



**Jersey Care
Commission**

INSPECTION REPORT

Les Amis (Home Care) Domiciliary

Home Care Service

**La Grande Route de St Martin
St Saviour
JE2 7GS**

24 and 30 November 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 (as amended) 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 Les Amis (Home Care) Domiciliary inspection report. The service is based at the Les Amis head office in the parish of St Saviour. The service delivers support packages for less than 25 hours per week to individuals in their homes.

Les Amis (Home Care) Domiciliary is one of two home care services operated by Les Amis.

Regulated Activity	Home care service
Conditions of Registration	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.
Dates of Inspection	24 and 30 November 2023
Times of Inspection	09:00-10:30 and 12:30-14:45
Type of Inspection	Announced
Number of areas for improvement	None

Number of care receivers using the service on the day of the inspection	29
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Les Amis Ltd operates the Home Care Service, and a Registered Manager is in place.

Since the last inspection on 15 November 2022, the Commission has received an amended Statement of Purpose, which the Regulation Officer reviewed as part of the inspection process. The Statement of Purpose reflects the services provided by Les Amis (Home Care) Domiciliary.

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.

During the inspection, the Registered Manager provided the Regulation Officer with documents and evidence of compliance with the Home Care Standards.

Feedback from care receivers, relatives, professionals, and staff received by the Regulation Officer, evidenced confidence in the service, and the Registered Manager. Overall, the feedback was positive; it was noted that the service's support is valued and promote the care receivers' independence.

During this inspection, the Regulation Officer reviewed staffing levels, policies and procedures, monthly provider reports, audit systems, notifications, complaints, and care planning. The requirements of the Home Care Standards were reflected in these documents.

Several examples of robust, safe systems of working practices within the service were provided by the Registered Manager to the Regulation Officer. Policies and procedures, staff meetings, risk assessments, and staff training were all part of the evidence provided.

The care plans were thoroughly reviewed by the Regulation Officer, who found that the service demonstrated and understood the needs of care receivers and reflected the individual's desires and preferences. They showed close commitment and encouragement of the care receiver's independence skills while ensuring they have the skills to handle the everyday challenges of living in their own home. 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 was completed on 24 and 30 November 2023. The Registered Manager received notice of the inspection visit one week beforehand. This was done to ensure the Registered Manager would be accessible during the visit. Furthermore, the Registered Manager had scheduled a meeting between care receivers and the Regulation Officer during the second inspection visit.

The Home Care 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**

The Commission reviewed all of the information about this service before our inspection visit, including the previous inspection report, the Statement of Purpose, communication records, and notifications received.

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

During the inspection, the Regulation Officer spoke with the Registered Manager and had the opportunity to spend time with four care receivers. This occurred within care receivers' homes, with their prior consent.

Following these visits, the Regulation Officer sought the views of three relatives, and prior consent was provided to be contacted. The views of three professionals were also sought and two provided feedback.

Two regulation officers held a separate meeting in March 2023 with the Head of Human Resources and the Learning and Development Assistant as part of the inspection process, and another visit took place in December 2023 to check the latest recruitment processes.

Records such as policies, care records, incidents, and complaints were examined during the inspection, and it was noted that the organisation had the correct measures in place to operate the service provided.

The Regulation Officer gave the Registration Manager feedback after the inspection. Additionally, on 6 December 2023, final written feedback was provided.

The report presents our findings and highlights areas of good practice that were identified during the inspection.

INSPECTION FINDINGS

During the previous inspection, no areas for improvement were required to follow-up on this visit.

Twenty-nine care receivers are currently supported by the service for a total of 354.5 hours each week. There are care packages that range from six hours per week to provide leisure and social opportunities, as well as daily living skills, to twenty-five hours per week as maximum length, which includes maintenance and development of life skills and assistance with access to leisure and social opportunities.

There were ten permanent staff members with zero vacancies during the inspection. The service is also supported by four zero-hour contracted staff covering vacancies, sickness, and holidays.

During the previous inspection, the Registered Manager and Team Leader regularly provided direct support to cover deficits in care hours due to sickness and annual leave. It was positive to note that this was no longer required, and the Registered Manager does not provide direct support anymore, only in extreme circumstances. The Team Leader has time allocated to admin, with a percentage of their hours assigned to direct care support.

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.

The Statement of Purpose provides a clear organizational structure. Following the Regulation Officer's request, this document was reviewed by the Registered Manager during the inspection process and given to the Commission. It was found to align with the service's size and requirements, which meets Standard 1 of the Home Care Standards.

The Registered Manager and their team have quarterly meetings. During these meetings, the group as a team reflect on their strengths and weaknesses. The senior team provides guidance and support to staff and encourages peer reflection to improve and enhance team skills. This is viewed as a valuable practice, as it allows staff to examine and discuss their practices, providing the opportunity to ensure quality oversight of services.

The Regulation Officer requested the last three-monthly quality assurance reports, which the Head of Governance undertakes. The Registered Manager provided the August, September, and October 2023 reports. The reports were found to have recognised actions about the Home Care Standards. In discussion with the Registered Manager, it was confirmed that they continue with a tracker document for all actions acknowledged, which sets targets for accomplishment and provides updates on progress. The Registered Manager described the reports and tracker as a "good prompt" to implement action, explaining that they diarise time each month to review and update the tasks required.

Monthly quality reports are written by the Registered Manager, which include information on staffing, incidents, and medication errors. The Head of Governance completes the monthly reports for the service; the last three-monthly reports were requested and reviewed as evidence. Once every two months, the Head of Governance attends the home care service. Remote completion of reports takes place during alternate months. Each report included precise information about the areas reviewed each month and conclusions and actions identified. In addition, the Registered Manager discussed with the Regulation Officer that they have an electronic system that is updated with the results and actions from the monthly reports. The Regulation Officer found these reports to meet the requirements of the Home Care Standards.

In addition, there was evidence of ongoing audits, risk assessment analyses, and assessments to assure the security of individuals receiving care, such as accident and incidents, care plans, and medication audits.

The Registered Manager informed the Regulation Officer that lone worker risk assessments are in place and are reviewed annually or earlier if necessary. With a lone working policy and an on-call service to support staff, safeguards are in place to ensure employee safety when working alone. The Registered Manager explained that if a specific care receiver is linked to the lone worker's risk assessment, this will also be evidenced in their care plan, which, during this inspection process, there were no risks associated with any of the care receivers using the service. The Regulation Officer had access to the reviewed lone worker risk assessment based on the observations from the last inspection. It was positive to note that there is a reflection on the risk assessment about staff being contacted upon starting and finishing their visits as lone workers. All staff expressed on the lone risk assessment that they do not wish to contact nor to be contacted. This risk assessment also reflects that this decision can be changed anytime.

Care receivers have details of who to contact out of hours and know that they should contact the on-call staff member in case of any delayed or missed visits. The Registered Manager reported that this continues to be a rare circumstance.

The Registered Manager confirmed to the Regulation Officer that a record log has been implemented since the last inspection to monitor delayed or missed visits.

The Registered Manager explained that an electronic internal complaints log system is in place to record all official and informal complaints and the actions taken in response. It was discussed that there had only been three informal complaints about the service, which the Registered Manager had handled with favourable results after action. There had been no formal complaints about the service. There is an accessible online version of the organisation's complaints policy, and additionally, to meet the needs of the care receivers, the service developed an easy read complaints policy.

The Registered Manager explained that in conjunction with the Team Leader, they supervise staff every six to eight weeks. Employees' probation and supervision files are kept in an electronic format, which the Regulation Officer had an opportunity to examine. Every meeting's objective and conclusion are documented. A yearly appraisal and a mid-year review are also provided to the staff. The Registered Manager explained that they consider each staff member as a unique person with specific needs, whereby the skills and experience of staff members are considered upon supervision and appraisals, alongside assessments of competency. This ensures that staff progress in a manner and pace that they are comfortable with. This process fulfils Standard 3.14 in Home Care Standards.

The Learning and Development team oversees training for all Les Amis staff. A range of mandatory training courses are made available to staff and updated regularly. It was discussed with the Registered Manager that the service continues to have a blended approach to training with both in-person and online training. All employees will receive reminders from the Learning and Development Team, which is also reported to the Registered Manager. The monthly reports also provide information on training.

The service is registered to specific care categories, namely autism, learning disability, physical disability, and/or sensory impairment. Initial online training is provided to meet the needs of the care receivers. The organisation also has accredited trainers for MAYBO, which provides appropriate methods to support different types of behaviour, with the advantage of a key trainer for safe handling. Les Amis also incorporates training in the Capacity and Self Determination (Jersey) Law 2016 (CSDL). This is available to all staff without previous training based on Jersey law.

During the feedback process, seven employees were contacted; of those seven, two provided the Commission with a response, and feedback was positive. All comments reiterated that they feel supported in their workplace by their peers and management. Some of the feedback received is detailed below:

“I have worked for Les Amis for eighteen years and in Domiciliary for about two. XXXX is a very competent and approachable manager who knows each of the individuals in their service and families well.”

“Each service user has regular supervision with our Team Leader, which gives them the opportunity to discuss any issues they have or any changes they wish to implement.”

“As a staff team, we have regular meetings to discuss the support provided to the individuals. As we all lone work, this ensures we are providing a consistent approach and allows for any changes to care plans to be implemented efficiently.”

“Having worked for Les Amis for many years, I genuinely believe in our underpinning values of independence and choice, and I have seen this in action in the Domiciliary setting, where everyone supported is given information and time to make decisions.”

“My thought in working for Les Amis. I’m very proud to be working for les Amis and feel valued. Training is good and easy to do online and in the classroom. I would say that Les Amis is above average with all their training for staff. Any concerns that I have raised in the past have been acted on. Always able to approach any of the management team. My RM is very person centred and always approachable and very much a two-way conversation when it comes to suggestions.”

There was constant praise from staff for the support and consistency the Registered Manager gave, and professionals echoed this. The staff team appears to perceive care receivers’ needs well. They are committed to applying any recommendations of any changes in the support required for the care receiver’s benefit.

Shadowing is part of a six-week introduction programme that can be extended if necessary. According to the Registered Manager, this time is contingent upon the workforce and may be adjusted or shortened as necessary.

The Registered Manager has Regulated Qualifications Framework (RQF) level 5. The Team Leader has RQF level 3 and has also completed Positive Behaviour Support (PBS) level 4. Four staff within the service have RQF level 3. Four staff members have level 2 qualifications, and five are not qualified. These qualifications are found to be in line with Standard 3.12 in Home Care Standards.

The Registered Manager clarified that nine staff members received medication training at RQF Level 3 in addition to their in-house medication skills. As part of staff induction, Les Amis provides medication training. This training is delivered by staff with an RQF Level 3 qualification based on the very comprehensive Les Amis medication competencies booklet. Once this training is completed, staff will be observed in practice on a minimum of three separate occasions by the Team Leader or Registered Manager, where a checklist is completed, and records are kept as evidence. This competency is reviewed every six months or before if the staff member requires further training. All staff proceed to a Level 3 administration of medication unit as part of their RQF qualification. The medication management follows the guidelines from Appendix 8 in Home Care Standards.

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.

Before offering a care package, the organization developed an evaluation process to determine whether it can meet the needs of care receivers. This is supported by an initial assessment made by the commissioning services, which forms the basis for appropriate care plans and risk assessments. Both senior management and the Registered Manager agree to accept the care package. Post acceptance of the care package, the Registered Manager will then meet with the care receiver and their case co-ordinator to obtain more relevant information, and based on this, care plans will then be generated and regularly updated as required.

Care plans and risk assessments were reviewed remotely through the service's electronic system called 'Zuri' for four care receivers. Everyone has an 'All About Me' assessment document that provides a comprehensive overview of special needs, wants and preferences, wishes, and background information. This information is used to develop care plans in five key areas (Community & Inclusion; Finances; Health & Medical; Maintaining Safety; and Perspectives Dreams & Goals). Upon reviewing the care receivers' care plans, it was noted that some of their photos were slightly outdated. It would be beneficial to update the care receivers' photos yearly or if there are any significant changes to the care receiver's identity.

The Regulation Officer found defined outcomes and interventions in each care plan, and there is evidence that care receivers are taking ownership of their care plan. Analysing the care plans, observing, and speaking with the Registered Manager and staff revealed that the care receiver's independence is encouraged and supported. The Regulation Officer found that the care plans showed that care receivers' needs were well understood. The service considered individual wishes and preferences, focusing on a person-centred approach to support. Goals are agreed upon with the care receivers, and opportunities are used to ask for feedback at regular intervals.

The Registered Manager demonstrated a proactive approach by protecting those in their care, including financial matters. This showed a conscious attitude towards the well-being and safety of the care receivers. The care plans are in line with Standard 2 of the Home Care Standards. This is seen as an area of good practice.

The sample of care plans analysed showed evidence of regular reviews and communication records with care receivers, staff, and Registered Manager. Health professionals regularly received information, and evidence of appropriate referrals was noted.

Three professionals' feedback was also sought, and two provided a response to the Commission. It was evidenced that the professionals had confidence in the team and management. Some of the comments received included the following:

“Les Amis provides really great support. XXXX is an excellent manager. They will drop everything to come and attend any urgent meetings or actions required for the benefit of their service users.”

“They are professionals, but so much more than that, they go above and beyond.”

“I highly recommend their service. The staff is so dedicated and can escalate appropriately and liaise with the correct professionals appropriately and efficiently.”

“I have found XXXX to be responsive and accountable in their work. Two clients in the outreach service have sadly died this year and XXXX and their team have gone above and beyond to provide support at end-of-life care and supporting their family; showing compassion and dignity. I have found that XXXX has communicated clearly and worked well with other agencies.”

The Registered Manager reviews the care plans every three months or before if required. Continuous revision of the plan was evident during the inspection process. In addition, the Team Leader is also qualified and performs part of this review process in support of the Registered Manager.

The focus is on nurturing and developing skills to ensure that the care receivers have the skills to live independently. Examples were given of how this could be achieved in practice, including monitoring care receivers to enable them to provide specific information and understand the consequences of inadequate financial planning.

The Regulation Officer had the opportunity to meet the four care receivers at their homes, where another Regulation Officer accompanied them. During these visits, all care receivers expressed their satisfaction with the staff and the support received and in discussions with the care receiver it was assuring that all information in the care plan is reflected within practice.

It was noted that the team is able to recognize the care receiver's individual communication styles and develop strategies to support effective communication. The care receiver's houses were personally decorated and appeared to be very well taken care of. One of the care receivers showed us the social club activity plan supplied by Les Amis and described what activities he loves to do. Another care receiver also mentioned that he was very excited about a cruise trip that Les Amis is organising next year with a few care receivers and staff members to accompany. It was positive to note that Les Amis's planned activities meet the wishes of the care receivers.

The Regulation Officer also recorded comments from the care receivers and their relatives, and these beautiful and comforting comments emerged:

"I am ok with the manager. I like where I live and don't want anything to change."

"I go out with them; I like it very much. I can ring them if I need anything or have any concerns."

"The management supports the team that is with me. If I wasn't happy, I feel comfortable enough to just say it, but it is all good."

"Les Amis is very helpful; they really think about the care receivers. The team always tries to involve everyone in order to meet the care receiver's needs."

“I am hoping that with the continued meetings between Les Amis and ourselves, we can provide XXXX with a better future, and will continue to be supported and provided with a suitable and stable environment.”

Relatives and care receivers spoke positively of the service and the staff who supported them. They felt that their wishes and choices were valued.

After setting up the Les Amy social club, the Registered Manager said they saw the care receivers much happier. The events are sent out to all care receivers, and they choose which activities they want to attend. On the second day of the inspection, the Regulation Officer spoke with two care receivers who were frequent users of the social club. When asked what they thought of this community club, they described how good this was, how much fun they had and were excited about the activities offered by the social club.

The Registered Manager said the community social club was a huge success for some of their care receivers, who wish to be more sociable. This gave them a perception of community, increased their opportunities, and led them to a better social life. The Registered Manager also showed that they have plans to develop different support for the care receivers, such as "peer supervision". This involves encouraging the peers to engage and provide different ideas and suggestions about the service and future activities. The activities management matches Standard 9.4 of the Home Care Standards, which was considered an area of good practice.

The Regulation Officer was shown the organisation's December social calendar in one of the care receiver's homes, which includes a range of activities, including bowling and bingo. Bowling leagues/tournaments are held on the last Thursday of each month. Care receivers can also attend activities organized by MENCAP if they wish to.

Choice and safety

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.

In March 2023, a visit with the head of Human Resources (HR) took place, where the recruitment process of the Provider was reviewed. All application files were organized with two to three references, registration card, identity card, DBS certificate, contract, and job description. All files were appropriate, and the pre-employment check was completed before the employee's joining date. Another visit in December took place with two regulation officers, and this area remained consistent for this service. Upon discussion with the Registered Manager, it was confirmed that all operational information is available electronically. This process is in line with Standard 3 in Home Care Standards.

The Regulation Officer reviewed a sample of four policies and procedures, which were cross-referenced to the Home Care Standards and included complaints, lone workers, whistleblowing, and medication. The content was robust, with references to key legislation and supporting organisations where applicable. All policies viewed were found to be in date or under review.

The Registered Manager advised the Regulation Officer that there is currently no Significant Restriction on Liberty (SRoL) authorisation under the Capacity and Self-Determination (Jersey) Law 2016. Due to the nature of the care receivers that the service supports and the consequent goal, which is focused on independent living, applications are unlikely to be required.

Medication management was reviewed by the Regulation Officer. Evidence for the safe storage and administration of the medication was consistently positive. By observing the medication management process, the Regulation Officer found evidence that the systems in use consider autonomy by increasing cooperation with the care receiver. A medication policy was also provided, along with evidence of in-house training. In general, there appears to be a secure operating system that meets criteria 6.7, 6.8, and Appendix 8 in Home Care Standards.

The Regulation Officer analysed the incidents reported to the Commission and triangulated them with the care receivers' care plans. This has confirmed that the service is aware of the thresholds for submissions. It was verified that the information about the incidents was found in the notes of the care receiver. The Regulation Officer found that the care plan included daily entries and care receivers' input, which provided an emphasis on inclusion. It was noted that the high volume of reports of visits to the Accident and Emergency Department remains the same as from the previous inspection. This was discussed with the Registered Manager, who explained that the care receivers make health and medical care decisions and often take place out with support hours. However, the service will advise and support where required. The reporting system used by the service is in line with Standard 4.3 in Home Care Standards.

Medication error notifications were discussed with the Registered Manager. The Registered Manager was informed that this was a reportable incident when the Commission issued an updated incident report to all healthcare providers. It was noticed that the service is reporting and addressing medication errors consistently.

The care receivers' needs are discussed with the Registered Manager and Team Leader. The Registered Manager said that when specific communication needs were identified for individual care recipients, these could be met within the team and with the training provided. The team has the skills and resources to understand and meet the needs of those receiving care.

The Regulation Officer was provided a four-week rota sample, and it was positive to note that staff are fulfilling their contractual hours and not exceeding them.

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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