



**Jersey Care
Commission**

INSPECTION REPORT

Les Amis (Home Care) Domiciliary

Home Care Service

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

15 November 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 Les Amis (Home Care) Domiciliary. The service is based at the Les Amis head office, in the parish of St Saviour.

Les Amis (home care) Domiciliary is one of two home care services operated by Les Amis. The service became registered with the Commission on 21 June 2021.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support Category of care: learning disability, physical disability and/or sensory impairment, autism Maximum number of personal care/personal support hours to be provided per week: 600 Age range of care receivers: 18 years and above <u>Discretionary</u> There are no discretionary conditions
Date of Inspection	15 November 2022
Time of Inspection	11am to 3:30pm
Type of Inspection	Announced

Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	30

The Home Care Service is operated by Les Amis Ltd and the Registered Manager is Kerri Ann Frain.

Since the last inspection on 4 November 2021, the Commission received an updated copy of the service's Statement of Purpose. This was submitted on request, as part of this inspection process. This was reviewed by the Regulation Officer and found to be reflective of the services provided. Some minor amendments were noted and brought to the attention of the Registered Manager, who agreed to make the necessary changes.

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 very positive. The Registered Manager was fully engaged in the inspection process, prepared documents and evidence in advance of the visit and arranged for the Regulation Officer to meet with care receivers in their own homes.

Care receivers were eager to provide feedback and spoke positively of the staff who support them. They valued the support provided, which was pivotal in helping them to maintain an independent lifestyle. It was also evident that they had close contact with the Registered Manager who was responsive and adaptive to requests or changes in need.

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 Home Care 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 consistent with the requirements set out within the Home Care Standards.

Safe systems of working practices were found to be in place within the service. This included fire safety, incident reporting, risk assessments and recruitment practices. A lone worker policy is in place; however, some refinement is required to establish a system for ensuring staff have finished work safely.

Care plans were reflective of care receivers' needs and focused upon the specific support required for each individual. Care receivers' opinions have been taken into account in relation to the frequency of care plan reviews and feedback on service provision. This is an area of good practice.

There are no areas for improvement made as a result of this inspection.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the Registered Manager eleven days before the visit. This was to ensure that the Registered Manager would be available during the visit and to confirm the service's infection prevention and control arrangements.

The Home Care 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 previous inspection reports, the home'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 had the opportunity to spend time with four care receivers who are in receipt of a service. This took place within a care receivers own home, with their prior consent.

Following the inspection visit, the Regulation Officer sought the views of two family members who were contacted via e-mail, having given prior consent to be contacted. Contact was also made with three professionals and 13 members of staff, four of whom consented to provide feedback.

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

At the conclusion of the inspection visit, the Regulation Officer provided initial feedback to the Registered Manager. This was followed by final written feedback on 1 December 2022.

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

This report sets out our findings and includes areas of good practice identified during the inspection.

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 the improvement had been made. This means that there was evidence that monthly reports complied with Standards and Regulations.

The service is currently providing 370 hours of support each week to a total of 30 care receivers. The size of the packages of care ranges from six to 25 hours per week, providing a variety of activities and interventions. This includes the maintenance and development of life skills, to assisting with access to leisure and social opportunities.

There are ten permanent members of staff with one vacancy at the time of the inspection. The service is also supported by a pool of zero hour contracted staff who provide cover for vacancies, sickness and holidays.

It was established that the Registered Manager and Team Leader regularly provide direct support to cover deficits in care hours due to sickness and annual leave. The Regulation Officer emphasised that this must be closely monitored as it must not become normal practice.

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 service. The Regulation Officer reviewed a sample of eight policies and procedures which were cross referenced to the Home Care Standards and included safeguarding, complaints, recruitment and medication. The content was found to be robust with references to key legislation and supporting agencies where appropriate. All policies viewed were found to be in date or under review.

There are robust safe recruitment practices in place which are overseen by the central Human Resources (HR) team. Work has been undertaken to implement 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 Covid19.

A review of recruitment files was undertaken by the Regulation Officer at the Les Amis head office on 2 November 2022. All files were found to have all the necessary documentation in place and were compliant with the requirements of safe recruitment practices.

There have been no formal complaints received since the last inspection. The Registered Manager shared a log of informal complaints. This gave clear details of all concerns raised and the actions taken to resolve matters.

There have been three safeguarding alerts raised, two of which were reported by the Provider. All alerts were discussed and it was evident that the Registered Manager has a good understanding of the principles of safeguarding, recognising when reporting is required. The Registered Manager explained that she will liaise with the safeguarding team regarding any queries or concerns and finds their support and guidance useful.

There were no Significant Restriction of Liberty (SROL) authorisations in place at the time of the inspection. Due to the client group being supported which focuses upon independent living, it is unlikely that applications would be required.

A review of notifications submitted to the Commission confirmed that the service is aware of the thresholds for submissions. This was confirmed by a cross reference with a sample of incidents and accidents reported internally. A high volume of reports of visits to the Accident and Emergency department were noted. This was discussed with the Registered Manager who explained that decisions regarding health and medical care are taken by the care receivers themselves and often take place out with support hours. However, the service will advise and support where required.

The organisation has a lone worker policy in place and staff also have access to the on call system at evenings and weekends. Staff are regularly required to work on their own. All have access to the electronic care planning system via tablets or mobile phones. All staff spoken to during feedback reported that they had no concerns with lone working and felt that there was adequate support in place.

During discussions with the Registered Manager, it was noted that there is no system in place for staff to log on and off duty. This is an area which may require some review in order that management can be satisfied that staff have safely finished their shift when working out of office hours. The Registered Manager agreed to review current practices.

All care receivers have details of who to contact out of hours and are aware that they should access the on-call in the event of any delayed or missed visits. The Registered Manager reported that this is a rare occurrence, with only one missed visit being reported. The Regulation Officer discussed the importance of having a log in place to record and monitor delayed or missed visits. It was agreed by the Registered Manager that a system of recording would be implemented.

The service ensures that all staff have access to a First Aid kit and supplies of personal protective equipment (PPE). Several examples were given of how the team adapted the support provided when positive Covid 19 cases were reported. This included adjusting times and length of visits, ensuring that all essential shopping was in place and increased access to appropriate PPE for staff.

The Registered Manager reported that some care receivers are resistant to staff wearing masks when in their home. The Regulation Officer and Registered Manager discussed the need for there to be a balance between safety and personal wishes, this should include any barriers that mask wearing has in relation to communication. The implementation of individual risk assessments should be considered to determine a proportionate response for each individual.

Monthly quality assurance reports are undertaken by the Head of Governance. The Registered Manager supplied the reports for July, August and September 2022. Upon review, the reports were found to have clearly identified actions in relation to 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 Registered Manager described the reports and tracker as a “good prompt” to implement action, explaining that she diarises time each month to review and update the tasks required.

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

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 a package of care. This is supported by access to the assessment undertaken by the commissioning service which forms the basis for the development of appropriate care plans and risk assessments. The determination process for acceptance of a referral is completed by both senior management and the Registered Manager.

The Registered Manager explained that once a referral has been accepted, she will meet with the care receiver and case co-ordinator to gain further information. Initial care plans will be put in place which are regularly updated as the service gets to know the care receiver.

Care plans and risk assessments were reviewed for a sample of care receivers. These are stored in an electronic care planning system called "Zuri". Each individual has an 'All about me' assessment document which gives a comprehensive overview of specific needs, wishes and preferences, aspirations and background information. This information is used to formulate care plans in five key areas (community inclusion, finances, health and medical, keeping safe and prospects, dream and goals). Each care plan has identified outcomes and interventions, there was evidence that reviews are undertaken at least every six months. Specific time frames for review are agreed with care receivers.

The Regulation Officer found the care plans provide clear background information which details individual preferences, opinions on their support and how it is delivered and future aspirations. All plans are person centred and provide detail on the best way to support care receivers. Plans are proportionate and do not include information that is not pertinent to the level of support required. This an area of good practice.

The main focus of support is on promoting and maintaining independence, therefore enabling care receivers to live in their own homes and make their own choices.

The Regulation Officer had the opportunity to meet with several care receivers in their own homes and they gave many examples of how the support they receive helps them to live independently. One described only needing support with medication and how they felt that staff did not encroach on other aspects of their life. Another spoke of the fluidity of the support received, which had been adapted to meet an increase in their needs when they were experiencing some difficulties.

Overall, care receivers spoke positively of the service and their fondness for the staff who support them. They felt that their wishes and preferences were respected. One care receiver described a time when they had felt comfortable to raise a concern about the support they were receiving. They reported that they had been listened to and that a suitable solution was found.

All confirmed that they are given opportunities to review their care and provide feedback to the service. The frequency of which is determined by them.

Staff reported that they enjoyed working within the domiciliary service. It was described as being “challenging” at times, but the opportunities to build positive working relationships with care receivers and support them to develop was valued. One staff member stated, *“There is a real respect for the choice and independence of the individuals supported”*.

There was consistent praise from staff for the support given by the Registered Manager and this was echoed by professionals. All described the willingness of the Registered Manager to respond to recommendations and follow up any actions required.

This is also reflective of the staff team who always appear to have a good understanding of care receivers’ needs, show a willingness to implement recommendations and are abreast of any changes in the support required.

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 Registered Manager explained that an individualised approach is taken to induction and supervision whereby the skills and experience of staff members is taken into account, alongside assessments of competency. This ensures that staff progress at a pace that they are comfortable with. Levels of support and supervision are available at regular intervals but can be adjusted to meet individual needs. This was confirmed by a member of staff who described the support given to them as a member of staff who had never worked in care setting before.

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. 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 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. However, ongoing staff shortages have impacted upon progress.

Work has been undertaken in recent months to review training and a new online training provider has been sourced. There will be an online training programme for all new recruits which meets the requirements of the care certificate. This will be supplemented by documented observations in practice to assess competency. The Learning and Development team have also been working with external training provider to update the requirements for training updates.

The organisation also has accredited trainers for MAYBO, which provides positive and safer approaches to behaviour support, and a key trainer for safe handling. Practical training sessions for First Aid are sourced externally.

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 team reported that they are also exploring training opportunities via Autism Jersey and the National Autistic Society.

Training in the Capacity and Self Determination (Jersey) Law 2016 (CSDL) has commenced within the Les Amis organisation and is available to all staff who have not undertaken previous training based specifically on Jersey law.

The Registered Manager reported that there are five members of staff who have a Level 3 RQF, or National Vocational Qualification (NVQ) in Health and Social Care. A further five members of staff have a Level 2 RQF/NVQ, with one working towards the qualification.

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 formulated for reviews and will be implemented at the next review cycle. All staff progress to a Level 3 administration of medication unit as part of their RQF qualification.

The Registered Manager reported that the requirement for administration of medication is low within the domiciliary service. Therefore, arrangements are made for staff to undertake their competency assessments within other areas within Les Amis. This ensures that they remain up to date and are ready to respond should medication administration be required. This is an area of good practice.

The team are also provided with specific training in relation to care receivers' specific needs. This includes diabetes and epilepsy training.

Feedback from staff in relation to training opportunities was consistently positive. They felt that the training provided adequately met the requirements of their roles and responsibilities and that any additional requests were always met with a positive response.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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



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