morning after their stay and then telephones staff to let them know he has arrived safely. Another care receiver who enjoys cooking has been working with staff to build their skills and understand of safety measures required when using knives in the kitchen. One family member spoke of how their relative is given responsibility for particular jobs within the home. This has helped to boost confidence and develop independence skills.

Several examples of multi-agency working were evident during the inspection. The Registered Manager works closely with the Adult Social Care team to monitor and review the respite needs of care receivers. The team are also aware of the professionals who are available to support with manual handling and equipment issues.

There are several pieces of equipment used within the home to support the mobility of care receivers. Staff training is provided for the use of specialist equipment and updated at regular intervals. Maintenance schedules are also in place for all equipment.

The service currently conducts wellbeing checks prior to respite stays commencing. This is in response to Covid 19 and gives the staff team an opportunity to check that care receivers are well before attending Mourant Lodge. The Registered Manager reported that it also gives the team the opportunity to inform care receivers and their families of who will be supporting them during their stay and receive any information regarding activities or events that the care receiver may be involved in during their stay.

## 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 home has a rural setting and is situated on a quiet country road. The accommodation is over two floors with a spacious open plan living, dining and kitchen area on the ground floor with a separate utility room. There is also one wheelchair accessible bedroom on the ground floor with an en-suite wet room. A tracking hoist is in place which runs from the bedroom to the wet room.

Upstairs has three large en-suite bedrooms which all have built in wardrobes. There is also a house bathroom and an en-suite sleepover room for staff, which is also used as a staff office.

The Regulation Officer had the opportunity to look around and found the surroundings to be comfortable and spacious. The home was observed to be maintained to a good standard. It is decorated to high standard with well-presented furniture and fittings. The décor is neutral; however, this is to allow for the variation in tastes and preferences of care receivers accessing the bedrooms. People are encouraged to bring any personal belongings which make them feel at home and they have choice of which room they sleep in. Any changes in sleeping arrangements which are required are discussed in advance with the care receiver.

Positive comments were received from relatives in relation to the environment with one describing it as “A homely environment, lovely and clean”.

The environment is adapted to ensure that wheelchair users can have the opportunity to participate in activities. There are wide corridors on the ground floor, easy access to outside space and a height adjustable sink in the kitchen.

There is a weekly task and cleaning schedule in place which takes account of all the domestic tasks required within the home. Staff undertake certain tasks each day

and then sign when they have completed them. Appropriate levels of personal protective equipment (PPE) were available within the home. Staff were observed to be wearing face masks.

The home's fire certificate was observed to be on display. All recordings for fire safety checks were reviewed and found to be up to date.

### **Management of services**

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

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.

Les Amis have a contract in place with Government of Jersey, Health and Community Services for the provision of respite at Maurant Lodge. This is reviewed and updated on an annual basis. The Registered Manager did not have a copy of the original contract or annual update letter. This was raised with the Provider who agreed to ensure that the Registered Manager is given copies of all future agreements, in order that she is aware of the conditions under which the service is to be delivered.

A booking system for overnight stays is currently managed by Health and Community Services who then provide the home with a schedule three months in advance. Frequency of stays is based upon the assessed needs of care receivers. The Registered Manager explained that the system will change from January 2022 and bookings will be made directly with the home. Numbers of nights allocated to each care receiver will continue to be based upon care receivers assessed needs, but it is hoped that the new system will simplify the process and reduce the need for communication with multiple agencies.

It was noted during feedback from relatives and professionals that there were a number of cancellations made by the home due to staffing shortages. The Regulation Officer requested that the Registered Manager provide information on the number of cancellations made by the home during September and October 2021. Four cancellations were recorded for September, with tea visits being offered as an alternative on three occasions. Six cancellations were recorded for October. While it is acknowledged that Covid 19 is currently impacting upon service delivery, resulting in the cancellation of overnight respite stays, the benefits to families which regular respite breaks afford cannot be underestimated. Therefore, outside of the current challenges that Covid 19 presents, Mourant Lodge needs to ensure that services are able to operate without disruption and that the assessed respite needs of care receivers are being consistently met. This will be kept under review by the Commission.

The home's Statement of Purpose was reviewed by the Regulation Officer who was satisfied that the home is working within their conditions of registration. There was a discussion in relation to the categories of care. It was agreed that some minor amendments were required in relation to the terminology used.

There have been some recent changes to the management structure within Les Amis with the introduction of team leader roles within each of the care homes. The team leader position sits below the registered manager role and has been put in place to support registered managers whose responsibilities have widened to include the management of two to three small care homes.

The Registered Manager is new to her role and has been in post since August 2021. This is her first management role and as such, it is acknowledged that she has needed to learn a great deal of information in a short period of time. Whilst this is understandably challenging for any new manager, it was positive to note that there is good managerial and peer support available. At the time of the inspection the Registered Manager had responsibility for two homes, but one has not been operational for several months. There is no team leader support for the Registered Manager at present, but this has been requested. The Registered Manager feels

that the introduction of a team leader will support her in managing the administrative duties, care planning and reviews and conducting staff supervisions and appraisals.

The previous inspection on 6 November 2020 highlighted the following as an area for improvement:

*“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”.*

The provider response highlighted that arrangements had been made to facilitate monthly visits to the home in order to undertake the monthly quality assurance reports.

Quality reports are currently undertaken by the Head of Governance. The Registered Manager was able to supply reports for August, September and October 2021. Two meetings have been held with the Head of Governance and the Regulation Officers in April and November 2021, to discuss the content and format of monthly report. There is some evidence of improvement in the quality of the reports, and these will continue to be reviewed by the Regulation Officer.

There has been one formal complaint received since the last inspection. The investigation into this matter was ongoing at the time of the inspection visit. The Registered Manager agreed to forward a copy of the report and outcomes agreed to the Commission once the investigation is complete. A copy of the complaints policy is issued to care receivers and their families as part of the welcome pack. All relatives spoken to as part of the feedback process were aware of how to raise concerns with the service.

Feedback from staff was generally positive. The training programme offered to staff was viewed as beneficial, and supported them in their roles, which are quite diverse within the respite setting. The impacts of the pandemic and the changes in management have been a challenge for the team, however they have remained

positive and focused upon providing person centred support to care receivers. A real strength for the service is the attitude and enthusiasm demonstrated by the staff.

There was a general agreement within the team that staff shortages and the potential cancellations has an impact on overall service delivery. They understand the effects this can have on care receivers and their families, as they are often the main contact for families when collecting and dropping off care receivers and are given regular updates. Members of the staff team also highlighted that communication between management and the Mourant Lodge team could be improved upon. One team member gave examples of times they have been informed or asked about changes to the service provision by relatives which they have not been aware of. This can impact upon working practices and relationships with relatives. Others spoke of the length of time it had taken for management to respond to an issue that they had identified in relation to staffing rotas.

Relatives were understanding of the difficulties faced by Les Amis in response to Covid 19. Changes in management over the last 12 months were unsettling but generally people were happy with the service provided and were grateful for the stability of having a permanent registered manager in place.

### **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".

The impacts of Covid and the subsequent restrictions have affected the leisure and social activities for care receivers. However, it was positive to note that care receivers were getting back to normal, and that a balance was being found between the need to manage risk alongside the health and wellbeing needs of individuals.

Care receivers are encouraged to maintain their regular programme of activities when attending Mourant Lodge. During the inspection, the Regulation Officer observed one care receiver preparing to attend a sporting activity and another returning from a swimming session.

Staff were observed engaging with care receivers, chatting to them about their days and helping them to make choices. One care receiver was observed deciding what they wanted for dinner and another chose to spend some time in their room after an activity. Choices and preferences were respected by the staff and the support given was appropriate to the needs of the care receiver.

Family members felt that their relatives were offered a good programme of activities which was relevant to their interests. Care receivers can choose to spend time with their peers or engage in solo activities. This can be both indoor and outdoor activities which include cooking, swimming, walking and bowling.

During feedback, one relative commented that it would be beneficial for more proactive planning of activities to be done with care receivers rather than waiting until the day of their stay or relying upon relatives to provide suggestions.

## 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 6</p> <p><b>To be completed by:</b> Training plan to be provided to the Commission by the end of February 2022.</p>	<p>People with learning disabilities and Autism Spectrum Conditions will be provided with support by care staff who have appropriate advanced and specialised training which is updated regularly. This is to include communication methods relevant to individual needs and advanced training in Autism.</p>
	<p><b>Response by registered provider:</b></p> <p>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.</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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