



**Jersey Care
Commission**

INSPECTION REPORT

75 La Tour Indigo

Care Home Service

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

21 October 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 75 Le Tour Indigo. The service is a five-bedroom, single level accommodation within an apartment block, on the outskirts of St Helier, close to shops, a sports centre and all major amenities.

This is a domestic residence, and the care receivers have bedrooms which are decorated and personalised in line with their preferences and with their own belongings.

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	Type of care: Personal care and personal support Category of care: Learning disability, autism, physical disability Maximum number of care receivers in receipt of combined personal care and support: 5 Age range of care receivers: 18 years and above Maximum number of care receivers who can be accommodated in each bedroom: 1-5 1 person

Discretionary Condition of Registration	None
Date of Inspection	21 October 2024
Time of Inspection	10:00-12:00
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	Four

The Care Home service is operated by Les Amis Ltd and there is a registered manager in place. The last inspection completed in this service was on 17 September 2020. Les Amis Ltd requested the service to be suspended in the first quarter of 2021, and the suspension was lifted on 25 June 2024 at Les Amis' request.

An application was submitted for the Registered Manager, who has been in post since the service's reinstatement. The Registered Manager also applied to vary a condition of the service's registration on 21 August 2024, requesting an increase in care receivers from four to five.

Additionally, an updated Statement of Purpose was provided upon request as part of the reinstatement process.

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.

Care receivers and their families expressed satisfaction with the service, highlighting its warm, family-oriented atmosphere that promotes overall well-being. They also valued the service's dedication to maintaining open communication, which supported trust and ensured that both care receivers and their relatives were kept well-informed.

The Regulation Officer observed collaboration with external health and social care professionals.

The home demonstrates effective management, leadership and governance, supported by, comprehensive policies, clear procedures, communication, and a focus on ongoing improvement.

Staffing levels were found to be in line with regulatory requirements, ensuring that the essential care needs of all care receivers are appropriately addressed.

The activities programme was reviewed for its ability to match care receivers' preferences and enhance their quality of life.

The service has also made positive improvements in staff training, with a shift towards more in-person training sessions, which is seen as an improvement in the training approach.

No areas were identified for improvement during this inspection.

INSPECTION PROCESS

This inspection was announced a week before the visit and was completed on 21 October 2024. This was to ensure that the Registered 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:

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

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

The Regulation Officer sought feedback from four care receivers and three of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was sought by four professionals external to the service.

As part of the inspection process, records, including policies, care records, rotas, training records, incidents and complaints, 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.

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

INSPECTION FINDINGS

At the last inspection, five areas for improvement were identified, and an improvement plan was submitted to the Commission by the service, 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.

- There was evidence of an updated and relevant Statement of Purpose that was provided to the Commission during the reinstatement of the service.
- Regular monthly provider reports are now being completed that are relevant and suitable for the service.
- The third improvement area was met, with two regulation officers verifying safe recruitment aligned with Care Home Standards in a first-quarter visit. A follow-up is scheduled for year-end to ensure continued compliance.
- The fourth improvement area was met, with the service notifying the Commission of accidents and incidents per standards and maintaining clear communication channels.
- The service has an easy-read complaints format, allowing care receivers to raise concerns directly with support workers and management. Additionally, Les Amis provides an online complaint option for relatives and the public on their website.

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.

The Regulation Officer reviewed the organisation's risk assessments, noting that they were both well-developed and regularly updated. The service uses an electronic system for record keeping and storing care receiver information.

Feedback from care receivers showed active involvement: *"I feel safe and very well supported by the staff"*.

During the inspection, the Regulation Officer reviewed duty rotas, which confirmed that the service consistently maintained an adequate number of qualified and experienced support staff to meet the care needs of individuals. This was supported by feedback from staff: *"I feel great by working in here. Management is very supportive, if I have any requests, I know I will be listened to"*.

Previously, the regulation officer attended the Les Amis head office in March 2024, where they looked at staff recruitment. The review of staff records confirmed that the recruitment process complied with Care Home Standards, with all required documents in place before new employees began their roles.

The Regulation Officer assessed the service's medication management practices. It was evident that several safety measures were in place to reduce the risk of medication errors, ensuring the well-being of care receivers. The service followed best practices in medication administration, supported by detailed policies, regular assessments, and periodic reviews.

It was discussed that the service should adhere to best practices regarding 'as required' medication. While the care plans demonstrate thoughtful communication strategies for interacting with care receivers, and the service includes a section on 'as required' medication in its medication competency assessment, the Regulation Officer emphasised the need for specific protocols tailored to each care receiver. The Regulation Officer shared information about these protocols with the Registered Manager, who positively acknowledged the importance of addressing this issue to ensure compliance with best practices.

In terms of Health and Safety, the service evidenced implementation of strong safety practices. Regular checks, including water temperature monitoring and fire safety inspections, were evident in monthly reports, demonstrating the service's commitment to maintaining a safe environment in compliance with regulatory health and safety standards.

Infection control practices are well-managed. Cleaning schedules were followed, often with the participation of care receivers. Food items in the kitchen were correctly labelled and stored, and the overall cleanliness and order of the home were consistently maintained.

Is the Service Effective and Responsive?

Assessing the organisation of the service so that care receiver's needs are respected and met.

The Regulation Officer reviewed the service's adherence to its mandatory conditions. This included assessing the care receivers' needs and how effectively the service met them. Through discussions with the Registered Manager, it was confirmed that the service fulfilled its duties by exclusively offering personal care and support to the care receivers.

The delegation of tasks was also examined, and it was clear that staff were completing appropriate and current stoma care training, as indicated by the training records provided. This shows that the service has a system in place to assign staff specific roles to meet individual needs.

The inspection revealed collaboration and communication within the service, which was evident in both care plans and daily practices. The documentation reflected a proactive approach to healthcare, with regular visits from healthcare professionals, such as GPs, chiropodists, optometrists, and dentists, all contributing to the care of the care receivers. This was confirmed through feedback received from a healthcare professional: *"Anytime that I had been called in, the manager was always helpful, they kept me in the loop. It works, and I don't have any issues. The service keeps me posted on any concerns directly, and I would do a visit if needed to"*.

The service was also committed to delivering person-centred care. This was evident in both the documentation and observed practices, where care receivers were actively involved in planning their care. Regular care plan reviews took place with the participation of the care receivers, ensuring that their preferences and any changes in their needs were discussed and addressed promptly. Feedback from care receivers corroborated this: *“I can see my plan of care and am able to discuss what I want with the staff. I feel involved in my care every day”*.

Staff training emphasised the importance of respecting individual choices, understanding legal aspects such as consent and capacity, and enhancing communication to better understand care receivers’ wishes. A care receiver expressed: *“I know that I can say what I want and what I need. I choose what I want with the staff supporting my decisions”*.

The Regulation Officer reviewed the care plans of all care receivers. It was clear that the service creates personalised care plans with input from health and social care professionals. Discussions with the Registered Manager also highlighted how the service manages sensitive matters such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions.

End-of-life care was sensitively addressed, ensuring a holistic approach to each individual’s needs. The service made notable efforts in this area, using creative methods such as arts and crafts to help care receivers engage with these topics. The Registered Manager completed specialised training off-Island and worked closely with the team and care receivers to provide comprehensive support and decision-making when addressing these important issues.

Is the Service Caring?

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

Upon reviewing the care plans, it was evident that the service closely monitors the well-being of care receivers and actively encourages their input. The care plans are structured into five key sections: personal profile, medical details, communication, care plan (which includes charts and assessments), and care visits. The care plan section is further divided into six categories: community and inclusion, finances, health and medical information, independent living skills, safety, and future goals and aspirations.

The 'All About Me' document is comprehensive and tailored to reflect each care receiver's unique preferences and needs. It provides an overview of various aspects of their lives, this includes not only their personal health history and medical requirements but also their social life, routines, and communication preferences.

Importantly, it highlights the care receiver's hopes, dreams, and mental capacity, ensuring their voice is heard and respected throughout the care planning process.

The care plans reflect ongoing contributions from care receivers, showcasing their involvement in shaping their own care. It was reassuring to see that staff routinely document daily updates, providing records of the care provided. Staff demonstrated familiarity with the care plans and how these led to their daily responsibilities.

During the inspection, the Regulation Officer observed that the service had established a well-organised system to engage support workers in discussions about their roles. Formal supervision and appraisals are conducted in line with the Standards, providing an opportunity to identify and address any challenges faced by the staff. Feedback received from staff confirmed this: *"I love this place, management is extremely supportive, I can talk to them about anything. I have regular supervisions, and they are brilliant"*.

Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.

During the inspection, the Regulation Officer observed that the service had established effective systems to gather and address feedback. These systems include processes for reporting concerns, handling complaints, and maintaining open communication between care receivers, their families, and staff. The service actively welcomes and responds to feedback, ensuring that it is taken seriously and acted upon as necessary.

The Regulation Officer had access to the whistleblowing policy. This policy was found to be clear and accessible to all staff members. Upon discussing with staff, it was evident that they were aware of this policy and felt that they could be transparent with management: *“The manager is here for us, she supports us and listens to our concerns”*.

The service also demonstrated a commitment to diversity by celebrating cultural events and personalising living spaces. Throughout the inspection, it was evident that the service regularly organises and participates in cultural celebrations, reflecting the diverse backgrounds of both care receivers and staff. Personalised decorations in rooms and daily updates on whiteboards helped care receivers stay informed about their daily routines, fostering a welcoming and familiar environment.

The service also provided evidence of comprehensive training for staff, covering areas such as ‘Maybo’ training (which develops skills for safely managing challenging behaviours), manual handling, first aid, autism awareness, food hygiene, fire safety, health and safety, and end-of-life care. This training demonstrates adherence to Care Home Standards, improving the quality of care provided. The Regulation Officer noted the confidence with which staff interacted with care receivers. Additionally, the feedback received by the staff confirmed this: *“I am very happy with the training that is offered to me. I can suggest any additional training, and I know that Les Amis will consider them for our professional growth”*.

Is the service reinstatement adequate?

Evaluating the effectiveness of the service reinstatement, following a period of suspension.

The reinstatement of 75 La Tour Indigo followed a request made on 18 June 2024 to close 43 Clubley Estate and transfer its four care receivers to the previously suspended 75 La Tour Indigo. The Registered Provider highlighted the significant improvements made to the property, including the installation of a new kitchen and updated bathrooms, ensuring the facility's general condition would meet the needs of the care receivers. Two regulation officers completed an inspection of the premises on 24 June 2024 to assess whether 75 La Tour Indigo was suitable for the care receivers and complied with the required standards.

Regarding the workforce, it was confirmed that all staff members from 43 Clubley Estate would be transferred to 75 La Tour Indigo, and no concerns were raised about the workforce's ability to continue delivering care. This smooth transition was essential for maintaining consistency and continuity for the care receivers, ensuring that their needs would continue to be met effectively.

The Commission, Registered Provider, and Adult Social Services worked collaboratively to ensure the safety and security of both the staff and care receivers during the transition period. After completing the inspection of the premises and reviewing the closure policy, it was determined that 75 La Tour Indigo was suitable for the care receivers' needs and could be reinstated as a fully operational care facility.

A subsequent meeting was held with the service in August 2024, after the transfers, during which lessons learned were discussed, and plans for moving forward were established. It was noted that the communication channels between the service and the Commission could have been enhanced. Feedback received from care receivers and professionals indicated that the move to 75 La Tour Indigo was a very positive step, and overall, the process was viewed as robust, taking into account everyone's wishes and ensuring that the care receivers' well-being was prioritised. Feedback received by a professional corroborated this:

“The process was well-managed, with strong involvement from both the residents and their families. Communication throughout was clear, and it was evident that each individual was treated with care and consideration, with the move being tailored to suit their personalities. No concerns were raised, and the clients seemed very happy with the transition. Families also expressed their satisfaction, mentioning that the move has made it easier for them to visit their loved ones, thanks to better access to the premises.”

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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je