



Jersey Care
Commission

INSPECTION REPORT

Westley Lodge and Cottage Care Home

Care Home Service

**La Rue De La Masurier
St Helier
JE2 7ZZ**

13 October 2020

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

ABOUT THE SERVICE

This is a report of the inspection of Westley Loge and Cottage Care Home. This is one of eighteen care homes operated by Les Amis. The service is situated within a residential area of St Helier and close to local amenities which include a bus stop, a shop, a post office and a health centre. The exterior of the home has a large courtyard/ garden area and the home benefits from a car which is available to staff to take care receivers out.

The home is domestic in nature and care receivers have single bedrooms which are decorated and personalised in line with their preferences and with their own belongings. The home became registered with the Jersey Care Commission ("the Commission") on 18 July 2019. The home has been operating as a care home for many years and was registered and regulated prior to the current legislation coming into force.

Registered Provider	Les Amis Limited
Registered Manager	Teri O'Connor
Regulated Activity	Care home for adults
Conditions of Registration	Personal care or personal support can be provided to 4 care receivers Category of Care is learning disability and autism Age range of care receivers is 18 years and over
Date of Inspection	13 October 2020
Time of Inspection	2:45pm – 5:30pm
Type of Inspection	Announced
Number of areas for improvement	Five

The Care Home is operated by Les Amis Limited and the registered manager is Teri O'Connor. Prior to the inspection visit, the provider had notified the Commission of Teri O'Connor's resignation and their plans for a new manager to be appointed.

At the time of this inspection, there were three people accommodated in the home.

SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was completed on 13 October 2020. The Standards for care homes were referenced throughout the inspection¹.

The Regulation Officer focussed on the following areas during the inspection:

- the service's Statement of Purpose and Conditions on registration
- safeguarding (adults)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

Overall, the findings from this inspection were positive, and there was evidence of care receivers being provided with levels of care and support which is specific to their individual needs and abilities. The staff team on the day of inspection, appeared to have a thorough understanding of each care receiver's interests, preferences and communication abilities. Care receivers are supported to access work placements, social events and other community activities. Care receivers are also involved in the running of the household and are supported with activities of daily living including grocery shopping and meal preparation.

During the inspection, care staff, described the range of training options available to them. The registered manager facilitated part of the inspection and demonstrated in-depth knowledge of care receivers' needs and of their own responsibilities in ensuring these needs are consistently met. Both care staff working at the time of inspection, demonstrated a clear understanding of their roles and responsibilities and described the ways in which they support care receivers to maintain their independence.

The service's arrangements for recruiting one staff member who was employed this year were insufficient. This was evidenced by the fact that the staff member had started work in advance of the service receiving the relevant criminal records check. The manager did not have sufficient oversight of the employment process.

The Statement of Purpose should be reflective of the home's aims and objectives. Currently it is generic in nature, which reflects the aims and objectives of the Les Amis organisation as a whole but does not focus upon those of the home.

It is a requirement for monthly quality reporting to be completed and this has been identified as an area for improvement. During the difficult period of Covid-19, the registered manager was working remotely, and care staff had been reporting daily on

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

any issues as they arose; for example, staffing and maintenance requirements. However, a monitoring process needs to be in place to ensure that homes are meeting the Standards consistently.

The environment was found to be comfortable and homely and bedrooms were personalised to individual taste. One care receiver expressed contentment with their bedroom and was keen to show the Regulation Officer their personal belongings and possessions. The stair carpet appeared worn in places, which was reported to be from the home's cat scratching the carpet. Whilst the carpet was worn in places, it is positive that residents are permitted to have pets. Some cables and leads were noted to be coming from the back of the wall-mounted television in the lounge. This may present some health and safety risks to care receivers and should be reviewed further.

Five areas of improvement were identified in relation to ensuring that staff are recruited safely, that the home's Statement of Purpose is kept under review and that the organisation's approach to quality monitoring consistently meets the Standards. Arrangements for informing care receivers or their representatives about the complaints process and care planning records must also be improved.

INSPECTION PROCESS

Commission staff met with Les Amis senior management on 2 and 4 September to discuss a range of matters that each of the Les Amis registered services has in common. This was also an opportunity for Commission staff to meet with the registered managers as a group, away from the regulated activity. The organisation's response to the Covid-19 situation was discussed in detail alongside developments in care planning, staff training and quality assurance. This was a useful engagement and enabled the Commission to prepare for the inspection of each regulated activity.

Prior to our inspection visit, information submitted by the service to the Commission since the service became registered, was reviewed. This included any notifications and any changes to the service's Statement of Purpose. The findings from the most recent inspection, carried out on 18 October 2019, was also reviewed in advance of the visit.

The Regulation Officer sought the views of the people who use the service, and or their representatives, and spoke with managerial and other staff. Three care receivers, two members of care staff and the registered manager were spoken with during the inspection. After the visit, telephone contact was made with one care receiver's representative to gain their views about the home. Contact was made with allied health professionals to gain their view of the service also.

This inspection was undertaken in accordance with the home's infection prevention and control protocols.

During the inspection, records including the home's welcome pack, easy read guide information relating to complaints and care records were examined. The Regulation Officer undertook a physical inspection of the premises.

At the conclusion of the inspection, the Regulation Officer provided feedback to the registered manager.

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an action plan is attached at the end of the report.

INSPECTION FINDINGS

The service's Statement of Purpose and Conditions on registration

The care home service's Statement of Purpose was reviewed prior to the inspection visit. The Standards outline the provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The Statement of Purpose was provided upon initial registration and was reviewed prior to the inspection. The content was discussed with the registered manager during the inspection. It was noted that the information was generic in nature and mainly reflective of the organisation's overall aims and objectives rather than those of the individual service. There was no information within the Statement of Purpose which reflected information provided by the registered manager and care staff. Specifically, the Statement of Purpose did not reflect the ethos of the home in terms of supporting individual care receivers to live their lives to the best of their abilities.

The Statement of Purpose must be kept under review and amended to reflect the distinctive aims and objectives of the home and of the range of care and support needs provided. This is an area for improvement which was discussed with the registered manager, who acknowledged and agreed that it should be improved upon. The manager agreed to submit a revised version of the Statement of Purpose to the Commission. The Regulation Officer was satisfied that the registered manager fully understands their responsibilities to manage the service in accordance with the Statement of Purpose. Consideration should be given to ensuring that the Statement of Purpose is made available in an accessible version in order that it can be understood by all care receivers.

The registered manager described the assessment process undertaken before care receivers move into the home and continued once the move takes place. An example was provided which demonstrated the coordinated approach, which is taken, and which involves discussions with the care receiver and/or their representatives, their social worker and other care receivers living in the home. The manager described the duration of the process in its entirety, which can take a few months to support care receivers to prepare for and adapt to the move.

The home's welcome pack and easy-read service user guide were examined following the inspection visit. The easy-read welcome pack contains information in written and pictorial format.

Care receivers' choices to have food menus based upon their individual preferences is encouraged and respected. This was directly observed during the inspection with care receivers having different foods, which were both home cooked and nutritious.

One care receiver implied satisfaction by using gestures when asked by the Regulation Officer whether they were happy living in the home. Another care receiver described their life in the home and the contact and support they receive from staff. They spoke of their personal interests and how they access a range of activities in the community. Care receivers are provided with their own house keys, where appropriate. The registered manager has contacted allied health professionals in recognition of changes noted in some care receiver's health conditions.

The care home service is, as part of the registration process, subject to the following conditions:

<p>Conditions of Registration</p>	<p><u>Mandatory</u></p> <p>Maximum number of care receivers: 4 Number in receipt of personal care or personal support: 4 Age range of care receivers: 18 years and above Category of care provided: Learning disability and autism Maximum number of care receivers who can be accommodated in the following rooms: Bedrooms 1-4 one person</p> <p><u>Discretionary</u></p> <p>There are no discretionary conditions.</p>
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The Regulation Officer was satisfied that all conditions were currently being met.

Safeguarding (adults)

The Standards for care home's set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.

During the meetings with Les Amis senior management and the registered managers on 2 and 4 September 2020, it was confirmed that there are two in-house trainers who conduct level 1 (foundation level) safeguarding training for all new staff. Registered Managers were confident that staff are able to recognise and raise an

alert in this regard and that this is part of the monthly supervision discussions. Registered managers reported that safeguarding is a theme which runs throughout all training programmes.

There is a whistle blowing policy in place and staff were able to demonstrate that they knew how to access this and raise concerns both within and outside of the organisation. One staff member, during the inspection described a situation in which they had reported a concern to senior management and were confident that it had been dealt with appropriately.

The registered manager has submitted an application for an authorisation of Significant Restriction on Liberty (SRoL), for one care receiver who has intensive support needs and who requires a continuous level of staff supervision through the day. At the time of inspection this request has yet to be authorised.

One allied health professional commented that a more “individual approach” should have been considered at the time of Covid-19 rather than a “blanket policy on all restrictions” (of liberty). This professional noted that the registered manager had individually risk-assessed care receivers’ freedoms to leave the home at the height of the pandemic. The registered manager described the challenges associated with upholding care receivers’ rights and freedoms to leave the home against adhering to public health guidance at the height of the pandemic.

A discussion with one family member confirmed that they remain restricted from visiting their relative in the home and can only visit them outdoors. The registered manager has been made aware of the relative’s concerns about how visiting can be facilitated in the coming months. The ways in which care receivers and relatives can maintain contact with one another must be reviewed with consideration for the rights of the care receiver and the proportionality of any restrictions imposed.

Care staff described using photographs and picture books as a means of encouraging one care receiver to re-engage in the community following the period of lockdown. Two care receivers go out on their own accord and at the time of inspection, one care receiver was observed outside of the home for a period.

The Commission has received one notification from the home this year and the staff member working at the time of inspection, described an understanding of the need to report notifiable events and the means of doing so.

Discussion with two care staff during the inspection, confirmed that they had received safeguarding training and were able to describe both the types of incidents which may constitute abuse and the actions they would take if such abuse was suspected. One staff member described an example whereby they had contacted social services to seek advice about a concern they had identified. Whilst staff had received safeguarding training and knew of the ways in which to raise concerns, one staff member described the comparisons between interactive, face-to-face training and online training. They said the online training, from their perspective was not as informative as the face-to-face training that they had received previously. One care receiver reported that staff support them to keep safe and knew the names of the staff team deployed to the home. They spoke of being able to contact staff by

using a mobile phone when outside of the home. Care staff reported that they include and involve care receivers as part of the routine fire safety checks that are carried out each week. Care staff were on hand to help care receivers answer the door when the Regulation Officer visited and encouraged them to check the visitor's identity before allowing entry into the home.

Staff described a key part of their role as being to speak with care receivers on a regular basis to establish their views and to seek assurances that they are receiving appropriate care and support and that they are receiving the outcomes which they expect. This is discussed and recorded in care records and forms part of 'resident supervision' discussions.

The registered manager is responsible for managing two homes. The Commission were advised during the meetings on 2 and 4 September of the senior management's decision to require registered managers to work remotely to reduce the amount of footfall into each home during the height of the Covid-19 pandemic.

Discussion with the registered manager during the inspection, highlighted the disadvantages and challenges associated with this approach in terms of not being able to assure themselves that standards were being maintained during their absence. Whilst alternative forms of communication were available such as email, remote access to care records, daily telephone and video calls, the registered manager reported having to heavily rely on assurances from the staff team as to the welfare and wellbeing of care receivers.

Should the registered manager be absent from the home at any stage in the future, for a period exceeding 28 days, the Commission must be notified of the alternative management arrangements which are in place.

Complaints

The Standards for care homes set out the provider's responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service's staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.

It was reported that care receivers and their family receive a welcome pack on arrival which includes details of the complaints process. The welcome pack does not include information about the organisation's complaints procedure in a language or format suitable for care receivers. Care receivers should be made aware of how to make a complaint or to provide feedback about the service when problems arise. The organisation's website did not provide any information about the ways in which to raise concerns or make complaints. The registered manager advised there had been no complaints received from care receivers or families.

One staff member reported that they are unsure of how care receivers can make complaints other than to pass on their concerns directly to the registered manager. One care receiver told the Regulation Officer during the inspection that they would

speak to the registered manager if they were unhappy with any aspect of the care and support provided. The absence of the manager could potentially have impacted upon the care receiver's ability to raise concerns.

A discussion with one care receiver's representative was, overall, very complimentary about the staff and their abilities and commitment in providing a good level of support to their relative. However, the representative was unsure of the ways in which to raise a complaint should the need arise. This area requires improvement.

Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)

<p>The safe recruitment of staff is an important element of contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider's responsibility to ensure that there are at all times suitably recruited, trained and experienced staff available to meet the needs of care receivers.</p>

Prior to this inspection, a Regulation Officer visited the registered provider's head office and was facilitated to examine the arrangements in place for recruiting staff. During the visit, a sample of 25 recruitment records was reviewed. One of these related to staff employed to work in this care home. The records showed that one staff member started work in advance of the criminal records check being received by the service.

A discussion was also held with the registered manager about their involvement in staff recruitment and induction. The registered manager informed the Regulation Officer that they did not have sight of the criminal records check and were not part of the final decision-making process in employing the individual. The registered manager advised that HR staff informed them that the criminal records check had been provided, although they did not review it in advance of the staff member starting work. The registered manager has a key responsibility in ensuring that all staff who are supplied to work with care receivers have gone through a safe recruitment process and that all relevant information is accessed in order to make a decision about potential care staff working with care receivers. This area requires improvement.

Previously, care receivers had been involved in the recruitment process. However, because of the Covid-19 situation, they have not recently been able to be physically included. Given that the Covid-19 situation is likely to continue for some time, consideration should be given to how measures could be put in place to enable care receivers to be involved again.

The registered manager described their unease whilst working remotely during some of the period of Covid-19 lockdown. They informed the Regulation Officer, that whilst they had faith, trust and confidence in the staff team to carry out their roles diligently and to the best of their abilities, the fact that they were physically absent and not overseeing the home caused them some concern.

Whilst the registered manager was working remotely, care staff kept in touch by telephone and other forms of communication such as video calls. Care staff, during the inspection described contact with the manager as being frequent and they could contact the manager at any time for support and advice. Staff said, whilst they were in regular contact with the manager, and always received a response to their queries, they prefer and feel the benefit of the manager's physical presence in the home.

Staff are provided with regular opportunities to meet with the registered manager to discuss their roles through a formal supervision programme. This transferred to telephone discussions during the period of lockdown.

Staff can access vocational training in health and social care. One staff member reported that they had completed vocational training in health and social care in levels two and three and that they were part way through completing a management qualification. There are areas of specific training identified by the senior management team such as dementia awareness. Links had been made with the Alzheimer's Society and training was planned. However, this was unable to go ahead because the trainer had to travel from the UK and was unable to do so. All staff receive training in influencing positive outcomes for care receivers in situations where behaviours or anxieties may require some form of resolution.

During the period of Covid-19, the senior management team reviewed the staff rota in an attempt to reduce the amount of staff coming into the home. This led to shifts becoming longer in duration. Senior management, during the meetings on 2 and 4 September, described this change as having been positive, which both staff members confirmed during the inspection. The registered manager stated that they had not been consulted in the changes which were made to the staff rota.

The registered manager has managed the home for seven years is leaving her position. Prior to the inspection, the provider notified the Commission of the manager's leaving date and the plan to recruit a new manager.

Throughout the inspection, care staff were observed supporting and engaging with residents in a way which was both reflective of and sensitive to their needs and abilities. The differing levels of support provided by staff based upon individual care receiver's styles of communication and dependency levels were evident in this observation. Care receivers appeared relaxed and comfortable in the home and were observed eating their evening meal, making hot drinks, clearing the dining table, spending time in their bedroom and communicating with staff.

Care planning

<p>The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility to ensure that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.</p>
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During the meeting with Commission staff on 2 September, the senior management team described a planned widespread overhaul to the ways in which care receivers' personal plans and care records are recorded. It was explained that the new system is to be more relevant to the communication needs of individual care receivers and more user- friendly. From this inspection it wasn't clear how much the home's manager and staff or care receivers had been involved in this developmental work and the registered manager described not having been consulted or involved in the proposal until the day before the meeting.

Care records are recorded electronically, and all care staff can access records and amend, update and review personal plans. Daily entries are also made which capture the support which is provided. Examples of the daily records showed care staff to be providing varying levels of support and interactions to care receivers based upon their individual needs.

A sample of care receivers' personal plans was reviewed with the registered manager. It was noted that one care receiver had in excess of twenty personal plans. The manager considered this amount excessive and that a much smaller number (such as four), would be more relevant and meaningful in describing the level and type of support needed to meet the needs of the care receiver. A personal plan for one care receiver had been implemented to limit their access into the community at the height of the Covid-19 pandemic, had not been reviewed or amended to take account of the easing of restrictions. In practice there was no evidence to suggest the care receiver was still subjected to the same level of restrictions.

One care receiver who predominantly uses pictures and photographs to aid their communication had care plans which were in a written form and there was no evidence of pictorial or easy-read versions being available. The ways in which personal plans and care records are recorded is an area that requires improvement.

Monthly quality reports

The quality of services provided by this service should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.

The systems in place for monitoring compliance with the Regulations and Standards require further development. Monthly quality reports were not being produced at the time of the inspection. The combination of the prolonged period of the lack of managerial presence in the home and insufficient quality assurance reviews is a concern. This is an identified area for improvement and was discussed with senior management staff on 2 September 2020.

Up until the date of inspection, there had been no quality-monitoring visits to the home undertaken in 2020. Whilst there are arrangements in place for managers and care staff to submit information about the management and operation of the home, the effectiveness of this information and outcomes for care receivers has not been examined.

IMPROVEMENT PLAN

There were five areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 3.6</p> <p>To be completed by: with immediate effect</p>	<p>The registered provider must ensure that all staff are recruited safely, and the registered manager has appropriate oversight of the recruitment process.</p> <p>Response by registered provider: The comments noted in the body of the report has been attributed to an oversight by our HR team, which was mainly due to the absence of a Head of HR (old manager had left at the end of December 2019 new one to start March 2020).</p> <p>We would like to note that we have recruited over 44 staff in 2020 which have all met the required safer recruitment standards however for the reason noted above this individual slipped through our recruitment framework. No staff member should start work until all the required documentation is received. A full review of our recruitment processes has taken place and will be revisited in early 2021 to prevent this from happening again.</p> <p>To ensure the Registered Manager is involved throughout the whole safer recruitment process and the procedures around previous convictions with respect to a staff risk assessments, have been reviewed and will include a sign off by the relevant Registered Manager to prevent any further oversight of this manner.</p> <p>As soon as we are able to re-introduce residents to the interview panel safely this will take place.</p>
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<p>Area for Improvement 2</p> <p>Ref: Standard 12.2</p> <p>To be completed by: with immediate effect</p>	<p>The registered provider must put suitable arrangements in place to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations.</p>
	<p>Response by registered provider: In the first part on 2020 the planned visits by the Head of Governance did not take place due to the first wave of Covid-19. We would like to note that managers were not left unsupervised or unsupported however operational norms did change to reduce the risk of spreading the virus. This has now been rectified and regular visits have been booked in (now that it is safe to do so) and are taking place with the Head of Governance, Registered Managers, Staff and Residents in each location.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 1.1</p> <p>To be completed by: 2 months from the date of this inspection (13 December 2020)</p>	<p>The service's Statement of Purpose should be reviewed and amended to make clear the range of services being provided and submitted to the Commission within 28 days of the revision.</p>
	<p>Response by registered provider: This has been completed and submitted to the Commission.</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 2.7</p> <p>To be completed by: 2 months from the date of this inspection (13 December 2020)</p>	<p>Personal plans must evidence the involvement of care receivers and be prepared in a format that is accessible to them.</p>
	<p>Response by registered provider: As noted when we met on the 2nd of September a full review of our tablet-based care planning programme ZURI has taken place. The rationale for this review is echoed in the comments made in the body of the report with respect to the level of details and the amount of plans on the current system. This is now being addressed as planned and explained when we met, with a data transfer time window in place, to enable the movement of the data from the old to new more transparent platform, so it is achieved in an efficient and timely manner.</p> <p>This process will include the relevant communication needs for each individual resident being noted clearly in their personal care plans.</p>

<p>Area for Improvement 5</p> <p>Ref: Standard 10.2</p> <p>To be completed by: 2 months from the date of this inspection (13 December 2020)</p>	<p>The provider must ensure that people who receive care and their representatives are aware of the service's complaints policy and procedures in suitable formats to meet people's individual communication needs.</p>
	<p>Response by registered provider:</p> <p>The welcome pack and complaints policy should be provided to all service users and representatives when moving into Les Amis as part of the referral process. The welcome pack and complaints policy are available in written and easy read format.</p>

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards



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