



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**12 Clos de Ville**

**Care Home Service**

**Clarke Avenue,  
St Helier,  
Jersey  
JE2 3WJ**

**12 September 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 12 Clos de Ville Care Home. The service is situated in a quiet cul de sac, within a residential area on the outskirts of St Helier.

The property is a six-bedroom house which provides accommodation to five residents and sleeping in facilities for one member of staff. One bedroom is situated on the ground floor which has en-suite facilities and there is a shared bathroom and shower room on the first floor. Other facilities include a large sitting room, kitchen with dining area, laundry room, staff office and private garden.

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 and retail park within walking distance of the home.

12 Clos de Ville is one of eleven care home services operated by Les Amis.



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 regular meetings take place with her assessor. There has been some disruption to this over the summer months due to staff shortages: however, this has now stabilised, and the Registered Manager is confident that her course will be completed within the agreed timeframe.

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. The Registered Manager acknowledged the changes required. An updated copy of the Statement of Purpose was received by the Commission on the 16 September 2021.

## **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 and staff team 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.

Some relatives provided constructive feedback regarding their experiences of communication with the home and the wider Les Amis organisation and how they could be improved. All comments were relayed to the Registered Manager for further consideration and action. 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.

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.

There needs to be a structured and consistent training plan in place for staff, to support and promote the communication needs of individual care receivers. This is an area for improvement.

There were several examples of safe systems of working practices within the home which included medication administration, maintenance / repairs, infection control procedures and promotion of independence for care receivers.

Care receivers were observed to have well established routines, with opportunities to participate in work and leisure opportunities which met their needs, wishes and preferences. They are supported by a team of staff who have a good understanding of individual needs and who demonstrated positive and respectful interactions with care receivers within their own home.

## **INSPECTION PROCESS**

This inspection was announced and notice of the inspection visit was given to the Registered Manager six days before the visit on 12 September 2022. 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. A second visit was undertaken on 4 October to meet with one care receiver who wished to provide feedback to the Regulation Officer.

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 the information held by the Commission about this service was reviewed, including the previous inspection report, the Statement of Purpose, communication records and notifications 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 four of the care receivers who live in the home. There was also an opportunity to speak with three members of staff. A further three staff members were contacted via e-mail following the inspection visit.

The Regulation Officer returned to the home on 4 October 2022 to speak with one care receiver who had not been present at the time of the inspection visit but wished to contribute to the feedback process.

Following the inspection visit, the Regulation Officer sought the views of four family members who were spoken to by telephone, having given consent to be contacted.

The views of three professionals were also obtained as part of the inspection process.

---

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

During the inspection, records including policies, training records, complaints and incident reports were examined. An in-depth review of the care plans was also undertaken remotely by the Regulation Officer on 15 September 2022.

At the conclusion of the inspection visit, the Regulation Officer provided initial feedback to Registered Manager. Final written feedback was provided upon the completion of the inspection process.

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 noted that insufficient progress had been made to address the area for improvement. This means that the Registered Provider has not met the Standards in relation to the provision of appropriate communication training for care staff, which includes Makaton training. However, a plan of action has been identified to resolve the issue. This is discussed in more detail in the training and development section of this report.

12 Clos de Ville has provision for six permanent members of staff, one of whom is the Team Leader. There were two staff vacancies at the time of the inspection. The home is supported by zero hour contracted staff members who provide cover for the vacancies, sickness and annual leave and there is also occasional use of agency staff.

There have been staffing pressures due to the staff vacancies. This has 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.

## **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 with 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.

There has been one formal complaint which was addressed via the Les Amis complaints procedure. Two informal complaints were received since the last inspection on 2 and 6 December 2021. The Registered Manager was able to provide an account of the steps taken to resolve matters. On one occasion, this had resulted in a compliment owing to the swift response of the Registered Manager.

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 the responsibilities of the staff team in raising any concerns they have.

There was one Significant Restriction of Liberty (SROL) authorisation in place at the time of the inspection. Review of the SROL highlighted that there were no recommendations or conditions in place.



Training in the Capacity and Self Determination (Jersey) Law 2016 (CSDL) has commenced within the Les Amis organisation and the Regulation Officer discussed the importance of all staff attending training which is specific to Jersey law.

There are robust safe recruitment practices in place which are overseen by the central HR team. Work has been undertaken to implement 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 recruitment files was undertaken by the Regulation Officer at the Les Amis head office on 13 July 2022. All files were found to have all the necessary documentation in place and were compliant with the requirements of safe recruitment practices.

A sample of staffing rotas were reviewed by the Regulation Officer. There are always two staff on duty each day. This supports care receivers with daily routines and participation in activities of their choice. Each care receiver has the opportunity to spend time with a staff member on a 1:1 basis each week to plan events / activities, shop for personal items or undertake personal errands.

It was noted that over the summer months there had been regular re-deployment of one staff member at the weekends. This has resulted in some individuals missing out on dedicated 1:1 time. One care receiver who had been affected expressed their disappointment as it prevented them from getting out and about but felt that things had now improved. Staff also described their disappointment at not being able to offer care receivers dedicated 1:1 time.

While it is recognised that it may be necessary to re-deploy staff in times of crisis, this should not be seen as a sustained or long-term solution to staffing shortages. Les Amis must consider the impacts upon health and wellbeing if care receivers are restricted in their social activities for sustained periods.

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.

There was a fire evacuation plan for the home which had been recently updated, with some final additions still to be made. This provided clear instructions of staff responsibilities in the event of a fire. The fire logbook was up to date including regular fire drills for staff. The Registered Manager described plans to include different fire evacuation scenarios as part of the fire drills. This will give staff the opportunity to think about what may be required if a fire was to occur in different areas of the home. This is an area of good practice.

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.

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 Care Home 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 has confirmed that Les Amis is registered with the Jersey Office of the Information Commissioner.

## **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 organisation has an assessment process in place 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 new welcome pack and financial agreement for care receivers had been devised. The Registered Manager confirmed that these will be issued to existing care receivers to ensure that they are aware of their rights and responsibilities. Easy read versions are also being explored.

There have been no new admissions to the home for many years, with some care receivers having lived in the home for over 20 years. They view it as their home and value the relationships they have built with one another.

Whilst there have been some changes to the staff team in recent years, some members of the team have worked in the home for over ten years. This was seen as a real strength by some family members, who felt re-assured that their relatives needs were fully understood.

A common theme from relatives during feedback related to communication. Several family members also spoke of not being given the opportunity to participate in their relatives' reviews in recent times. This was viewed as an opportunity to meet with staff, review progress, offer ideas and provide support to their loved ones. It was evident that relatives wanted to play an active role in supporting care receivers who valued the input of their family members.

Whilst support staff had regular contact with family members, it was also highlighted that there could be more regular communication from the Registered Manager. This would help to strengthen relationships and provide more regular feedback on general issues, such as developments within Les Amis and policy updates. One relative gave the example of not receiving regular updates on policy changes during the pandemic and felt they had to seek this information themselves. Another spoke of inconsistencies in the information given regarding visiting guidelines.

Communication and involvement of family members is an area for improvement.

Care plans and risk assessments were reviewed for all five care receivers which are stored electronically. Everyone has an 'All about me' assessment document which gives a comprehensive overview of specific needs, wishes and preferences, how people like to do things and the best way for staff to support them. This information is used to formulate care plans in five key areas. Each care plan has identified outcomes and interventions (community inclusion, finances, health and medical, keeping safe and prospects, dream and goals). There was evidence that reviews are undertaken every six months.

There is a strong focus within the home on developing and maintaining independence for care receivers. This was witnessed by the Regulation Officer with care receivers independently undertaking daily tasks and activities such as, preparing snacks, making drinks, answering the door and travelling to and from work.

Through discussion with the Registered Manager, it was noted that the team need to also recognise when changes in need may prompt a review of the interventions required. The intention would not be to create dependence but explore alternative ways of maintaining independence. One example of this was a care receiver struggling with an element of their personal care. Once alternative equipment was sourced, the care receiver was able to continue with the task without support.

The environment of the home is domestic and was found generally to be in a good state of repair and maintenance. The Regulation Officer was shown around by one care receiver who took a great sense of pride in their house and the areas that were personal to them (bedroom and garden). All bedrooms are very personalised to the care receivers' own preferences, and several spoke of their pleasure and comfortability when spending time in their bedrooms. One care receiver explained that their room had recently been decorated and they spoke positively of how they had chosen colour schemes, carpets and furniture.

Some of the communal areas have recently been decorated and there were some final decorative touches, such as hanging of pictures yet to be completed. The lounge area was filled with personalised items including photographs, DVD's, games and jigsaws. There is also a seating area in the garden which care receivers were observed making use of.

The Registered Manager explained that she has identified that the upstairs bathrooms do require some upgrade and is pursuing this with the Les Amis maintenance team.

There are a range of indoor and outdoor activities that take place each week. Staff support care receivers to choose and prepare an activities board at the beginning of the week. Some have set work commitments and regular classes that they attend. Pictorial aids are available to support choice for some individuals. During feedback with the care receivers, they referred to the activities board as part of the discussions.

Domestic chores are also shared amongst the care receivers, and everyone takes turns to complete the tasks required. Each care receiver takes turns to cook the evening meal. Shopping lists and menus are prepared on a weekly basis and care receivers will participate in a weekly shop. This activity was underway during the inspection visit and care receivers were observed putting all the shopping away after a supermarket visit.

Some care receivers have their own recipe books, with one speaking of their fondness for choosing desserts from their book. One care receiver explained that they will sometimes choose to prepare an alternative evening meal and stated that there were always different options available.

Relatives reported that they are happy with the care and support that their family members receive and feel that the staff team have a good understanding of the needs of care receivers.

Feedback from professionals recently involved with the home was consistently positive. All felt that care receivers were supported appropriately and that staff members were respectful towards care receivers, encouraging independence and supporting where necessary. One professional commented *“The house always looks clean and welcoming. Staff know the residents well and have warm, respectful relationships with them”*.

## **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.

Staff are supported in their role through regular supervision, appraisal, and competency assessments for specific tasks. This was confirmed by a review of supervision logs and by staff who provided feedback to the Regulation Officer. A sample of supervision and appraisal records were also viewed during the inspection visit.

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. All new recruits are expected to undertake the care certificate within the first few weeks of employment.

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 was 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 Regulated Qualification Framework (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 two members of staff who have a Level 3 RQF, or National Vocational Qualification (NVQ) in Health and Social Care. One member of staff has a Level 2 RQF/NVQ, with another working towards the qualification. 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 is completed.

Medication competency continues to be reviewed at six-monthly intervals. New competency checklists have been implemented for reviews and the Regulation Officer was able to view samples of some that have recently undertaken.

All staff progress to a Level 3 administration of medication unit as part of their RQF qualification.

The team receive training for a specific medical condition which enables them to support one care receiver's health needs. All staff reported that they had undertaken the training online and were able to apply their learning in practice. They are also supported by a detailed care plan. One professional commented on how prepared staff are, providing detailed information at medical appointments. They also noted that staff encouraged the care receiver to speak for themselves, only offering prompts and guidance when necessary.

As previously stated, the Registered Provider has not met the Standards in relation to the provision of appropriate communication training for care staff. It was evident through the observations of the Regulation Officer during the inspection visit that this would be beneficial to both staff and care receivers. One care receiver uses Makaton and was happy to sign with the Regulation Officer. A member of staff was also able to interpret some adapted signs that the care receiver was using. However, training within the staff team is not consistent.

The Registered Manager explained that a member of staff in the Les Amis organisation is being put forward to complete training which will allow them to undertake a Makaton training programme with staff across the organisation. Whilst this is seen as a positive development, there is still much work to do to meet the Standard required. This remains an area for improvement.



## 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><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 6.3</p> <p><b>To be completed by:</b> Training schedule to be submitted within three months from the date of inspection (12 December 2022).</p>	<p>The Registered Provider must ensure that care staff are provided with appropriate training to meet the communication needs of all individuals living in the home. This includes communication training in Makaton.</p> <hr/> <p><b>Response by registered provider:</b></p> <p>Makaton Train the Trainer qualification has been sourced by Les Amis and staff members allocated to complete the award. When they gain their qualification staff within this team will be put forward for the internal Makaton training..</p> <p>Makaton will be included in one Residents Activity book, white board to aid communication as this is most appropriate for them.</p> <p>In addition to this Makaton sessions will be introduced to team meetings for future development of the staff team communication skills along side the other communication methods used within the setting.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulations 5 (2) and 8 (1) (a)</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The Provider and Registered Manager must ensure that there are systems in place to facilitate effective communication with relatives and to ensure that they are actively involved in care planning where they wish to be.</p> <hr/> <p><b>Response by registered provider:</b></p> <p>A review of the current system to ensure regular communication takes place with family members has taken place resulting in 2 relatives have recently been involved with social care package reviews.</p> <p>The Registered manager/ Team Leader will ensure that communication takes place with families around any medical appointments and or reviews (with consent from service user) to enable them to be actively engaged in the process if they so wish.</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  
1<sup>st</sup> Floor, Capital House  
8 Church Street  
Jersey JE2 3NN

Tel: 01534 445801

Website: [www.carecommission.je](http://www.carecommission.je)

Enquiries: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)