



**Jersey Care
Commission**

INSPECTION REPORT

L'Avenir

Care Home Service

**Les Amis Limited
Five Oaks
St Saviour
JE2 7GS**

24 and 25 April 2024

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 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 currently shared by two 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.

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	Type of care: Personal care and personal support. Category of care: learning disabilities, autism Maximum number of care receivers: 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.
Discretionary Condition of Registration	The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 24 August 2026.
Dates of Inspection	24 and 25 April 2024
Times of Inspection	09:45-12:45 and 09:25-10:25
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	Four

Les Amis Ltd operates the Care Home service, and there is a Registered Manager in place.

The discretionary condition on the service's registration was discussed, and the Registered Manager confirmed that they had commenced their Level 5 Diploma and hoped to complete it earlier than the given timeframe.

Since the last inspection on 8 and 14 March 2023, the Commission received a notification of the Registered Manager's absence in April 2023. The notification included details of the Registered Provider's arrangements to ensure the service had a suitable interim management plan. The current Registered Manager applied to the Commission on 28 June 2023, and the register was updated on 24 August 2023 to reflect the change in Registered Manager.

The Commission received an updated copy of the service's Statement of Purpose before this inspection. The Statement of Purpose reflected the service's aims and objectives in line with the Standards.

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 from this inspection were very positive. The Registered Manager and staff team were engaged in the inspection process and ensured all required documentation was readily available to view.

On arrival at the home, there was a relaxed atmosphere. Staff feedback regarding the new Registered Manager was very positive regarding the support they provided to the staff team and the general organisation of the home. There was evidence of staff induction, training and supervision in line with the Standards.

The Regulation Officer observed easy and respectful interactions between the staff and care receivers. A relative and health professionals also provided generally positive feedback.

The electronic care plans were up-to-date and personalised. An example of good practice is the work on advance care plans for the care receivers.

There was evidence of appropriate risk assessments, policies, and procedures to ensure the safety of staff and care receivers. Staff were clear about their roles and responsibilities and expressed that policies and procedures were in place to support them in their roles.

There was a clear management structure within the home comprising the Registered Manager and Team Lead, and a clear organisational structure and oversight supported this.

There are no areas for improvement from this inspection.

INSPECTION PROCESS

This inspection was announced, and was completed on 24 and 25 April 2024. Notice of the inspection visit was given to the Registered Manager two days before the visit. This was to ensure that the Registered Manager would be available during the first visit.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

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

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

The Regulation Officer gathered feedback from one relative, one care receiver and observed staff interactions with another care receiver. They also had discussions with the service's management and four other staff members. Additionally, feedback was provided by two professionals external to the service.

As part of the inspection process, records including policies, care records, incidents, staff training matrix and rota were examined.

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

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

INSPECTION FINDINGS

At the last inspection, four areas for improvement were 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 all improvements had been made. This means there was evidence of satisfactory management and leadership of the home in line with the Statement of Purpose, fire and safety procedures in line with requirements, first aid kits that are checked and restocked regularly and appropriate training and competencies in place for agency staff.

Is the Service Safe

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

There was evidence of regular checks by staff within the home to ensure the safety of staff and care receivers. General health and safety checks are undertaken as part of the weekly chores. The daily chores list for Monday to Sunday was viewed during the inspection, and staff initial when each task had been completed. The Registered Manager oversees these by conducting monthly inspections to review, for example, the fire, water temperature and fridge checks.

The Regulation Officer conducted a brief tour of the home with the Registered Manager. A few minor changes to the home's layout had improved things for staff and care receivers. A large dining room table now occupied the communal lounge to provide a larger/more sociable area, and the small dining area off of the kitchen had been made into a craft room for the care receivers.

The kitchen was refurbished to a high standard following last year's water leak. There was a useful board in the kitchen showing staff on duty, menu choices, chores for residents, and activities. An example of innovative practice was that staff used laminated menu cards that listed pictorial ingredients and a step-by-step guide to making the meal to assist care receivers with getting involved with meal preparation and cooking.

The exterior of the property was being painted during the inspection visit, which looked improved compared to the wear and tear that was evident at last year's inspection visits. It was noted at these visits that some areas on the top floor required superficial decoration. The Registered Manager discussed that these were on the agenda to be attended to in the near future.

The home was clean and homely, with evidence of personalisation in the bedrooms. There was a relaxed atmosphere and easy interactions between staff and care receivers.

The Regulation Officer undertook a brief review of medication management within the home. Medications are stored securely within a locked cupboard, and each care receiver's medication is stored in a clear box, clearly labelled with a photograph for identification. It was noted that the allergies section on the Medication Administration Chart (MAR) was blank; best practice would be to fill this in, even if it is only to record 'no known allergies'.

The home uses mainly boxed medications, with some still in blister packs for tablets in bottles or those requiring to be halved. The MAR charts for this cycle evidenced appropriate signatures.

The Regulation Officer randomly checked a sample of running totals for the boxed medication for each care receiver, and these were found to be correct. Staff from the oncoming shift checked the signatures and ensured that medication had been given correctly by the staff about to go off shift. In addition to this daily audit, there is also a monthly audit.

However, 13 notifications of medication errors have been made to the Commission since the previous inspection; given the size of the home, this was a substantial number. The Registered Manager discussed how they ensured appropriate measures were in place to minimise such errors. A small number of the errors occurred when care receivers were on leave from the home, and the Registered Manager discussed that the change from blister packs to boxed medication had been a period of adjustment within the home.

The Registered Manager confirmed what measures were in place to minimise risk; if a staff member is responsible for three medication errors within six months, they would be suspended from giving medication and medication competencies would be repeated. There is a medication audit each shift changeover, and accidents/incidents are reviewed in the monthly report, including notifications to the Commission. All staff undertake medication competencies every six months, and training carried out by the same two staff members within the organisation to ensure consistency. The Registered Manager discussed that they felt confident about the measures in place. The Regulation Officer confirmed that the Commission would keep this under review as part of the regular notification process.

Appropriate risk assessments were in place for care receivers, and these were evidenced within the care plans. One of the care plans provided an excellent example of positive risk-taking/assessment concerning promoting the independence of one care receiver in travelling to work. Each care receiver also had appropriate personal emergency evacuation plans (PEPPS) for fire evacuation.

No safeguarding concerns had been escalated to the Commission or reported by the Registered Manager at the inspection. Staff were clear about their safeguarding responsibilities and how to escalate them appropriately. On review of each individual staff member's training matrix, safeguarding training was found to be up to date.

Is the Service Effective and Responsive

Assessing the organisation of the service so that care receiver's needs are respected and met.
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The service demonstrated compliance with its mandatory registration conditions. The feedback provided and the care plans evidenced collaborative working. One health professional commented that their recommendations are generally always implemented and expressed the staff's commitment to the care receivers' well-being and health requirements. Care plans documented regular visits by the General Practitioner (GP), chiropodist appointments, and dental appointments, indicating a proactive approach to addressing the care receivers' healthcare needs.

Two care receivers have a Significant Restriction on Liberty (SRoL) authorisation under the Capacity and Self-Determination (Jersey) Law 2016. These are filed electronically on 'Zuri'. The Registered Manager was clear of their responsibility to notify the Commission of any SRoL authorisations and renewals.

The service demonstrated a person-centred approach to all aspects of care and support. When asked what makes this a happy place to live, one care receiver answered, "*The support I receive from staff*". There was evidence of care receivers' wishes and preferences being respected. The home has regular supervision sessions with care receivers where they can discuss both their physical and emotional needs. Examples of topics discussed are; '*I have friendships and relationships, and people treat me with respect*'. If care receivers communicate non-verbally, then staff will use observation instead. There was also evidence that tools such as the Picture Exchange Communication System (PECS) enhance communication with care receivers, and the Registered Manager is fully trained in Makaton Levels 1-4 and will commence the train-the-trainer training on completion of their Level 5 Diploma.

Care receivers have access to a wide range of activities within the community, some of which are organised by the provider and Mencap. These activities include art, discos, and one-to-one outings. One care receiver spoke of their enjoyment of their art sessions.

It was also discussed with the Regulation Officer that one care receiver had recently moved to another home, which the provider carried on, and staff had been supporting their transition into the other home. This is an area of good practice.

Is the Service Caring

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

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 referrals to healthcare professionals. The Registered Manager reviews the care plans quarterly. The care records were divided into profiles, medical information, communications, care plans, charts, and assessments.

A review of the care plans highlighted good practice. Two examples were the work being done on end-of-life care and work towards supporting independent living.

Significant work was being undertaken in advance care planning following two staff members' training in the 'end of life/no barriers here' training. The Regulation Officer observed how this has been implemented and evidenced within the care plan concerning one care receiver. The care plan has been created in addition to visual aids as part of this project. The care receiver discusses their wishes for end-of-life care using visual crafts such as a mood board and a loom to assist in the discussion throughout three workshops. This is a unique, inclusive and innovative approach to advance care planning.

Another area of good practice highlighted from a review of the care plans concerned two care receivers wishing to live independently with minimal staff support. The Registered Manager discussed the plans to accommodate this move in the future. The care plans evidenced what action the team was taking to prepare the care receivers for this transition. For example, the care receivers were receiving training in food hygiene and doing laundry. Ultimately, this will aid the transition to more independent living once the opportunity becomes available.

The Regulation Officer received positive feedback regarding the home from a care receiver, a relative and health professionals. Examples of what was reported are given below;

“It is a lovely home and the people living there seemed happy, there is a comfortable/laid back atmosphere within the home.”

“I am always made very welcome by the residents and staff on my visits. The staff are always very well prepared for my visits, having all the required information at hand. The house appears to be very well managed. I have no concerns about the care and support provided to the residents by the staff team at L’Avenir.”

“The manager is terrific, very efficient, easy to talk to and understanding. Overall it is an absolutely wonderful set up, there are just a few minor things which are easily fixable.”

Staff within the home also provided positive feedback concerning the culture. They described a good staff team and a supportive and responsive Registered Manager. They were clear about their roles and responsibilities. They were positive about the work undertaken to develop their roles within the home over the last year and the training opportunities offered to them. Feedback from the staff included:

“The Registered Manager is always open to any conversation or questions. They are supportive and clear regarding the procedures and policies of the organisation.”

“My induction process was really smooth and I felt well supported.”

“I am happy coming to work, we have gelled together well as a team.”

“Our strength as a team is providing person-centred care.”

There was evidence of regular supervision and appraisals for staff from examination of electronic records and this was confirmed by staff feedback. Supervisions are carried out four times a year and the Registered Manager confirmed that they had just completed the annual appraisals. The Regulation Officer viewed the supervision template on line and the Registered Manager had revised the template to make it more bespoke to the service. Supervision covers three topics – wellbeing, training and actions. The Registered Manager also described how situational leadership (adapting your leadership style to meet the needs of team members) is used to aid supervisions. The appraisal system involves an element of self-evaluation and is strength based.

The Regulation Officer also viewed evidence of induction records, the induction period is usually four to six weeks long but can be longer if required and is person focused.

Is the Service Well-Led

Evaluating the effectiveness of the service leadership and management.
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The staff team comprises the Registered Manager, the Team Leader, and five care staff. There is currently one vacancy within the service, which has just been recruited into. The Registered Manager discussed that the service is not currently using any agency staff and explained that any extra hours are currently being picked up by the staff team or zero-hours staff.

The Registered manager discussed that, as of 1 March 2024, they had been responsible for another home carried on by the provider in addition to L’Avenir. The Registered Manager discussed that they now split their time between the two homes, basing themselves three days in L’Avenir one week and then two days the following week.

The Registered Manager discussed that one of their goals for the current year was to support their staff team with their Regulated Qualifications Framework (RQF) training. They advised that every member of staff within the home was currently working towards RQF Level 3, 4, or 5, with one member of staff about to start their stand-alone medication unit.

All the staff interviewed during the inspection process provided positive feedback concerning the Registered Manager's support and management style. One staff member commented, "*The Registered Manager is doing an amazing job and leads by example.*" Staff were clear about their roles and responsibilities within the service, and the Registered Manager discussed feeling well supported by their peers and upper management.

There was evidence of quality oversight by the Registered Manager within the home; examples of this were a whiteboard in the office highlighting when checks/updates were due and the Registered Manager carrying out their monthly inspection. This is in addition to the quality assurance monthly report, which an independent person for the provider carries out. A sample of three months of reports was reviewed as evidence. These were found to be clear and comprehensive.

During the inspection, the staff members were clear about accessing policies and procedures and discussed how this supported their practice. A sample of policies was reviewed prior to the inspection and found to be in line with the Standards. Staff were also clear about raising a concern and whistleblowing.

Two regulation officers reviewed the recruitment process and a sample of recruitment files during a visit with the Head of HR and the Learning and Development Manager on 21 March 2024. There was evidence of safer recruitment checks in line with the Standards being in place before the staff member's commencement date.

The Learning and Development Manager 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. In addition to mandatory training, examples of more specialist training are highlighted below.

It was discussed how the organisation had become a member of the British Institute of Learning Disability, and as a result, they could access free webinars; a recent example was a webinar on menopause.

The Oliver McGowan (learning disability) training continues. With Tier One complete, two staff members are undertaking training for the trainer in Tier Two. In addition, two staff members recently attended sexual health training.

The Regulation Officer requested the training log for each staff member from the Learning and Development Manager as part of the inspection process. The Learning and Development team will send reminders to all staff and reports to the registered managers of training requirements. Training is also captured in the monthly reports. A random sample of three staff training logs was up to date, and one-course renewal is coming up in May.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan is not required.

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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