



**Jersey Care
Commission**

INSPECTION REPORT

43 Clubley Estate

Care Home Service

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

22 June 2022

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity 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 43 Clubley Estate Care Home. The service is situated within a residential area of St Helier. There is access to a bus stop on the main road which facilitates a route into the centre of St Helier. In addition, there is a local shop, health centre and retail park within walking distance of the home.

The home is a domestic property, and all care receivers have their own bedrooms which are located on the first floor, along with two communal bathrooms and a staff sleepover room. The ground floor has a lounge, dining room and kitchen and there is outside space at the rear of the home. There is also a car available to facilitate care receivers' outings and appointments.

The home is one of eleven care home services operated by Les Amis. The service became registered with the Commission on 18 July 2019.

The discretionary condition was discussed with the Registered Manager at the inspection visit. The Registered Manager reported that one study day per month has been allocated and weekly 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 Regulation Officer reviewed the Statement of Purpose as part of the inspection process and it was found to be reflective of the service provided, however some minor amendments were identified. This was shared with the Registered Manager, who acknowledged the changes required and submitted an updated Statement of Purpose within five days of the inspection visit.

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, care receivers, family members and professionals were happy to provide feedback on the home which was generally positive.

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.

There were several examples of robust safe systems of working practices within the home. However, some work is required to improve the risk assessment process and evacuation plans relating to fire in order to clearly identify the responsibilities for staff in the event of a fire. This is an area for improvement.

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. One area in relation to competency updates was discussed with the Register Manager and the requirement for some adjustments to current practices highlighted.

It was noted by the Regulation Officer the diverse range of communication styles utilised by care receivers. There needs to be a structured and consistent training plan in place for staff, in order to support and promote the communication needs of individual care receivers. This is an area for improvement.

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, preferences and communication styles.

The team were found to be knowledgeable and demonstrated a good understanding of care receivers' needs. Relationships with care receivers were observed to be positive and friendly.

INSPECTION PROCESS

This inspection was announced and completed on 22 June 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:

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

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

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including previous inspection reports, 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 and care receivers who live in the home.

Following the inspection visit, the Regulation Officer sought the views of two family members who were contacted by telephone having given prior consent to be contacted. Contact was also made with four professionals and three members of staff.

During the inspection, records including policies, training records, incident reports and care records were examined.

At the conclusion of the inspection visit, the Regulation Officer provided with initial feedback to Registered Manager. This was followed by final written feedback on 11 July 2022.

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 these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that all of the improvements had been made. This means that there was evidence that monthly quality reports are in place which detail clear actions and outcomes.

43 Clubley Estate has five permanent members of staff who work between 22.5 and 35 hours per week, one of whom is the Team Leader. There were two staff vacancies at the time of the inspection. The home is supported by several zero hour contracted staff members who provide cover for the vacancies, sickness and annual leave.

There have been staffing pressures in recent months due to the staff vacancies. This has also impacted upon the team who have made adjustments and covered additional shifts. It has also encroached on the administrative time for both the Registered Manager and Team Leader.

There are currently four care receivers living in the home. It is a busy environment with a vibrant atmosphere. This is reflective of the care receivers' lifestyles and personalities; however, a quieter environment can be supported when care receivers require it.

Safety

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.

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 or informal complaints raised since the last inspection on 7 July 2021. During feedback it was evident that care receivers and their families knew who to speak with if they had concerns or wished to raise a complaint.

The Registered Manager identified some examples of positive feedback, and the Regulation Officer recommended the implementation of a compliments log for the home. Les Amis also have a "kudos" system in place online. This allows members of the organisation to recognise good practice or achievements amongst staff. The Registered Manager had received acknowledgement the previous day for her handling of an emergency situation.

There have been no safeguarding alerts raised in relation to the home. The Registered Manager was able to demonstrate her understanding of safeguarding procedures and gave an example of a previous safeguarding concern and the steps taken by the home in partnership with other professionals to resolve the issue.

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 has recently been put in place to identify the risks associated with reduced staffing levels within the home which identifies the appropriate staffing

levels required to maintain a safe level of care and support, and the contingency measures in place to respond to any deficits.

The Registered Manager and Team Leader have undertaken a piece of work to identify the optimum levels of support based on the care receivers' level of need and timetable of activities. This has produced a clear picture of the levels of support required throughout each day. It is anticipated that once vacancies have been filled, adjustments can be made to staffing rotas to ensure staff are on shift to fully support care receivers when required.

The Registered Manager would also like to adjust her working hours in order to support the staff team more effectively. An example was given of being available at weekends during staff induction for observation and sign off of staff competencies.

A review of staffing rotas showed some deficits against the allocated hours for the home. Further discussion with the Registered Manager highlighted some anomalies relating to the inputting of information which accounted for the deficits. The Regulation Officer discussed the importance of staffing rotas providing an accurate reflection of care hours within the home and the need for this to be reflected in future rotas.

There was evidence of personal emergency evacuation plans for all residents. These were reviewed by the Regulation Officer and found to clearly detail the specific needs of each care receiver.

A general fire evacuation plan was found to be in place which gives general information relating to fire evacuation. The home would benefit from a more specific plan which provides clear instruction for staff as to what their specific responsibilities are in the event of a fire.

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, for the needs of the care receivers. This would give the home and the organisation assurance that fire

evacuation can be managed effectively. Fire risk assessment evacuation procedures is an area for improvement.

Notifications to the Commission since the last inspection were reviewed along with care receivers' records of accidents and incidents. No unreported notifiable incidents were noted.

There were two Significant Restriction of Liberty (SROL) authorisations in place at the time of the inspection. The Registered Manager is aware of the process for SROL applications and renewals and her responsibilities within the process that training in the Capacity and Self Determination (Jersey) Law 2016 (CSDL) has commenced within the Les Amis organisation.

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. There has been one new recruit who has commenced work at 43 Clubley estate in the last few weeks.

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.

Monthly quality assurance reports are undertaken by the Head of Governance. The Registered Manager supplied a sample of recent reports. Upon review the reports were found to have clearly identified actions in relation the Home Care Standards. The Registered Manager also has a tracker document for all actions identified which sets targets for completion and provides updates on progress made.

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

Care and support

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.

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.

A recent admission to the home which had been unsuccessful was discussed with the Registered Manager. It was acknowledged that the home did not have sufficient staffing levels in place to adequately meet the individual's needs. This was only recognised once additional support from another area of the organisation was withdrawn. In this circumstance the normal assessment procedures were not followed as it was an internal transfer.

The Registered Manager reported that she has now reviewed the process for admissions to the home with senior management and all final decisions will be taken at a senior management level. However, the Registered Manager gave assurances that she does contribute to the decision-making process and that her views on the offer of placements will be listened to. One professional expressed their concern over the circumstances of the termination of the placement and the lack of effective communication. The Regulation Officer and Registered Manager discussed the need to be clear in relation to referral and placement processes and the necessity of working collaboratively with other agencies and professionals.

A new welcome pack and financial agreement for care receivers had been devised; however, the Registered Manager had not received copies at the time of the inspection visit. No copies of previous agreements were available to view. The Regulation Officer highlighted the importance of each existing resident receiving copies of the new agreements and that they should be reviewed and updated with

care receivers at regular intervals, in order to ensure that they are aware of their rights and responsibilities of placement.

The care plans of all four care receivers were reviewed in depth by the Regulation Officer. They provided a good insight in to each individual and their specific needs. Information was easy to follow and gave clear direction to staff on the level of support required, this was confirmed by staff as part of the feedback process. Online care plans are supported by pictorial plans for each individual. In addition, there are pictorial reference boards to prompt care receivers about their day and the activities that they will be engaged in. This is an area of good practice.

There is a diverse range of communication styles amongst care receivers. This ranges from verbal language skills, Makaton sign language, pictorial aids and the use of ipads. Care receivers use a range of these methods in order to express themselves. During discussion with one care receiver, the Regulation Officer noted that they used Makaton to supplement their verbal language when they felt that they had not been understood. This worked well for them when others around had an understanding of Makaton

It is essential that staff have appropriate training in all forms of communication styles, in order to promote effective communication and ensure that care receivers needs are fully met. This will promote confidence for both staff and care receivers and prevent frustration for individuals if they cannot clearly communicate their needs. Staff spoke of the positive impacts that effective communication has and some raised concern relating to the consistency of training opportunities. There is not a consistent training programme in place in relation to Makaton training. This is an area for improvement.

Care receivers spoke very positively of the staff team and felt that they could raise any concerns that they had. Positive interactions were observed throughout the inspection visit. The Regulation Officer observed a supportive team who are willing to adapt to ensure good outcomes for care receivers. One staff member described the team as having a “how can we make this happen” attitude. During feedback with

staff, it was evident that the team are motivated to support care receivers to improve their life skills and access new opportunities.

Care receivers participate in a wide range of weekly activities. Some have voluntary jobs and others have a wide range of hobbies which they enjoy participating in. Care receivers were happy to talk about their activities and how much they enjoy them. Some activities include photography, map reading, Zumba, bowling and boxing. The home also has an activity choices book which has pictures of various activities which acts as an aid for care receivers in choosing what they want to do. On the day of the inspection visit, two care receivers had been out in the morning to voluntary work placements and all were going on a sailing trip in the afternoon.

There are regular opportunities for care receivers to provide feedback on the care and support that they receive. Outcomes of discussions are then recorded in their care plan and any adjustments made. All care receivers confirmed that they felt listened to and could let staff know if they were concerned about any aspect of their support.

There was general praise for the staff team from professionals and family members. One family member relayed that there had been a time where they did not feel included in their relative's care but reported that this had now been resolved. They also felt that there could be more structured activities available for their relative.

Other feedback received included the following comments.

"The team are open and willing to take on my advice"

"There is good staff consistency in the home"

"I have observed good relationships and attitudes from staff"

"I find the staff keen and friendly they communicate well with me and follow instructions well"

“The staff team was compliant with gathering the assessment information required and were efficient in reporting any changes in presentation”

“The staff are really good”

Infection control practices were observed to be of a good standard. Masks are worn by staff in the home at all times and care receivers choose to wear masks for certain activities such as travelling in the car.

The Regulation Officer was shown around the home by one of the care receivers. All of the rooms are personalised to the care receivers’ wishes and preferences. One care receiver preferred to have a more minimalist environment as they enjoy exercising in their room. Communal areas are pleasantly decorated and there are a variety of personalised items throughout. Some minor areas of repair were noted by the Regulation Officer and brought to the attention of the Registered Manager for further action. The stair carpet has been replaced following the last inspection visit, however; it already requires further attention. This was already noted by the Registered Manager and is due to be replaced.

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. A sample of supervision and appraisal records were also viewed during the inspection visit.

The Registered Manager gave some examples of other tools which are used in the home to support staff performance, learning and development. This includes debrief sessions after incidents / accidents which provide an opportunity for staff to reflect on their practice and identify what they would do differently. There is also the opportunity for staff to request additional supervision sessions when required. All staff spoken to stated that they felt very supported in their role and could seek advice from the Registered Manager and Team Leader at any time.

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 and confirmed that they were up to date with all mandatory training. This was confirmed by a review of training records.

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, which provides positive and safer approaches to behaviour support, and a key trainer for safe handling.

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. As a result, staff have recently been afforded the opportunity to undertake an online autism course with the Open University which provides 24 hours of directed learning.

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. Two members of staff have a Level 2 RQF/NVQ, with a further two members of staff undertaking the course this year. 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.

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. All observations are recorded, and a checklist completed.

Medication competency continues to be reviewed at six-monthly intervals. Competency checklists are in place for reviews but they do not cover practical observations. This was raised prior to the inspection visit with the learning and development and senior management team. It is positive to note that since the inspection visit a new review of competency assessment process has been devised and shared with the Regulation Officer. All staff progress to a Level 3 administration of medication unit as part of their RQF qualification.

The team also provide support for specific medical condition. Some staff have undergone theoretical training with others awaiting placement on an appropriate training course. All staff then undergo assessment of competency within the home environment which is undertaken in a manner which meets care receivers' needs. It was discussed with the Registered Manager the need to ensure that there are annual competency checks in place for staff which provide an opportunity to review practice and which are recorded in staff training files. The home have close links

with the specialist nurse who is available to provide advice and support when required.

IMPROVEMENT PLAN

There were two 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: 2 months from the date of inspection (22 August 2022).</p>	<p>The Registered Manager must ensure that appropriate risk assessments are in place in relation to fire safety, in order to identify any risks associated with evacuation of multiple residents who may have additional needs. Such a risk assessment should aim to satisfy the organisation that the level of staffing in place (over the 24 hour period) is sufficient to manage safe evacuation. There also needs to be a fire evacuation plan which clearly identifies the responsibilities for staff in the event of a fire.</p>
	<p>Response by registered provider:</p> <p>This is an area that the Registered Manager will address by completing a fire risk assessment and evacuation plan for the staff team. This will highlight the risks associated with evacuating multiple residents. They will also introduce mock fire drills including the fire equipment to ensure staffs understanding their roles and responsibilities in the event of a fire. This will be completed by the 22/08/22 as recommended</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 6</p> <p>To be completed by: 4 months from the date of</p>	<p>The Registered Provider must ensure that care receivers are supported by a staff team who have training which meets individual communication needs / styles and promotes effective communication.</p>
	<p>Response by registered provider:</p>

inspection (22 October 2022).

As there is not currently a Makaton Trainer available on Island the Registered Manager will utilise the staff that have been trained in this area to assist other employees to develop their signing skills. Les Amis have also introduced a sing and sign for the residents Social Club events which will enable staff a learning opportunity to further develop their Makaton skills whilst participating in this activity with residents. The Registered Manager will introduce more Makaton learning through house meetings to further develop the teams knowledge and skills in this area of communication. This will commence immediately and further exploration with Les Amis will continue to see if a Makaton Trainer can be sourced in the future.

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