



Jersey Care
Commission

INSPECTION REPORT

L'Avenir

Care Home Service

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

17 February and 17 March 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 L'Avenir. The home is situated in the parish of St Clement. It is close to a local supermarket and a main road with a regular bus service between St Helier and Gorey. There is also easy access to local beaches.

The service operates within a detached six-bedroom property located within a quiet residential cul de sac. There are gardens to the front and the rear of the property with a driveway to the front which has parking provision for up to six vehicles.

The main part of the house accommodates four residents and includes one bedroom with en-suite which is used by one care receiver, and a communal bathroom shared by three others. There is also a sleep-in room for staff located on the first floor.

The home also has a conversion to the ground floor which provides self-contained, annexed accommodation for one care receiver. This has a separate entrance from outside and an internal door through to the main building, to allow for easy access for staff and the care receiver into the main house.

This is one of 12 care home 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 disabilities, autism</p> <p>Maximum number of care receivers: five</p> <p>Maximum number in receipt of personal care / support: five</p> <p>Age range of care receivers: 18 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms: rooms 1 to 5, one person.</p> <p><u>Discretionary</u></p> <p>Johanna Jakubietz registered as manager of L'Avenir must complete a Level 5 Diploma in Leadership in Health and Social Care by 10 January 2023.</p>
Dates of Inspection	17 February and 17 March 2022
Times of Inspection	12:30 to 15:30 and 14:30 to 17:45
Type of Inspection	Announced
Number of areas for improvement	Three

Number of care receivers accommodated on the day of the inspection	Five
--	------

L’Avenir is operated by Les Amis Ltd and the Registered Manager is Johanna Jakubietz, who has been in post since July 2019.

Since the last inspection on 13 May 2021, the Commission received an application from the Registered Provider to extend the completion date for the discretionary condition on the service’s registration. This condition relates to the attainment of a Level 5 Diploma in Leadership in Health and Social Care by the Registered Manager. An extension of six months was granted by the Commission on the 8 December 2021.

The discretionary condition was discussed with the Registered Manager at the first inspection visit. The Registered Manager reported that one study per month has been allocated and regular meetings take place with her assessor. This has had a positive impact and the Registered Manager is confident that she will complete her award within the revised timescale.

The service’s Statement of Purpose was reviewed by the Regulation Officer. The Registered Manager explained that she was working on an updated version. Further discussion identified minor amendments which would be required. This was acknowledged by the Registered Manager and an updated Statement of Purpose was received on 15 March 2022.

Since the last inspection, the Commission has had the opportunity to review the service with the Chief Executive Officer (CEO) and members of the Les Amis management team when operational issues have arisen. The Registered Manager has also liaised with the Commission throughout the year for advice and support on operational matters as they have arisen.

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 and their representatives 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. However, some further training needs were identified by both the Registered Manager and Regulation Officer and brought to the attention of the Les Amis Learning and Development team.

There have been several changes to the staff team since the last inspection. Care receivers have embraced the changes and are building new relationships. The existing team have welcomed and supported new members. During feedback with both staff and the Registered Manager, the cohesion and motivation of the staff team was considered to be a real strength.

A review of care plans was conducted by the Regulation Officer. Plans were found to be reflective of the needs of care receivers whilst respecting their wishes and preferences. However, some instances were noted where information had not been accurately updated within the care plans. This is an area for improvement.

There are safe practices in place for care receivers based on their individual needs. This was evidenced through the care plans and risk assessments detailed in individual profiles. The Regulation Officer noted several areas where general risk

assessments, relating to safe working practices within the home, had not been identified or an effective risk management plan implemented. This is an area for improvement.

As part of the inspection process the Regulation Officer reviewed the processes followed in receiving a new care receiver into the home. While the processes in place included a robust assessment process which identifies all aspects of care and support, there was a failure to implement the agreed level of support identified and to communicate effectively with the commissioning service. This is an area for improvement.

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 announced and was undertaken on 17 February and 17 March 2022. Notice of the inspection visit was given to the Registered Manager on the day before the visit. This was to ensure that the Registered Manager would be available during the visit and to confirm the home's infection prevention and control arrangements.

The Care Home Standards were referenced throughout the inspection.¹

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 and notification of incidents.

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 a member of the support worker team. There was also an opportunity to speak with all five care receivers who live at L'Avenir.

Following the inspection, the Regulation Officer established contact with three family members / representatives via telephone and e-mail having given prior consent to be contacted.

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

The views of three professionals and a further three members of staff were also obtained as part of the inspection process.

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, accompanied by several care receivers.

At the conclusion of the inspection visits, the Regulation Officer provided feedback to the Registered Manager. A further meeting was held with the Registered Manager and the Chief Executive Officer (CEO) on 29 March 2022 to review the final outcomes of the inspection.

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, one area for improvement was identified and an Improvement Plan was submitted to the Commission by the Registered Provider setting out how this area would be addressed. The Improvement Plan was discussed during this inspection, and it was positive to note that the improvements had been made. This means that there was evidence that monthly quality reports are in place which detail clear actions and outcomes.

L'Avenir has six permanent members of staff who work between 30 and 35 hours per week, one of whom is the Team Leader. The home is also supported by one zero hour contracted staff member.

Two members of staff have transferred from other areas within the organisation in recent months and another member of staff has recently been recruited and is in the early stages of induction. The Registered Manager reported that the changes in the staff team have been very positive as they have brought new ideas and are very motivated. There was acknowledgement that new staff are still learning and getting to know the care receivers, but they understand their roles and are confident in their approach.

Care receivers living at L'Avenir have varying degrees of need which require different levels of staff support. Observations by the Regulation Officer noted a positive atmosphere. Staff were respectful of individual preferences and were able to adapt easily to the individual needs of care receivers.

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>
--

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 reported that there have been no formal complaints or safeguarding alerts raised since the last inspection on 13 May 2021. There had been one informal complaint by a relative which was resolved following discussion with senior management.

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 noted that the risk assessment did not take account of the support needs of individual care receivers and the impact this would have on overall functioning of the home. This resulted in a low level of minimum staffing being deemed as acceptable for the safe operation of the home.

It was discussed with the Registered Manager that any risks identified which may impact upon the delivery of care and support to care receivers must be shared with the commissioning service and the Commission.

A fire evacuation plan was found to be in place and appropriately displayed within the home. All relevant information and equipment required for evacuation was also found to be stored in a box at the front door.

Further review of the evacuation procedures highlighted that there was only one member of sleep-in staff present overnight and no risk assessment was in place to determine that this was an appropriate level of staffing in relation to the identified needs of the care receivers. There was also no evidence of up-to-date personal emergency evacuation plans being in place. The Registered Manager explained that there is regular review of the fire evacuation procedures with care receivers and no areas of concern have been identified. Nonetheless, it is essential that there is documented evidence of a risk assessment process being followed which takes account of all eventualities, including overnight evacuation. This will give the home and the organisation assurance that fire evacuation can be managed effectively. This was brought to the attention of the Practice Development Manager following the inspection and immediate steps were taken to begin implementation of a risk assessment process. The implementation of safe and effective risk management plans is an area for improvement.

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 action taken following incidents to identify issues and make appropriate changes to care plans where required.

There are good safe recruitment practices in place which are overseen by the central HR team. Work has been undertaken in recent months to include 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>

The care plans of all five care receivers were reviewed by the Regulation Officer. The information was found to be informative and identified the needs and interventions required for each individual. There was evidence of regular reviews at three-month intervals. Some residents had additional plans in place to support specific needs. These were found to be very comprehensive and well written with clear guidance for staff on how to respond to specific needs.

It was noted that the care plans for one resident had been transferred from another Les Amis home and had not been updated appropriately in relation to health and safety needs. This was brought to the attention of the attention of the Registered Manager for their immediate attention. This is an area for improvement.

The Regulation Officer reviewed the assessment and admission process for one care receiver. There was evidence of an assessment being undertaken by Les Amis as well as access to the commissioning service's assessment. Areas of need and risk were clearly identified and taken into account when evaluating the staffing resources required within L'Avenir to accommodate a new admission. Upon further review, it was noted that revised staffing levels had not been implemented following admission. There was also no evidence of a review of the identified risks to support a reduction in staffing levels, any notification to the commissioning service of a change in need, or acknowledgement that assessed staffing levels could not be met.

Feedback received from professionals highlighted a lack of effective communication and a failure to meet requests for documentary evidence relating to staffing levels within the home. While the Regulation Officer acknowledged that Les Amis were undergoing a review of funding processes, corporate issues should not impact upon the service's ability to respond to operational matters and the request for information from a commissioning service. This is an area for improvement.

As previously stated, there have been several changes to the staff team in recent months. While sadness was expressed at the loss of such a well-established team, the new members of staff have brought new ideas and motivation. Feedback from the staff team, and supported by the Registered Manager, consistently described the working relationships and communication as being strong and effective, with one member of staff speaking of the confidence they had gained working with such a supportive team. Care receivers were in the process of developing new relationships and spoke positively about the team supporting them. Feedback from relatives was also positive and no concerns were raised about the volume of change within the team. One family member stated that they felt there were now more familiar faces and that communication was becoming easier. Another felt that new

members of staff had been introduced properly to care receivers and had been given time to build relationships and gain an understanding of their needs.

One staff member explained how they had access to experienced staff members who had moved to other areas of the organisation for peer support. They were able to draw on their experiences in order to develop their own practice working with the care receivers in L'Avenir. This is an area of good practice

During the inspection, the Regulation Officer observed multiple positive interactions between care receivers and staff. Each care receiver's needs were understood, and staff were able to adapt in order to meet different styles of communication, wishes and preferences. Care receivers view L'Avenir as their home and are clearly comfortable in the environment which offers space to spend time together and private space for each individual. Staff support was unobtrusive and was adapted according to the type of support required. One care receiver was observed preparing the evening meal with guidance from a member of staff.

Another care receiver was observed independently making plans to go out for the evening. During the first inspection visit, a care receiver was engaged in baking activities and the activity was adapted to meet their individual needs.

Communal areas within the home are filled with personal belongings which provide a homely atmosphere. This includes materials which support individual hobbies and interests. All furniture and equipment is domestic in nature and meets the needs of the care receivers. Bedrooms are personalised and are organised by the care receivers. The home was found to be in a good state of repair and cleanliness. There are cleaning schedules in place which include care receiver involvement. One minor area of repair was noted in the bathroom which was brought to the attention of the Registered Manager for action. The home is currently undergoing a renovation of the garden area. Work was stopped over the winter months but is due to recommence in the next few weeks. The care receivers spoke positively of the new garden and the opportunities it would bring for activities such as barbeques and relaxing outside in the summer months.

Overall, the feedback from care receivers, relatives and professionals was positive. However, some responses highlighted that they would like to see more choices in meal planning and promotion of more healthy meal choices. One care receiver also expressed their desire to return to grocery shopping at the supermarket. Since the start of the pandemic, all food shopping has been undertaken online.

The staff team were praised for their friendly and professional support. One professional described how open the team were to suggestions and ideas in supporting a care receiver develop their communication skills.

Staff reported that they feel supported in their roles and that the Registered Manager and Team Leader are always available and approachable. Staffing levels have been difficult to maintain recently and staff report that they have covered a lot of additional hours. This has also impacted on the social and leisure activities for care receivers.

Training

<p>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.</p>

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 Covid 19 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.

A good example of this was highlighted by the Registered Manager and staff team at L'Avenir. The team feel that they would benefit from further training in the management of epilepsy. They would like the opportunity for this to be interactive as they have questions and scenarios that they would like to share and review.

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 within two weeks 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. One member of staff is working towards a Level 2 RQF/NVQ, with a further two members of the team due to commence the course this year. This does not constitute 50% of the total staff team which is the minimum requirement as set out in Standard 3.9 of the Care Home Standards. However, the Regulation Officer recognised the volume of change in recent months to the staff team and was satisfied that reasonable steps have been taken by the Registered Manager to rectify this.

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. During feedback with a member of staff after the inspection visit, they confirmed that they had now been offered an opportunity to undertake an online autism course with the Open University which provides 24 hours of directed learning.

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; however, no checklists are completed, staff only sign the front of the competency booklet to confirm that they have gone through it. This was discussed with the Learning and Development team. It was noted that this is not a consistent approach within all Les Amis care homes and that a standardised procedure may be more beneficial. Staff will progress to a Level 3 administration of medication unit as part of their RQF qualification.

The L'Avenir team have also recently undergone training in order to support the administration of a specific as required medication. The training programme was reviewed by the Regulation Officer, and it was noted that there was no provision for a periodic update and review of knowledge and competency. This is essential as staff may only participate in the administration process infrequently. This was raised with the Learning and Development Team who will take steps to secure at least annual updates for staff.

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>Area for Improvement 1</p> <p>Ref: Standard 4</p> <p>To be completed by: one month from the date of inspection 17 April 2022.</p>	<p>The Registered Provider must ensure that that there is system in place for appropriate risk assessments to be carried out. Findings from risk assessments will be recorded and actions taken to reduce and manage risk. This should include the availability of appropriate risk assessment training for key members of the staff team.</p>
	<p>Response by registered provider:</p> <p>The risk assessment has been reviewed; the new risk assessment requires two staff members on shift between 08:15-18:45; in case of full daily presence of all Residents. Appropriate risk assessment training for key members of the staff team has been reviewed by Les Amis. New training has been introduced to L'Avenir staff: Epilepsy and Autism (across all of Les Amis). In addition, the Buccal Midazolam training will be renewed on annual basis for staff team at L'Avenir.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 2.7</p> <p>To be completed by: 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>Response by registered provider:</p> <p>The individual Care plans have been updated and reflect of care receivers current care, health, safety and welfare needs. As the report notes on page 11 the care receivers and their families</p>

	<p>spoke positively about the care that was provided and received which illustrates their needs are being met effectively.</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 2.5, 2.6 11.4</p> <p>To be completed by: with immediate effect.</p>	<p>The Registered Provider must ensure that the assessed levels of support are in place for care receivers. Any inconsistencies must be identified and reviewed with the relevant commissioners and professionals. This should include changes in need or circumstances which require re-assessment.</p> <p>Response by registered provider:</p> <p>As noted in the response for improvements 1 and 2 a full review of individuals risk assessments and care plans has taken place to ensure appropriate staffing levels are implemented in the home throughout the day/week. This coupled with the ongoing dialogue with the commissioning body will help to address the apparent breakdown in open communication. The key to this discussion, is to review and address the funding and staffing of small residential units such as this home with an aim to move towards an outcome focussed assessment and review process opposed to the output-based funding structure currently in place. This will be supported by an independent review by an external body, which will hopefully realign and define this soon which the Care Commission will be party to.</p>

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je