



**Jersey Care
Commission**

INSPECTION REPORT

L'Avenir

Care Home Service

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

8 and 14 March 2023

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 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 central part of the home consists of four bedrooms, one with an en-suite 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.

In addition to the communal lounge, the kitchen and utility room are on the ground floor. There is a separate self-contained annex, which provides accommodation for one care receiver. This annex has a separate entrance from the outside and an internal door to the main building, allowing easy access for staff and the care receiver into the main house. This home is one of thirteen care home services operated by Les Amis.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support Category of care: learning disabilities, autism Maximum number of care receivers: five Maximum number in receipt of personal care / support: five Age range of care receivers: 18 years and above Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1 to 5, one person. <u>Discretionary</u> None
Dates of Inspection	8 March and 14 March 2023
Times of Inspection	10:00-13:25 and 12:00 – 13:30
Type of Inspection	Announced
Number of areas for improvement	Four
Number of care receivers accommodated on the day of the inspection	Five

Les Amis Ltd operates L'Avenir and the Registered Manager is Johanna Jakubietz.

The Commission removed the discretionary condition on the service's registration on 2 February 2023 following completion of the Level 5 Diploma in Leadership and Management by the Registered Manager.

The service's Statement of Purpose (SoP) was reviewed as part of the inspection process, it required updating with respect to completion of the Level 5 by the Registered Manager and was found to be quite generic in nature rather than service specific. Updating of SoPs was discussed at the meeting with the Head of Human Resources (HR) and the Learning and Development Assistant as requiring some consideration in 2023 across all services carried on by the same provider.

The Commission received a notification concerning a safeguarding concern on 12 January 2023. At the time of this inspection, the organisation was undertaking an internal investigation regarding this concern. At the time of writing this report, the investigation is still ongoing.

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.

At the time of the inspection, the home was without a Team Lead, and the Registered Manager was on leave. A temporary manager from another home carried on by the same provider was providing oversight on the first inspection visit. The Registered Manager was due to return from leave the following day. On the second visit, the Registered Manager remained on leave, and the Behaviour and Practice Development Manager supported the staff team.

There had recently been two senior care workers leaving, which has resulted in a depleted team, meaning that some staff members required upskilling concerning the day-to-day running of the home. There was evidence from the inspection of the need for consistent support for the staff team and regular access to a Registered Manager. This is an area for improvement.

Feedback from care receivers, a health professional, and relatives was generally good concerning the care within the home. There was evidence of access to meaningful activities for all care receivers and promoting independence. The Regulation Officers observed positive interactions between staff and care receivers, providing care receivers with support when needed.

There was evidence of medication management in line with the Standards. However, an area of improvement is made in respect of medication competencies for agency staff. The Registered Manager needs to ensure themselves of initial training

and competencies concerning agency staff. This should be done by viewing training/competency certificates and keeping these on file. Agency staff should also initially complete the services' competencies and then be reviewed regularly as per policy.

Staff training was blended and comprehensive, with staff being provided with regular mandatory and statutory training but also equipped with further specialist training in autism and epilepsy.

There were two other areas for improvement concerning safety. The fire alarm checks were not completed regularly, and the fire drill log needed to be corrected. The fire and safety procedures must meet the statutory regulations and requirements set by the States of Jersey Fire and Rescue Service. This is an area of improvement with immediate effect. In addition, several items in the first aid box were outdated, this is also an area for improvement.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the Temporary Manager on the day before the visit. The inspection visits took place on 8 and 14 March 2023. The first visit was by two Regulation Officers to gather feedback from staff and service users, and the second was to meet with the Registered Manager. However, due to leave, the Regulation Officer could not meet with the Registered Manager and met instead with the Behaviour and Practice Development Manager.

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/>

- **Management of the service**
- **Care and support**
- **Choice and safety**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report.

The Regulation Officer established contact with three care receivers and three staff members during the inspection visits. In addition to the Behaviour and Practice Development Manager and the Temporary Manager. This contact was face-to-face with staff and service users during the inspection visits. The Regulation Officer also made contact by phone with two relatives during the inspection process.

The view of one health professional was received as part of the inspection process.

The two Regulation Officers also met separately with the Head of HR and the Learning and Development Assistant to complete the inspection process.

During the inspection, medication documentation and competencies, care records, fire log and policies were examined. The Regulation Officers were also given a tour of the premises and garden by one of the service users.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Temporary Manager on the first inspection visit and to the Behaviour and Practice Development Manager at the end of the second visit.

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, three areas for improvement were identified, and the Registered Provider, setting out how these areas would be addressed, submitted an improvement plan to the Commission.

The improvement plan was discussed during this inspection, and it was positive to note that all improvements had been made. This means there was evidence of appropriate risk assessments and training in epilepsy and autism for staff. Care plans that are current, with evidence of updates and reviews. In addition, assessed levels of support were in place for care receivers.

Management of the service

The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size and complexity of the service.

On the day of the first inspection visit, the home was without a Team Lead, and the Registered Manager was on leave. A temporary Manager from another care home carried on by the same provider was in the home to provide oversight and support to the staff.

The Registered Manager for the service is responsible for another care home carried on by the same provider and splits their time between these two homes. The staffing numbers are currently four permanent staff and one full-time agency staff member within the home. The Temporary Manager commented about 'staffing pressures' within the home. However, staff were being brought in from other areas within the organisation to fill gaps in the rota or cover sickness.

Feedback from staff to the Regulation Officers was that the day-to-day running of the home was undertaken mainly by the two staff members who had left, and as a result, some of the remaining staff had been deskilled concerning, for example, medication administration (this is highlighted further under the heading of safety). In addition,

staff also commented that the Registered Manager's presence in the home during this period was not sufficient. One staff member commented that the Registered Manager might have been in the home for one day during a week, which might be their rostered day off, meaning that they may not see the Registered Manager for a week or two.

In addition, the staff had to attend the other home managed by the Registered Manager for supervision rather than these being carried out at L'Avenir. The temporary Manager discussed that they spend a week at a time rather than alternate days in both of the homes that they currently manage for the provider. This extended period provides a more significant opportunity for service oversight and meeting with staff and other managers should consider this approach. The Regulation Officers identified that, due to the recent safeguarding concern, the staff team needs consistent support, mentoring, and regular access to a registered manager, especially as the team is currently without a team lead. This is an area for improvement and will be kept under review by the Commission.

The Temporary Manager confirmed that there is a weekly Monday meeting for registered managers to look at rotas, and this is conducted face-to-face. In addition, there are monthly Registered Manager meetings to discuss operational issues that the Head of Finance, HR, and the senior management team also attends. The Temporary Manager described an 'excellent support network' with the other registered managers (from the same provider), and commented positively about 'sharing resources'. The Temporary Manager also confirmed managerial support on a day-to-day basis by phone, email, and being able to ask 'if I need anything'.

The Temporary Manager described regular supervision with the Behaviour and Practice Development Manager. Staff also receive regular supervision and appraisal sessions, which are recorded on the electronic system. Home staff members confirmed regular supervision sessions with the Registered Manager and staff meetings. However, one staff member commented that these meetings felt rushed, and when 'they did contribute, they weren't listened to'.

Notifications to the Commission were discussed with the Temporary Manager; there had been appropriate and timely notifications to the Commission since the last inspection. The Commission had received two medication error notifications in the month before inspection. Medication competencies for agency staff is an area for improvement and is discussed further under the heading of 'safety.'

The Head of Governance completes the monthly reports for the service, the last three monthly reports were requested and reviewed as evidence. The reports were found to contain clear areas reviewed each month with conclusions and actions identified.

The Temporary Manager could not access the training log for staff. The Regulation Officers requested this from the Learning and Development Team as part of the inspection process. The Learning and Development team will send reminders to all staff and reports to the registered managers. Training is also captured in the monthly reports and is discussed further under the heading of 'choice and safety.'

A sample of policies was requested as part of the inspection process from the Head of HR. These included, for example, the whistleblowing policy. Staff have access to all policies online.

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>

On arrival at the home, the Regulation Officer noted that the exterior walls of the home would benefit from being repainted and that there was some noise disruption on the second visit from work on an external leak on the first floor. The work was being carried out at a time to cause the least disruption to care receivers. Care receivers were observed to be well presented, relaxed, and happy within the home despite the recent investigation and confirmed this in feedback to the Regulation Officers. Staff were observed to be respectful and kind in their interactions with care receivers. A healthcare professional confirmed a positive impression of the home;

'the residents are relaxed and happy with the staff very much in the background, giving appropriate support when needed.'

One of the care receivers gave the Regulation Officers a tour of the home. It was noted to be clean and homely, with good evidence of personalisation. The garden area had been improved since the last inspection, there was a seated / BBQ area at one end and a trampoline and basketball net at the other end. One of the care receivers described how the residents had been involved in planting some of the bedding plants.

The care records are recorded on an electronic system. The Regulation Officer was able to review a sample of these remotely. The care plans were generally well organised and easy to navigate. There was evidence of regular daily updates and reviews. The Registered Manager reviews all care plans quarterly.

The care records were divided into profiles, medical information, communications, care plans, charts, and assessments. It was positive to note sections on 'all about me' within the plans. For example, sections entitled 'things that are important to me and how I am when I am well' for each care receiver.

There was also evidence of suggested websites for staff to gain further knowledge regarding care receivers' diagnosis/care needs. This is an area of good practice, promoting extended knowledge. There was also evidence of appropriate risk assessments for each care receiver, such as activities, outings, and fire risk.

There was positive feedback concerning the home and the staff. Care receivers confirmed to the Regulation Officers that they were happy within the home and had not been unduly affected by the recent staff changes and investigation. Although, one staff member told the Regulation Officers that one care receiver kept asking where the staff members who had left were. It was discussed with the Behaviour and Practice Development Manager that there was a need to address the staff leaving with care receivers. The Behaviour and Practice Development Manager felt that this had already occurred, but it was discussed that it might need revisiting.

Feedback from relatives was generally positive as well. One relative commented, 'I don't know what we would do without them,' and another, 'xxx is very happy there.' However, there was feedback about staff shortages, frequent staff changes having a negative impact on care receivers, and an observation about the incoming staff needing more induction and training. The Regulation Officers discussed agency staff induction and training with the Head of HR. While it is recognised that agency staff have full access to the electronic system/care plans, it was discussed that they could have a guide regarding care receivers' needs specific to each home. It could act as a quick reference/handover guide. This would help ensure information is passed on to newer staff, such as essential dietary information. A relative had highlighted this as an issue in feedback. Another relative commented that communication regarding feedback from medical appointments could be improved. Feedback concerning communication with the Registered Manager was mixed, from the Registered Manager being readily available to the Registered Manager's limited contact/presence within the home.

Four weeks of staffing rota were reviewed as evidence. The staffing does meet the minimum requirements but with increased reliance on agency staff. The management tries to ensure agency staff continuity as much as possible. However, as highlighted under the heading 'management of the service', the staff team needs consistent support with a new team lead and regular access to a registered manager. The Regulation Officers also felt that professional boundaries needed to be revisited with staff because of the recent investigation once there is an established staff team and ongoing support and mentoring for staff members who may have been negatively affected by the safeguarding concern and investigation.

Choice and safety

<p>The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. People will be supported, enabled and empowered to be as independent and autonomous as practicable. People's rights will be supported and protected.</p>

There is a young client group within the home. It was positive to note a focus on promoting independence and evidence that support is provided when needed.

Examples of promoting independence included care receivers helping to plan menus, taking turns with cooking, and taking responsibility for their laundry and light cleaning duties such as hoovering and dusting their rooms. This is an area of good practice.

Some care receivers also have jobs within the local community, and all care receivers are supported to attend various activities. Each care receiver has a weekly activity chart displayed on a notice board in the office. Attendance of activities is also documented in the care receiver's care plan under 'community and inclusion.' The activities range from horse riding, swimming, and cake baking to activities organised by the provider and external organisations.

Feedback from care receivers was positive concerning interaction with the other care receivers within the home. Two care receivers had a close friendship, and one care receiver described how 'taking turns' when deciding what to watch on the television helped them live together amicably. On the day of the first inspection, one of the care receivers was enjoying a lie-in, thus demonstrating respecting individual preferences concerning routine.

The Practice and Behaviour Development Manager discussed with the Regulation Officer that two Significant Restrictions on Liberty (SRoL) applications were in place under the Capacity and Self-Determination (Jersey) Law 2016, which are filed in the care receivers' care plans electronically.

Handling of care receivers' finances was discussed with the Temporary Manager, each care receiver has a locked money tin for pocket money, and the provider is currently reviewing delegation for care receivers' finances.

Medication management was reviewed within the home, as this had been identified as a focus area from the recent safeguarding investigation. There was evidence of safe medication administration practices. The medication administration records (MAR) charts had been completed appropriately. There was also a second sign-off record to be completed within a short timeframe of medications being given to check

for any medication errors or missed doses. All staff complete the Level 3 Regulated Qualifications Framework (RQF) medication training and competencies. The provider carries out repeat medication competencies every six months. The competency folder was provided as evidence to the Regulation Officers, which confirmed recent competency sign-off for all staff. However, it was identified from a discussion with the Temporary Manager that confirmation of competency for agency staff needs to be checked by the Registered Managers routinely. They must regularly complete the provider's competency framework when employed within the home. The Regulation Officers discussed that a medication training/competency certificate should be provided as part of pre-employment checks for agency staff. Ongoing competency checks should be carried out in line with service requirements. This is an area for improvement. Regarding one care receiver, no up-to-date prescription was on file for reference with the transcribed MAR chart. The transcribing advice on file was UK based and did not refer to local guidance and policy. This was highlighted to the Behaviour and Practice Development Manager at the second visit. The UK guidance was immediately replaced with a printed copy of the local transcribing guidance in the folder.

The medication cupboard was well organised with appropriate storage of controlled drugs and the medications for each care receiver. In respect of one care receiver there did appear to be an excessive number of packaged medications and it was discussed with the Temporary Manager whether some of these could be returned to pharmacy.

One care receiver needed buccal medication, but no staff are currently trained to administer this, the care plan was clear that this should only be administered by trained staff or paramedics, although required updating regarding one of the staff members who had left.

The firebox was reviewed as part of the inspection. The first aid box within the firebox contained many out-of-date items, such as plasters and dressings. Some things were more than ten years out of date. This is an area for improvement. The fire log was examined as evidence. The weekly fire alarm check had not happened every week, and some dates were signed for fire drills, which appeared inaccurate.

This is an area for improvement with immediate effect, and it was positive to note that by the time of the second visit, regular fire drills had been reinstated as per the Jersey Fire and Rescue Service's guidance.

The Regulation Officers reviewed the recruitment process and a sample of recruitment files during the visit with the Head of HR. All recruitment files were neatly organised and contained two-three references, a registration card, ID checks, DBS certificates, a contract, and a job description. All files were satisfactory regarding pre-employment checks being in place before the staff member's commencement date.

The Training and Development Assistant described appropriate training and learning assessment per the Standards. It was positive to note a blended training approach with e-learning and face-to-face.

There were also several new training initiatives available to staff in 2023. Examples of this were training in autism and epilepsy. The Behaviour and Practice Development Manager is undertaking SPELL train the trainer (this is a framework for understanding and responding to the needs of children and adults on the autism spectrum). In addition, an advanced epilepsy awareness training course has been sourced. The Regulation Officers were shown the content of this course as evidence, and the content was comprehensive and included education about the different types of seizures and treatment/management. Two staff are currently on Levels 3-4 of Makaton train the trainer training and are due to complete it in 2024. This training can then be disseminated to all staff within the service.

Staff within the organisation had also recently undertaken training in dementia care and end-of-life care. In addition, there is a designated MAYBO trainer within the organisation.

IMPROVEMENT PLAN

There were four 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: Regulation 5 (2)</p> <p>To be completed by: with immediate effect.</p>	<p>The managerial and leadership arrangements must be strengthened to lead the home in accordance with the Statement of Purpose.</p> <hr/> <p>Response of Registered Provider:</p> <p>In accordance with the SoP, structure has been put in, with Team Leader overseen by 1 RM and 2 Senior Managers. This is in place with an open review to this arrangement to ensure that the management structure is made more robust going forward.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 4.2</p> <p>To be completed by: with immediate effect.</p>	<p>The Provider must ensure that Fire and safety procedures meet statutory regulations and requirements set by the States of Jersey Fire and Rescue Service.</p> <hr/> <p>Response of Registered Provider:</p> <p>All fire checks are now complete and in line with and in accordance to the Fire Regulations.</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 4.3</p> <p>To be completed by: with immediate effect.</p>	<p>The Provider must ensure that there will be access to first aid kits and that these are checked and restocked regularly, to ensure out of date items are removed.</p> <hr/> <p>Response of Registered Provider:</p> <p>All First Aid boxes have been reviewed and are now properly equipped.</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 6.7</p> <p>To be completed by: within 3 months of date of inspection.</p>	<p>The Registered Manager must ensure that care/support workers (including agency staff) have completed the appropriate training and/or have a relevant professional qualification and have been assessed as competent to administer medicines prior to medication administration.</p>
	<p>Response of Registered Provider:</p> <p>12 agency staffs have had Les Amis Medication Competency training and this will be reviewed and updated accordingly.</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.



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