



Jersey Care
Commission

INSPECTION REPORT

La Mabonnerie

Care Home Service

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

25 April and 4 May 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 80 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 La Mabonnerie Care Home. The service is a five-bedroom detached property situated in the parish of Trinity. There is a garden centre, adult education centre, and local shop within walking distance. A bus stop is nearby with a route directly to St Helier.

The home is a two-storey building with en-suite bedroom facilities to accommodate a care receiver with physical disabilities on the ground floor. There are three double bedrooms on the first floor, a shared bathroom, and a staff sleep-in room. The home also has a lounge, kitchen, and enclosed garden area.

La Mabonnerie is one of 11 care home services operated by Les Amis. The service was registered with the Commission on 1 January 2019.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support. Category of care: learning disability, autism, physical disability/or sensory impairment. Maximum number of care receivers: 4

	Age range of care receivers: 18 years and over Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1-4 one person <u>Discretionary</u> None
Dates of Inspection	25 April and 4 May 2023
Times of Inspection	10:40 – 13:00 and 10:00 – 11:00
Type of Inspection	Announced
Number of areas for improvement	Four
Number of care receivers accommodated on the day of the inspection	2, 2 on leave on 25 April 2023

Les Amis Limited operates the Care Home, and a temporary manager was present on the day of the inspection visit.

The Commission received a notification of the absence of the Registered Manager on 15 May 2023. The notification included details of the Registered Provider's arrangements to ensure the service had a suitable interim management plan.

The service's Statement of Purpose was reviewed during the inspection process. It required updating as listed below and was found to be quite generic rather than service specific.

Areas requiring updating:

- Section 5. Aims and objectives of the service – the strategic priorities for 2019-2021 are outlined.
- Section 8. Staffing arrangements – the number of permanent staff and the staff levels on each shift are not in line with what was found at the inspection.

It is an area for improvement for an updated Statement of Purpose to be provided to the Commission within three months of the inspection date.

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 and since April 2023, a temporary manager has managed the home. It was evident from both inspection feedback and because of the recent managerial changes, that the need for consistent oversight and support of staff by management needs to be strengthened and is an area for improvement.

The Statement of Purpose needs to be updated concerning strategic priorities for the organisation and staffing arrangements. This is an area for improvement with immediate effect.

There was evidence of safe recruitment practices within the service and appropriate supervision and appraisal processes for staff. The core staff team was supplemented with agency staff, but there were processes to support the induction of agency staff within the home.

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.

Feedback from a care receiver, a health professional, and relatives concerning the care within the home was good. There was evidence of access to meaningful activities for all care receivers and of inclusive communication. The Regulation Officer observed positive interactions between staff and care receivers, and staff expressed job satisfaction in their roles.

There were two other areas for improvement concerning safety. The fire alarm checks were not all completed regularly, including fire drills. 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 needed to be updated. 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. This was to ensure that the Temporary Manager would be available during the visit.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **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 sought the views of the people who use the service, and/ or their representatives, and spoke with managerial and other staff.

The Regulation Officer established contact with three care receivers during the inspection visits. This contact was face-to-face. Two relatives were contacted by phone. The Regulation Officer spoke with three members of staff in addition to the Temporary Manager.

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

The views of two health professionals were also sought as part of the inspection process. At the time of writing this report, one response had been received.

Policies, care records, medication charts, and monthly quality reports were examined during the inspection. This inspection included a tour of the premises.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Temporary Manager.

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 some improvements had been made. This means there was evidence of train-the-trainer training in MAKATON for two staff members within Les Amis, which is due to be completed in 2024. However, in the meantime, all staff have had access to a taster session in MAKATON training. The Temporary Manager was unaware whether the previous Registered Manager had met with the Speech and Language Therapist (SALT) Manager. They described the positive involvement of the SALT team with one of the care receivers within the home. The Regulation Officer followed this up with the Behaviour and Development Manager during the inspection process. The Behaviour and Development Manager confirmed the involvement of the SALT team with all of the care receivers in the home.

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.

At the time of this inspection, a temporary manager responsible for another service carried on by the same provider provided support and oversight to the staff team at the home. The core staff team consists of three permanent members of staff, one of whom is the Team Lead for the home. Agency and zero-hours staff supplement this staff team, and management tries to ensure the continuity of agency staff where possible. The Temporary Manager described one staff vacancy currently within the home. There are always two staff members working during the day and one overnight. The staffing levels fall below those outlined in the Statement of Purpose but meet the minimum requirements in the Standards. Four weeks of duty rota was provided as evidence to the Regulation Officer.

The Temporary Manager commented positively on the support within the organisation from the other registered managers and the senior management team. The Regulation Officer was provided with an organisational structure of the service, which was appropriate to the needs and the size of the service. The Temporary Manager was currently spending three days per week based at the home and two days a week providing oversight to the other service. The Temporary Manager discussed that they had identified that the staff team might benefit from some more guidance and directive and that some processes were missing that needed to be reinstated. Although it is positive to note that these issues had been identified by the Temporary Manager. Feedback from the inspection process confirmed that consistent oversight and support of staff by management needed to be strengthened and is an area for improvement. At the time of the second inspection visit, a new interim manager had been appointed.

There is a weekly Monday meeting for registered managers to review 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 regular supervision with the Behaviour and Practice Development Manager but commented, ' You could go anytime with any concerns.' All staff are encouraged to identify three topics to discuss at supervision. However, one staff member commented that they found it slightly onerous to think of three things each time. At the time of the inspection, the Temporary Manager confirmed that the Behaviour and Practice Development Manager had completed all the staff appraisals for the home. Staff provided positive feedback concerning their most recent supervision sessions. There was one supervision outstanding, which the Temporary Manager advised that they had scheduled to undertake. Staff supervision and appraisal sessions are recorded on the electronic system.

There had only been two notifications to the Commission since the beginning of 2023. This was discussed with the Temporary Manager to check whether this was the case or if any under-reporting had occurred. The Temporary Manager suggested correlating this with the care receivers' care plans. Reviewing the care plans, the Regulation Officer found one other incident that should have been made to the Commission. This was where a staff member sustained a minor injury. Otherwise, appropriate, and timely notifications had been made to the Commission.

The Head of Governance completes the monthly reports for the service, the last three monthly reports were requested and reviewed as evidence. The Head of Governance attends the home every other month, on alternate months the reports are completed remotely. The reports were found to contain clear areas reviewed each month with conclusions and actions identified. The Temporary Manager confirmed that the registered managers and team leads also carry out a review of the Standards monthly.

The Regulation Officers requested the training log for staff 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 professional boundaries and whistleblowing policy. Staff have access to all policies online. The policies were generally clear and comprehensive.

At the time of writing this report, a meeting is scheduled with the Regulation Officer, the Provider, and the Head of Governance in June 2023 to discuss the service/organisational future development plan.

The organisation has a complaints policy/procedure for dealing with any complaints. The Temporary Manager discussed with the Regulation Officer that there is a complaints folder in the office but was unaware of any recent complaints.

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 Temporary Manager provided the Regulation Officer with a tour of the home. The home was clean and well-presented, with a homely feel. The bedrooms are of a good size, and there was evidence of personalisation in each room. The lounge had been decorated for the King's upcoming coronation, and one of the care receivers discussed their excitement about going home to watch the event on the television with their family. The kitchen showed evidence of the weekly menus and the fridge temperature checks. There was a stair lift on the stairs if required for care receivers. However, it did make an already narrow staircase even narrower.

The Regulation Officer observed staff interacting with care receivers with respect and kindness. On the second visit, one care receiver played a game with a staff member and appeared relaxed and happy. Staff members interviewed at the inspection demonstrated a person-centred approach to care, which was founded upon their understanding of each care receiver's care and support needs. Feedback

from the inspection process also confirmed a cohesive and proactive staff team, for example, seeking help or support from other health professionals when required. One health professional described the reactivity of staff, for example, in highlighting any deterioration in a care receiver's health and acting as their advocate. They described the staff as "excellent, incredibly caring, and gentle."

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, appropriate behavioural support plans, and referral to health care professionals. The Registered Manager should review all care plans quarterly. Two of the four care plans were awaiting quarterly review at the time of the report. The Temporary Manager advised that she would be reviewing the care plans in due course but was unaware if the reviews were up to date at the time of the inspection.

The care records were divided into profiles, medical information, communications, care plans, charts, and assessments. It was positive to note that there were sections entitled 'all about me' within the plans, which included, 'things that are important to me' and, 'how I am when I am well', for each care receiver. There was also evidence of appropriate risk assessments for each care receiver, such as fire risk.

There was positive feedback concerning the home and the staff. One care receiver confirmed "staff were kind and listened to them" and that they liked the home and staff. There was positive feedback from relatives that included:

"xxxx is very happy there. It is such a positive that staff know xxxx really well, and xxxx is allowed to go at their own pace".

"The home is "excellent." xxxx is very well looked after, and the staff respect our wishes as well as xxxx's."

Relatives described communication with the staff team as generally good, particularly about being informed concerning any health concerns regarding their relatives. One relative spoke positively concerning the availability and support of

care receivers in accessing activities. Examples given were the MENCAP disco, Battle of Flowers, and surfing. Each care receiver has an activity schedule which is displayed on the wall in the staff office.

The staff team described job satisfaction and a cohesive unit. They also expressed a good working partnership with the care receivers' families. One staff member commented that communication within the organisation could be improved. Another commented that staff were tired from covering additional shifts and that they hoped that the one job vacancy could be filled in the immediate future.

Four weeks of staffing rota were reviewed. This demonstrated that staffing levels met minimum requirements but that there was a significant reliance on agency staff. The Temporary Manager showed the Regulation Officer a staff handover sheet provided to agency staff working a 'sleep-in' shift. It is entitled '*It's been a while since you did a sleep-in here.*' This is good practice. The management tries to ensure agency staff continuity as much as possible. Staff confirmed to the Regulation Officer that the number of disturbed nights within the home had considerably reduced. The Temporary Manager advised how staff could contact the on-call team following a disturbed night and could discuss whether they needed relieving or were safe to continue working their shift.

As highlighted under the heading 'management of the service', an area of improvement from the inspection is that the staff team needs consistent support with regular access to a registered manager.

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 was evidence of inclusive communication and choice for care receivers. The home used visual boards and picture exchange communication systems (PECS). There were pictures entitled 'What's happening in your day' and pictures with choices of food and drink displayed in the lounge area so that care receivers could easily

select these. One care receiver uses MAKATON to communicate. Staff are also very attuned to non-verbal cues/signals from care receivers.

The home currently orders all food shopping online. This reflected the care receivers' preference not to undertake food shopping in person. The Temporary Manager explained that this is kept under review. Care receivers are involved in menu selection, and the weekly menu choices are displayed in the kitchen. One care receiver enjoys baking in particular.

All care receivers are supported to attend various activities. Attendance of activities is also documented in the care receiver's care plan under 'community and inclusion.'

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

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 three of the care receivers' finances. One care receiver already has a financial delegate in place. The Regulation Officer was shown a finance folder where finances are signed in or out. The home also has a housekeeping tin.

Medication management was reviewed within the home. There was evidence of safe medication administration practices. There was appropriate signing in on receipt of new medication with two signatures. The medication administration records (MAR) charts had been completed accurately, with no missing signatures identified. There was also appropriate recording, signature verification, and signage about self-medication by one care receiver. All staff complete the Level 3 Regulated Qualifications Framework (RQF) medication training and competencies. The Provider carries out repeat medication competencies every six months. Competency checks for agency staff were discussed with the Temporary Manager. They confirmed that this was now happening within the organisation. The Regulation

Officer 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.

The transcribing advice on file was UK based and did not refer to local guidance and policy. This was highlighted to the Temporary Manager at the inspection. A copy of the local transcribing guidance was forwarded to the Temporary Manager following the first inspection visit.

Medication is stored within a locked cabinet in the staff office; any controlled drugs are securely stored within a locked tin within the locked cabinet. The balance for the controlled medication was checked with the Temporary Manager, and the balance was confirmed with the register.

The fire log was examined as evidence. The weekly fire alarm check had not happened every week, and fire drills were being completed with new staff members but not for all staff within the home regularly, as per the Jersey Fire and Rescue Service's guidance. This is an area for improvement with immediate effect.

The Regulation Officer reviewed the first aid boxes with the Temporary Manager. One first aid box is stored within the office, and another within the firebox. One box contained many out-of-date items, such as plasters and dressings. The other box also required some updating. This is an area for improvement.

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.

There is a small amount of medical equipment within the home, serviced every six months, and a maintenance manager is employed by the Provider who undertakes six monthly to yearly home assessments. The Temporary Manager was not aware of any maintenance issues during the inspection.

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 1.1</p>	<p>The Statement of Purpose will be regularly reviewed and updated.</p>
<p>To be completed by: within 3 months of the date of the inspection.</p>	<p>Response of Registered Provider:</p> <p>In line with improvement 1 the SoP has been reviewed and updated to reflect the current state of play.</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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