



Jersey Care  
Commission

## **INSPECTION REPORT**

**Les Amis (Home Care) Domiciliary Plus**

**Home Care Service**

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

**15 and 20 November 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 Les Amis (Home Care) Domiciliary Plus, which is situated at the Les Amis head office in the parish of St Saviour. The service provides support packages over 25 hours per week to individuals living in their homes.

Regulated Activity	Home Care Service
Mandatory Conditions of Registration	Type of care: Personal care and personal support Category of care: Learning Disability, Physical Disability, Autism Maximum number of personal care and personal support hours to be provided per week: 2249 Age range of care receivers: 18 and above
Discretionary Condition of Registration	The Registered Manager of Les Amis (Home Care) Domiciliary Plus must complete a Level 5 Diploma in Leadership in Health and Social Care by 28 February 2025
Dates of Inspection	15 and 20 November 2024

Times of Inspection	13:45-15:45 and 13:00-14:45
Type of Inspection	Announced
Number of areas for improvement	None
Number of care packages during the week of inspection	Seven

The Home Care service is operated by Les Amis Limited, and there is a registered manager in place.

Since the last inspection on 30 October and 6 November 2023, the Commission received an application from the Registered Provider in July 2024 to extend the discretionary condition in place regarding completion of the Level 5 Diploma. The Commission approved the extension on 19 July 2024 and a further extension was granted in January 2025 for a completion date of 28 February 2025.

An updated Statement of Purpose was submitted by the Registered Manager prior to inspection, this accurately reflected the service's aims and objectives and compliance with its mandatory conditions of registration.

## 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.

There was evidence of safe practices within the home care service. Examples are appropriate risk assessments and safe procedures for care receivers who are self-medicating.

The service has a consistent core staff team. The team described a supportive and knowledgeable Registered Manager. Feedback described communication within the service and the organisation as good, promoting a positive work culture.

Feedback from care receivers and relatives was positive concerning the care and support provided and access to activities and employment for care receivers. Relatives described a caring staff team and Registered Manager who were person-centred and made a difference in the day-to-day lives of care receivers. The care plans further evidenced this, including regular care receiver supervision, where their wishes and preferences are reviewed and discussed.

There was evidence of appropriate supervision, appraisal and training for staff, and staff described how the Registered Manager actively supported and encouraged training and development.

Clear policies and procedures supported staff in their roles, and they knew how to raise any concerns should they need to. Quality oversight was in line with the Standards, and all the registered managers employed within the organisation met regularly to discuss and review organisational progress in line with the Standards.

## INSPECTION PROCESS

This inspection was announced and was completed on 15 and 20 November 2024. Notice of the inspection visit was given to the Registered Manager a day before the visit. This was to ensure that the Registered Manager would be available during the visit.

The Home Care Standards were referenced throughout the inspection.<sup>1</sup>

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 the information held by the Commission about this service was reviewed, including the previous inspection report.

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

As part of the inspection process, records including policies, care records, supervision records and quality monthly reports 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. 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.

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<sup>1</sup> The Home Care 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, no areas for improvement were identified.

### **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 appropriate checks and procedures in place to ensure the safety of staff and care receivers. For example, care receivers are supported in testing their fire alarm weekly and having a three-month fire evacuation discussion that involves where to go and who to call.

The Registered Manager also discussed how care receivers are supported in managing their finances safely or having a financial delegate in place. One relative provided positive feedback concerning the support provided to their family member in managing their finances and promoting independence. One care plan evidenced that a care receiver was supported monthly to check receipts against their bank statement.

Care receivers are also encouraged to self-medicate. The Regulation Officer saw how this worked in practice for one care receiver. A self-medication competency framework is completed and stored in the care plan. This was found to be detailed and contained details on, for example, the type of medication, how it is taken and who to talk to about your medication. The carer explained that this care receiver uses a medication administration chart (MAR) and their phone as a visual prompt to remind them to take their medication, as they previously had forgotten at times without this. Staff undertake medication competencies every six months, receive initial training, and sign off as part of their induction.

Policies are in place to support staff, which are stored electronically in 'People HR'. When new policies are introduced or updated, staff receive an alert that prompts them to read and sign to indicate understanding.

A sample of policies, including complaints and whistleblowing policies, was reviewed before the Regulation Officer's inspection. The Registered Manager gave a recent example of how the whistleblowing policy had been used positively.

The staff team consists of the Registered Manager, the Team Leader, and ten support workers/carers. Three vacancies have recently been filled, but the staff haven't commenced employment yet. There are also three relief workers, and the core staff members will take on additional shifts if required. Two of the carers are RQF Level two trained, and two have RQF Level three, with six currently working towards RQF Level 2 or 3.

One staff member commented that they were looking forward to the new staff commencing employment as this would improve work/life balance if they didn't have to pick up additional shifts.

The Regulation Officer viewed the duty rota online. The collective rota was considered, as were two examples of individual staff members' rotas. The Registered Manager explained that there is a rolling rota for all staff. Any additional shifts picked up by staff are clearly identified. There are also clear sections for both routine and extra hours. This will highlight if staff are regularly working over 48 hours per week.

The Registered Manager also outlined in detail the interview process for new staff and their involvement in it. For example, the interview panel consists of two people (one of whom would usually be the Registered Manager), there are set questions, and a scoring sheet is used to help with the decision-making process.

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

There had been a recent safeguarding concern within the service, and the Registered Manager shared the learning and change to working practice, which was an outcome of the safeguarding process.

### **Is the Service Effective and Responsive?**

Assessing the organisation of the service so that care receivers needs are respected and met.
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An updated Statement of Purpose was provided to the Regulation Officer immediately prior to inspection. This was found to be reflective of the service provided and confirmed that the home was compliant with its mandatory conditions of registration.

There was evidence in the care plans of the staff monitoring and being proactive regarding care receivers' health needs. Care plans documented regular visits with the General Practitioner (GP), Chiropodist, and dental appointments. In addition, collaborative working was evidenced. Health professional feedback included;

*“The staff seem to be getting to know Xxx well and have a good handle on their health needs and how they will be supported moving forward.”*

Sensory assessments were discussed with the Registered Manager, who identified two care receivers, one of whom required a new assessment and one who needed a review. The care plans also evidence regular supervision with care receivers. These supervisions would cover topics such as health and well-being, cooking, boundaries, and finances. This demonstrates a holistic approach to care and support.

Feedback from relatives, care receivers, and staff confirmed that the service was responsive to care receivers' wishes regarding their choice of activities and employment. Care receivers have access to the organisation's social club and MENCAP (a charity organisation that works with people with learning disability) activities. Care receivers spoke positively concerning their enjoyment of their activities and employment.



## Is the Service Caring?

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

The Registered Manager discussed that they viewed assisting people with high levels of support to live their lives as a strength of the service. This was reflected in the feedback and a review of the care plans. These demonstrated a service which promotes and maximises independence in a supportive way. The care plans contained sections entitled 'independent living skills' and 'keeping safe', which evidenced support plans and risk assessments to allow care receivers to achieve this.

The Regulation Officer discussed with the Registered Manager that when shared care occurs, there should be evidence of a risk assessment about the shared care within the care plan. The Registered Manager agreed to take this to their line manager in order to have it actioned.

It was also positive to note that three out of seven care receivers were accessing the end-of-life care initiatives being rolled out within the organisation. 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.

Examples of care receiver and relative feedback are given below.

*"The care and compassion of the staff comes shining through. When Xxx comes home now, they are more confident. The staff put in a lot of effort."*

*"Xxx is happy with their care workers and communication is good."*

*"I am happy here, I prefer it to where I was living previously."*

*"I am happy in my flat and with my carers."*

Care receivers also confirmed to the Regulation Officer that they were clear about what to do if they weren't happy with anything and that they had been given a copy of the complaint procedure.

The Regulation Officer was invited to visit one of the care receivers within their home environment. The environment was clean and homely and included evidence of personalisation. They also observed a staff member interacting with the care receiver in a respectful and relaxed manner. The care receiver spoke positively not only concerning their home but of the feeling of community because of neighbours and friends around them.

The care plans also included evidence of the care receiver's financial agreement/contract, which was appropriately signed. The Registered Manager provided the Regulation Officer with a template of the contract, which clearly outlined the organisation's fees, terms and conditions.

There was also evidence of appropriate reporting and logging of incidents, including those reported to the Commission.

### **Is the Service Well-Led?**

Evaluating the effectiveness of the service leadership and management.
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The staff team described the Registered Manager as supportive, approachable and professional. Feedback described good communication within the service and the organisation, promoting a positive work culture.

One staff member gave an example of an initiative that had arisen because of feedback from a recent staff survey. The organisation's Provider responded by meeting with staff face-to-face to discuss career development for careers that had been highlighted as a gap in the survey. This is a positive example of an organisation listening and responding to staff feedback.

The Registered Manager also felt well supported by other registered managers within the organisation and the senior management team. The team leader supports the Registered Manager and is responsible for care plan reviews and leading team meetings. There are monthly team meetings, and all staff members have an agenda to which they can add. In addition, there is a parent/carer forum meeting every quarter.

The Registered Manager encourages different staff members from the team to attend the monthly manager meeting to discuss compliance with the standards. One staff member commented positively on this and explained that it helps understand why things are done a certain way. The Team Leader also commented about the benefits of the new team leader meetings, which occur in alternate months. They commented that this particularly helps newly appointed team leaders and allows for mentoring by sharing learning and experience.

The Learning and Development Manager described appropriate training and learning assessment in line with 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 (BILD), and as a result, the staff 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 any training requirements. Training is also captured in the monthly reports. The training logs for five staff members were reviewed and found to be generally up to date.

Some staff members had MAYBO course renewals (training in positive and safer approaches to behaviour) coming up in January 2025. Feedback from all staff was positive concerning their training and development needs.

One staff member shared how they had recently completed BILD positive behaviour support training Level 4 and reflected to the Regulation Officer how this has positively influenced their practice. In addition, they commented that recent changes to the positive support care plans/passport for care receivers had improved plans by telling more of a story. The BILD training was now being rolled out to other team leaders. All staff also receive service specific training in hoisting annually.

The Head of Governance completes a monthly report for the service; a sample of three-monthly reports was requested and reviewed as evidence. The reports evidenced different Standards being reviewed, as well as quality oversight of the care plans. Staff feedback is lacking in the reports despite staff members being emailed and offered the opportunity to provide feedback by email or face-to-face. However, staff are afforded other opportunities to provide feedback, for example, in meetings, supervisions and surveys.

A sample of two staff supervision records were reviewed online with the Registered Manager. The supervision template includes the following topics: well-being, standards, support from the Registered Manager and any other business. Staff are asked to prepare up to three topics to discuss prior to a supervision. There is a separate section for any concerns and/or failure to meet actions. Staff supervisions occur every other month and there are mid-year and annual appraisals. Staff spoken with during the inspection confirmed that they were having supervision on a regular basis.

## **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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