



Jersey Care  
Commission

## **Summary 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**

## 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.

**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>To develop communal areas to accommodate residents’ activity preferences and establish a sensory environment within the home.</p>

<p><b>To be completed by:</b> two months from the date of inspection (1 June 2022).</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 Manger 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 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.</b></p>

The full report can be accessed from [here](#).