



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Garden Flat**

**Care Home Service**

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

**31 March and 1 April 2022**

## **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 the Garden Flat. The service is situated in the parish of St Saviour. It is on a main road with a regular bus route which operates between St Helier and Trinity. There is a petrol station, local shop, bank, and public house within walking distance of the property.

The Garden Flat provides ground floor accommodation with access to an enclosed courtyard area. The interior has a central lounge with a conservatory area, which provides a variety of seating options. At one end of the home is a large kitchen diner, with a range of domestic kitchen appliances fitted. There is an additional smaller kitchen area found at the opposite end of the building. A second conservatory area is situated at the entrance to the building which is used as a lounge/activity area. A further area has been created within the home to allow for a private sitting room for one resident.

There are seven single bedrooms; five of which have an en-suite bath or shower, toilet, and wash basin. In addition to en-suite facilities, the home has two separate toilets, and one level access wet room with a toilet and wash basin.

This is one of 12 care homes services operated by Les Amis. The service was registered with the Commission on 18 July 2019.

Regulated Activity	Care home
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care, personal support</p> <p>Category of care: learning disability, autism</p> <p>Maximum number of care receivers: seven</p> <p>Maximum number in receipt of personal care / support: seven</p> <p>Age range of care receivers: 18 years and over</p> <p>Maximum number of care receivers that can be accommodated in the following rooms: 1 to 7, one person</p> <p><u>Discretionary</u></p> <p>As the Registered Manager Wendy Munn must either provide formal confirmation from an appropriate educational source that their academic qualifications have equivalence to QCF Level 5 Diploma in Leadership in Health and Social Care Module or obtain this specific qualification by 26 January 2025.</p>
Dates of Inspection	31 March and 1 April 2022
Times of Inspection	10:30am to 3pm and 9:30am to 3pm
Type of Inspection	Unannounced
Number of areas for improvement	Three
Number of care receivers accommodated on the day of the inspection	Six

The Garden Flat is operated by Les Amis Ltd and the Registered Manager is Wendy Munn who has been in post since December 2021. An application was received in December 2021 for Wendy to become the Registered Manager and this was approved by the Commission on 26 January 2022.

Since the last inspection on 21 and 26 May 2021, the Commission received an updated copy of the service's Statement of Purpose on 1 December 2021. This was submitted in order to reflect the change of management. The Statement of Purpose was further reviewed by the Regulation Officer as part of the inspection process and some minor amendments were identified. This was acknowledged by the Registered Manager and an updated Statement of Purpose was received on 8 April 2022.

An introductory meeting was held between the Regulation Officer and the Registered Manager on 6 January 2022. The purpose of the meeting was for the Regulation Officer to introduce themselves, discuss their role and provide information on the inspection process.

The discretionary condition on the service's registration was discussed with the Registered Manager who reported that she had commenced her Level 5 Diploma in Leadership in Health and Social Care in February 2022 and had completed four units of study. The Registered Manager explained that she hopes to complete the award by September 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. The Registered Manager engaged fully in the inspection process and ensured that all requests for information and records were fully met. In addition, a number of care receivers' representatives and professionals were happy to provide feedback on the home which was consistently positive.

Training for staff was examined in detail and cross referenced with the service's Statement of Purpose and categories of care provided. Training offered is generally consistent with the requirements set out within the Care Home Standards.

Some additional training needs have been identified by the Registered Manager who is working with the Learning and Development team to implement new training initiatives.

The approaches and attitudes demonstrated by the staff team towards the delivery of safe and effective care was observed to be of a high standard. The provision of a consistent staff team who know and understand care receivers' needs was noted to be of great benefit. Recent changes in the management team have also had a positive impact within the home.

A review of care plans was conducted by the Regulation Officer which identified an absence of reviews as per Les Amis policy and a failure to update care plans following changes in need. This an area for improvement

During discussion with both the Registered Manager and the Team Leader, it was evident that insufficient time had been allocated for the undertaking of administrative and managerial duties. This is an area for improvement

While there has been significant improvements made to the environment since the last inspection, work is still required to create areas which accommodate activity preferences and a sensory environment. This is an area for improvement

The Regulation Officer found several examples of safe systems of working practices within the home which included medication administration and maintenance / repairs. The Registered Manager demonstrated a good understanding of risk assessment and management processes

The Regulation Officer undertook a review of the organisational policies and procedures in place. These were found to be reflective of the requirements of the Care Home Standards. Subsequent discussions with the Human Resources (HR) and Learning and Development teams identified areas where some future amendments may be required.

## INSPECTION PROCESS

This inspection was unannounced and was completed by one Regulation Officer on 31 March 2022 and two Regulation Officers on 1 April 2022. In addition, a Senior Community Pharmacist carried out a medication inspection with the Regulation Officer in attendance on 31 March 2022.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report, the service's Statement of Purpose, communication records, notification of incidents and safeguarding referrals.

The Regulation Officer sought the views of the people who use the service, and / or their representatives, and spoke with managerial and other staff.

During the inspection, the Regulation Officer spoke with the Registered Manager, Team Leader and five members of the support worker team. There was also an opportunity to speak with and observe all five residents within their home environment.

Following the inspection, the Regulation Officer established contact with three family members via telephone having given prior consent to be contacted. The views of five professionals were also obtained as part of the inspection process.

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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/>

During the inspection, records including policies, care records, risk assessments, training records, recruitment files, inductions, incident reports and complaints were examined. The Regulation Officer also participated in a tour of the premises,

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

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an improvement plan is attached at the end of the report.

## **INSPECTION FINDINGS**

At the last inspection, seven 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 six of the improvements had been made as follows:

- An effective communication strategy is now in place within the home
- Minimum staffing levels have been identified and maintained. The staff team have a good level of knowledge and experience of working within the Garden Flat
- Outstanding maintenance and repairs have been completed
- Over 50% of the staff team have completed (as a minimum), a relevant level 2 Diploma in Health and Social Care or equivalent
- Adequate processes in place to ensure the timely submission of referrals for specialist support services which are tracked by the team
- Monthly quality reports are in place

The area of improvement relating to the development of communal areas to accommodate individual preferences and sensory activities is explored in more detail within the inspection findings. Whilst the Registered Provider has not yet met the Standard in relation to this area, there is evidence that plans are in place to resolve this.

The Garden Flat has provision for 12 permanent members of staff. There are currently two vacancies and one member of staff is on extended leave which is covered by additional hours and agency staff. There are three members of staff on duty each day, with one waking and one sleep-in staff overnight.

## **Safety**

<p>The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.</p>
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A key focus in reviewing the safety measures was to examine the policies and procedures in place to support the operation of the home. The Regulation Officer reviewed a sample of eight policies and procedures which were cross referenced to the Care Home Standards and included safeguarding, complaints and medication. The content was found to be robust with references to key legislation and supporting agencies where appropriate. All policies viewed were in date or under review at the time of inspection.

The Registered Manager was able to demonstrate her understanding of safeguarding procedures and the responsibilities of staff in raising any concerns they have. An example was given by the Registered Manager of a recent safeguarding alert raised by the home in relation to care provision within another organisation.

There were no formal complaints recorded against the home since the last inspection. Family members reported that any issues raised are dealt with promptly and they had no difficulty in speaking to the Registered Manager or members of the staff team if they wished to raise a concern.



There were five Significant Restriction of Liberty (SROL) authorisations in place at the time of the inspection. A discussion was held with the Registered Manager in relation to recommendations and conditions that may be applied as part of a SROL authorisation. The Registered Manager is aware of her responsibilities, however acknowledged that there had been a delay in responding to the recommendations of a recent authorisation. This had occurred due to internal communication issues and the appropriate responses had now been made.

As previously stated, on the day of the first inspection visit, a Senior Community Pharmacist carried out a medication inspection with the Regulation Officer in attendance. The findings from the inspection were positive with no areas for concern.

For the purposes of reviewing general risk assessment practices, the Regulation Officer focused upon the areas of staffing levels and fire safety. A risk assessment was recently put in place to identify the risks associated with reduced staffing levels within the home. Upon review, it was found to clearly identify the appropriate staffing levels required in order to maintain a safe level of care and support, and the contingency measures in place to respond to any deficits.

A fire evacuation plan was found to be in place and appropriately displayed within the home. The Registered Manager reported that personal emergency evacuation plans had been put in place for all residents and she was working on a generic fire evacuation risk assessment. This will give the home and the organisation assurance that fire evacuation can be managed effectively in all eventualities. The Regulation Officer discussed the need to consider any additional equipment which may be required to support individuals with mobility needs and liaise with the fire service if any areas of concern are identified.

The Registered Manager demonstrated a good understanding of risk assessment and management processes, particularly in relation to the high levels of dependency and changing needs of care receivers.

The Registered Manager was aware of the limitations to the type of services that the Garden Flat can provide and that the home must operate within the conditions of their registration. There was also a clear understanding of the need to escalate concerns / risks, both internally and externally, when required.

Notifications to the Commission since the last inspection were reviewed and cross referenced with the incident reports for the home. All notifiable incidents were found to have been reported correctly. The Registered Manager was able to demonstrate the actions taken following incidents.

There are good safe recruitment practices in place which are overseen by the central HR team. Work has been undertaken in recent months which includes implementing robust procedures for the use of agency staff. This has been necessary in order to meet the challenges of staff shortages both within the sector and as result of Covid 19. A review of personnel files was conducted by the Regulation Officer at the Les Amis Head Office on 1 March 2022 and all safe recruitment checks were noted to be in place.

The Regulation Officer discussed with the HR Manager the processes in place to manage staff issues in relation to performance. The HR Manager described the range of mechanisms in place to identify and manage performance which are linked to the disciplinary policy.

The HR Manager confirmed that Les Amis is registered with the Jersey Office of the Information Commissioner (JOIC).

## Care and Support

<p>The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.</p>
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The organisation has an assessment process in place in order to determine that they can appropriately meet the needs of care receivers prior to offering placement. This is supported by access to the assessment undertaken by the commissioning service which forms the basis for the development of appropriate care plans and risk assessments.

The Registered Manager explained that recent changes in need for care receivers had prompted referral back to the commissioning service for re-assessment and to ensure that the current placement remained appropriate.

A review of care plans was undertaken by the Regulation Officer. The Registered Manager explained that she was taking some time to conduct an in depth review of all care receivers plans. However, at the time of inspection this had only been achieved for one care receiver. This meant that some care plans were found not to have been updated as changes had occurred. There was also no evidence of recent reviews as per Les Amis policy, which is set at three monthly intervals. This is an area for improvement.

Both the Registered Manager and Team Leader reported that they recently had to spend greater periods of time providing direct care within the home, which has had an impact upon their ability to respond to administrative and managerial duties. This has included the review and updating of care plans, as well as the implementation of other initiatives. It is essential that the Registered Manager and Team Leader have the appropriate amount of time made available to them to ensure that they can effectively carry out their managerial and supervisory roles. This is an area for improvement.

Through discussion with the Registered Manager and staff members, it was apparent that the team has faced staffing shortages. The home maintains a level of three staff members during each day and this is reflected in the risk assessment in place for determining safe, minimum staffing levels. Maintenance of staffing levels has been achieved through additional hours worked by existing staff, use of experienced agency staff and direct support from the Registered Manager and Team Leader. The Regulation Officer discussed with the Registered Manager the importance of keeping this under regular review and that staffing arrangements should be adapted to reflect any change / increase in care requirements.

There have been several changes to the staff and management team since the last inspection. The Registered Manager has implemented several noticeable positive changes and has also focused upon involving the team more in the everyday running of the home, ensuring that the relevant Care Home Standards are met. This has included the introduction of specific projects for each member of staff which are then rotated amongst the team on a three monthly basis. Staff members were able to talk about their project, the goals they had been set and their plans for improvement.

The atmosphere within the home was found to be positive. Staff are still adjusting to recent change and settling into new ways of working. However, they were found to be enthusiastic and motivated. Interactions between staff and care receivers were warm and respectful with staff clearly focused upon meeting the needs of each individual.

Time was spent in the home with care receivers observing their daily routines, interactions and the responses of staff to meet the needs of individuals who have no verbal communication. Some care receivers move around the environment independently, while others require support and supervision to do so. Staff were found to be knowledgeable of and attentive to the needs of all, with a willingness to adapt to changing wishes and preferences of care receivers.

There are no set activity plans for care receivers. The Registered Manager reported that Covid and increased needs of care receivers had impacted upon activities and that consideration needed to be given to how activities outside of the home could be successfully re-introduced.

During feedback with staff members, it was clear that there is enthusiasm to explore new ideas and initiatives. This includes obtaining bus passes for some of the care receivers so that they can have more freedom to go out and about with staff support. The Registered Manager recognised that the team required support to develop opportunities which encourage participation in a variety of activities, whilst re-building confidence for both care receivers and staff.

The previous inspection of the care home on 21 and 26 May 2021 identified the following as an area for improvement:

*“To develop communal areas to accommodate residents’ activity preferences within the home and explore possibility of introducing sensory equipment to the home”.*

The Provider’s response highlighted that care receivers would be introduced to the local day centre at weekends in order to access sensory equipment. It was anticipated that this would lead to the purchase and utilisation of suitable equipment for the home.

Steps had been taken to introduce the care receivers to a sensory area at a local day service. The purpose of this was to identify the types of equipment that individuals liked and may benefit from in their own environment. In addition, a budget has been set and an area identified for the introduction of a sensory space within the Garden Flat. It was anticipated by the Registered Manager that this should be up and running in the next few months. The main lounge area remains a very busy space with lots of activity concentrated within this area. This was observed by the Regulation Officer to be distracting for some care receivers. While it is positive to note that some consideration had been given to the development of communal areas there has been little progress since the last inspection. This will remain an area for improvement.

The Regulation Officer took the opportunity to walk around the environment and was satisfied that all maintenance and repair issues noted at the last inspection had been addressed. The Registered Manager has also taken steps to make further improvements by re-painting communal areas.

Maintenance lists are now recorded pictorially and reported to the maintenance team who now sign to acknowledge when jobs are completed.

Outstanding repairs are required to the ceiling in one of the rooms. Exploratory work has been undertaken and full repairs will take place once other priority work has been completed within the home. In response, the Registered Manager has taken the decision not to use the bedroom until work has been completed. This will include the acceptance of any new referrals.

Professionals reported that they found the staff team to be knowledgeable and helpful. They were prepared for visits and were able to produce clear records and factual accounts. There was also praise for the Registered Manager and the positive impact she has had on the home.

One professional did note that they felt the team could be more proactive in moving from medical / health support to wellness and recovery when care receivers have been unwell.

Feedback from relatives was consistently positive. All are assured that their family members are looked after and supported to a high standard and they have confidence in the staff team. One relative spoke of the respect shown by the team when their family member was asked to change rooms. Their wishes and opinions were taken into consideration and an agreement reached by mutual consent. Other examples of feedback received include:

*“We don’t worry as Xxxx is well looked after”*

*“The staff are absolutely super”*

*Xxxx is happy and is well looked after”*

## Training

The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.

There is a well-established induction process in place which provides appropriate supervision and support for staff during the first few months of their employment. All new recruits are made aware of, and given access to, a copy of the Code of Practice for Health and Social Care Support Workers in Jersey. Following induction, staff are supported in their role through regular supervision, appraisal and competency assessments for specific tasks. This was confirmed by staff who provided feedback to the Regulation Officer.

The Learning and Development team oversee training for all Les Amis staff. A training policy is in place for the organisation, which is currently under review. A range of mandatory training courses are made available to staff and updated at regular intervals. This includes: First Aid, safeguarding, food safety, infection control, health and safety, manual handling, positive behaviour support and data protection. Staff reported that they were happy with the training provided. They felt that they could request /suggest additional training topics which would support them in their role, and this would be given consideration.

There is a blended approach to training with both online and classroom-based sessions being undertaken. The Learning and Development team reported that due to Covid19 online training is being utilised more frequently. The Regulation Officer discussed the benefits of classroom training for particular subjects / scenarios, and it was agreed that this would be a consideration for future training.

Online training is facilitated through Social Care TV. The organisation also has accredited trainers for MAYBO and a key trainer for safe handling.

Training in relation to the Capacity and Self Determination (Jersey) Law 2016 (CSDL) was also discussed and the Regulation Officer suggested contact with the CSDL team to review the current training programme. This was followed up and it

was positive to note that further training was identified and sourced by the Learning and Development team.

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

In relation to specific categories of care for which the service is registered to provide (autism and learning disability), initial online training is provided. Staff will then undertake learning disability specific units as part of their RQF qualification. Discussion with the Learning and Development Team highlighted the need to explore further training opportunities for staff who have completed RQF as part of an ongoing learning process. The Regulation Officer noted that there is no specific training in place for supporting people with autism. This was acknowledged by the Learning and Development team and steps were taken to source an appropriate training resource.

Training specific to the needs of the care receivers within the Garden Flat was discussed with the Registered Manager who is working with the Learning and Development team to implement new training topics. Dementia training has been identified as an immediate need and Makaton training as a future initiative. The Registered Manager also spoke of plans to implement an in-house training package for staff which will focus upon upskilling staff to meet the needs of individuals who require care rather than support with their daily living tasks.

Les Amis provide medication training for all staff as part of their induction. This is delivered in-house by staff who have a RQF level 3 qualification and is based upon Les Amis medication competencies booklet which is very comprehensive. Once completed, staff will be observed in practice on at least three separate occasions by the Team Leader or Registered Manager at L'Avenir. All observations are recorded,



and a checklist completed. Competency continues to be reviewed at six-monthly intervals and are recorded against a competency checklist.

Les Amis has an identified key trainer for safe handling. The Regulation Officer viewed a comprehensive assessment for one care receiver who had experienced a recent change in need. The Registered Manager reported that she also hopes to become a key trainer in order to better support the care needs of individuals within the Garden Flat.

## IMPROVEMENT PLAN

There were three areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 2.7</p> <p><b>To be completed by:</b> with immediate effect.</p>	<p>The Registered Manager must ensure that all care plans are up to date and reflective of care receivers current care, health, safety and welfare needs.</p> <p><b>Response by registered provider:</b></p> <p><b>A full review of the care and behaviour support/communication plans had already begun prior to the inspection. At the time of writing this response, 4 out of 6 files are fully completed, reflecting the current needs of the care receivers with the remaining 2 being finalised in the month of May.</b></p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 9</p> <p><b>To be completed by:</b> two months from the date of inspection (1 June 2022).</p>	<p>To develop communal areas to accommodate residents' activity preferences and establish a sensory environment within the home.</p> <p><b>Response by registered provider:</b></p> <p><b>As noted on page 12 of this report the inspecting officer is aware of the progress to date and planned action being taken to address this improvement. The additional work already taking place will be completed by the end of May which will enhance the current use of the Le Geyt centres sensory room increasing the options available for the care receivers who benefit from this type of environment.</b></p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 3 and Regulation 5</p> <p><b>To be completed by:</b> 1 months from the date of inspection (1 May 2022).</p>	<p>The Registered Provider must ensure that the Registered Manager and Team Leader have adequate periods of supernumerary time, not counted as part of the staff ratio, to carry out administrative and managerial duties.</p> <p><b>Response by registered provider:</b></p> <p><b>The comments noted in the report around this area of improvement are fully acknowledged and we will endeavour to secure and maintain supernumerary time for both the Registered Manager and Team Leader. However, as the safety of the residents is paramount this may</b></p>

	<p>have to take priority from time to time. Unfortunately, due to increased needs with key individuals coupled with the staffing pressures both Les Amis and Care Sector in general face, the option of supernumerary time has been eroded somewhat. That aside this will be monitored going forward so an acceptable balance between operational and managerial time is achieved as and when possible.</p>
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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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