



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Longfield Villa Care Home**

**Care Home Service**

**La Rue du Bocage  
St Peter  
JE3 7AS**

**12 March and 19 March 2021**

## 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 Longfield Villa Care Home. The service is in a quiet residential area in St Peter's Village. The parish church, two supermarkets, post office, public house, community centre and parish hall are all within walking distance. The home has access to a bus stop for a direct route to St Helier and the care home has the benefit of a minibus. The home is on one level with a large lounge and dining area and a pleasant outside area.

The service became registered with the Commission on 1 January 2019.

At the time of this inspection, there were 19 people accommodated in the home, with one currently off-island for medical treatment.

Registered Provider	Apex Nursing Agency Limited trading as Longfield Villa Care Home
Registered Manager	Steven Foulds
Regulated Activity	Care home for adults
Conditions of Registration	<p><u>Mandatory conditions</u></p> <p>Personal care/personal support can be provided to 20 care receivers.</p> <p>Category of Care is mental health</p> <p>Age range of care receivers is 25 years and over.</p> <p>Maximum number of care receivers to be accommodated in the following rooms:</p> <p>Rooms 1-20 – one person</p> <p><u>Discretionary conditions</u></p> <p>1. Steven Foulds as manager of Longfield Villa, must complete a Level 5 Diploma in Leadership in Health and Social Care by 30 May 2022 or appoint and have in post</p>

	<p>a registered manager with the aforementioned qualification or equivalent by same date.</p> <p>2. Alterations to Room 9 should be made to provide an en-suite facility (toilet and wash hand basin) or this room to be decommissioned as a bedroom by 30 May 2022.</p>
Dates of Inspection	12 March 2021 1.30pm – 4pm 19 March 2021 1.30pm – 6pm
Type of Inspection	Unannounced first visit
Number of areas for improvement	Three

## SUMMARY OF INSPECTION FINDINGS

The Standards for care homes were referenced throughout the inspection<sup>1</sup> and 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. Care receivers, their relatives and allied professionals all gave positive feedback and there was evidence of good multi-agency working.

During the initial stages of the pandemic, the registered manager balanced the rights and wishes of the care receivers with the Government guidelines and sought advice when necessary. A finding of this inspection was that there was no evidence of organised activities or specific one to one time for support and this is an area for improvement.

A medication inspection had been undertaken and there were no concerns. Training is in place to ensure knowledge of safeguarding is up to date for all staff. Staff promote independence and rights of care receivers in respect of liberty and this is an area of good practice.

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

There is an updated complaints policy in place and the registered manager is meeting with all care receivers to ensure that they are aware of the process. Relatives were not aware of the policy and the registered manager confirmed that they would send a copy of the complaints policy to all relatives. However, those who provided feedback reported that communication with the registered manager is good and care receivers felt that they were listened to.

There is a stable and consistent staff team. It has been custom for applicants to undertake a trial shift, sometimes before interview and in all cases before safe recruitment checks have been completed. This is contrary to Standards and the registered manager confirmed that this would no longer be practice. This is an area for improvement.

A training log is in place and there was evidence that reminders are sent to staff to ensure that all training is kept up to date. While it is positive that clinical supervision was offered on a regular basis, there was no log kept of these discussions and this is an area for improvement.

The registered manager demonstrated that care planning is person-centred and includes relevant outside agencies and health professionals as necessary. It was clear from a discussion with a care receiver that they had experienced a positive transition which was well planned. There was also evidence of specific care plans to consider preferences. This was an area of good practice.

There is an appropriate monthly tracking system and the registered manager has oversight of this and it is reviewed at management meetings with actions identified.

## **INSPECTION PROCESS**

Prior to the inspection visit, information submitted to the Commission by the service since it became registered, was reviewed. This included any notifications and any changes to the service's Statement of Purpose. A review of the findings from the previous inspection, which was completed on 5 August 2019, also formed part of the pre-inspection preparation and planning. Reference was also made to the details of conversations held between the registered manager and the Commission in the initial stages of the Covid-19 pandemic.

The Regulation Officer met with the registered manager and senior members of staff, sought the views of five people who use the service and four staff members. Following the visit, the Regulation Officer consulted four relatives of care receivers and contact was made with three health professionals who were known to have had recent contact with care receivers living in the home, to seek their views.

The inspection was undertaken in accordance with the home's infection prevention and control procedures. During the inspection visit, samples of records including policies and procedures, care receivers' care records, staffing rosters, medication administration records, quality assurance reports, staff files and training records

were examined. The Regulation Officer viewed the communal areas on the ground floor of the home, ensured adequate distancing whilst speaking with care receivers and viewed three bedrooms.

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

The report sets out the findings of the inspection and includes areas of good practice which were identified. 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 reviewed in September 2020. The Regulation Officer was satisfied that the registered manager understood their responsibility to review and update the Statement of Purpose regularly.

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

	<p><u>Mandatory</u></p> <p>Maximum number of care receivers: 20 Number in receipt of personal care/ personal support: 20 Age range of care receivers: 25 years and above Category of care provided: Mental health</p> <p>Maximum number of care receivers who can be accommodated in the following rooms: 1-20 – one person</p> <p><u>Discretionary conditions</u></p> <ol style="list-style-type: none"><li>1. Steven Foulds as manager of Longfield Villa must complete a Level 5 Diploma in Leadership in Health and Social Care by 30 May 2022 or appoint and have in post a registered manager with the aforementioned qualification or equivalent by same date.</li></ol>
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	2. Alterations to Room 9 should be made to provide an en-suite facility (toilet and wash hand basin) or this room to be decommissioned as a bedroom by 30 May 2022.
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A discussion with the registered manager and an examination of records, provided confirmation that these conditions on registration were being fully complied with and are intended to remain unchanged.

The registered manager is also the provider and has worked in the care home for many years. The Regulation Officer observed the registered manager’s positive working relationships with both care receivers and staff. They are familiar with the needs of all care receivers and with the Standards. They described the various aspects of care and of how the service works to ensure that care receivers’ needs are comprehensively met. It is worthy of note that the registered manager strives to maintain the independence of care receivers and there was evidence of positive risk taking.

The home adheres to the conditions of registration and, after seeking advice from the Commission, had also made provision for a care receiver to return to the home for end of life care with support from allied health professionals. An examination of records confirmed that health professionals are contacted by staff in the home, as required, to provide advice and guidance to support care receivers’ health and wellbeing.

Three allied health professionals all provided positive feedback regarding the care provided in the home. One stated that referrals are made to their service appropriately and that the team works well with advice and guidance given for the benefit of care receivers. A health professional stated that “staff were very empathetic to their patient’s needs. However, they could be appropriately assertive where required, in order to get the very best for their patients.” A further health professional described staff as “fantastic”.

The Statement of Purpose refers to the aim to “provide person-centred care for people with enduring mental health difficulties with a primary aim and objective to promote their independence and autonomy.” During the initial stages of the pandemic, the registered manager ensured that care receivers understood Government of Jersey guidelines, but there was evidence that they also balanced this with the rights and wishes of the care receivers. Given the specific needs of this group of care receivers, further advice and support was requested from the Government of Jersey’s Health and Community Services. In the absence of this, the registered manager supported and managed the care receivers through a difficult situation. This was evidence of good practice.

Five care receivers reported that they like living at Longfield Villa. A selection of views were:

“The staff are superb. They look after me well. It couldn’t be better.”

“They look after me. They are all nice.”

“It’s the best place for me. I can speak to someone if I’m not happy. I felt safe during Covid. They don’t force anything – they let you live the life you want to live.”

It is acknowledged that group-based activities such as bingo and quizzes are unlikely to be appropriate on account of the different needs and interests of care receivers, but the registered manager agreed that individualised activities both in and outside of the home would be more fully explored. One allied health professional provided evidence that care receivers are offered support in the community if this is their preference. Another health professional would like opportunities for activities for the care receivers outside of the home on a regular basis. There is a car available and the registered manager, agreed that opportunities for activities is an area for improvement.

It is acknowledged that the period of lockdown has made it difficult to progress the building work necessary to meet the discretionary conditions. However, the manager reported that there are plans in place and when it is more appropriate to have builders in the home. This requires some forward planning as the room is currently being used.

### **Safeguarding (adults)**

The Standards for care homes 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.

Systems are in place at the home to support the safety and protection of care receivers which include appropriate infection control measures for protection against Covid-19. Government guidelines are being followed with a pragmatic approach to visits within the garden to maintain contact with relatives.

A safeguarding policy is in place and two members of staff were able to demonstrate knowledge of the policy and of how to raise a concern if necessary. An internal survey sent to all staff in July 2020 records that all staff felt safeguarding training was either good or outstanding. Staff also reported that they were encouraged to challenge and report poor practice and they were confident that this would be acted upon.

Both members of staff consulted also stated that they have an assessment of medication management every six months and that, where necessary, they have received training in analysing data and administering specific medication, with appropriate oversight from an external agency.

There are no Significant Restrictions on Liberty (SRoL) authorisations in place. The care home will need to keep this under review according to the needs of the care receivers.

A medicines management inspection was undertaken on behalf of the Commission by a Senior Pharmacist employed by Health and Community Services, the day before the announced inspection visit. The Senior Pharmacist concluded that all medication storage and management was in order.

An examination of accident and incident records confirmed a positive approach to the recognition, reporting and recording of accidents that occur in the home. The home has been compliant in notifying the Commission of notifiable events.

Feedback from care receivers during the inspection, confirmed that they felt safe in the home and were able to raise any issues with members of staff when necessary.

## **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.

The Operations and HR manager has been updating all policies which has included the complaints policy. The Statement of Purpose was updated in September 2020 and this includes information about escalation of complaints to the Jersey Care Commission if necessary. The registered manager reported that they will be ensuring that relatives have a copy of the updated complaints policy and that they will be meeting with care receivers to ensure that they are aware of how to make a comment or complaint.

The Regulation Officer reviewed a log which currently only records formal complaints made in writing. In discussion with the registered manager it was agreed that all complaints would be logged on this system to demonstrate that all issues are listened to and action taken when necessary. During this discussion, the registered manager gave examples where care receivers have raised issues in an informal way and that this has been recorded in the records for each care receiver. It was also demonstrated that one care receiver had mentioned that they would like to see prawns on the menu and when the menu plans were reviewed, the Regulation Officer was able to see this had been actioned.

The staff survey completed in July 2020 indicates that all staff have knowledge of the Easylog system where complaints are recorded. Three members of staff felt that they would benefit from additional training on this system and the registered manager will also now ensure that members of staff understand that both formal and informal complaints should be recorded on this system.

Care receivers reported that they felt listened to by the registered manager and that they can make requests which are actioned where possible. Relatives who were consulted, reported that communication with staff was good although most did not feel part of care planning. It is acknowledged that in some cases this may be due to



the wishes of the care receiver who have capacity to decide what information is shared.

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

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.

The care home is fully staffed. There are 45 staff, which includes five mental health qualified staff, 22 care assistants and 17 support staff. The registered manager reported a low turnover of staff and from reviewing recruitment records, it was evident that some staff have worked in the home for many years.

Recruitment records for two staff were reviewed and it was evident in each case, that two references and a criminal records check were in place before the formal start date. However, it was noted that staff had been given trial shifts before safe recruitment processes had been completed. Standard 3.6 states that, "care/support workers must not have any contact with people receiving care or support ... prior to the completion of all employment checks." Following discussion, it appears that this has been standard practice and the registered manager accepted that this should no longer be offered to applicants. This is an area for improvement.

A training log is in place which demonstrates that all mandatory training available online during the period of the pandemic had been completed. Reminders were sent out to staff who had training outstanding. Team Leaders had received additional training to ensure they were up to date with all new policies. Mental health training was in place – either at an introductory level or as part of Level 3 training. The registered manager plans to expand this area of training and to include training in areas such as dementia in the coming year. It was noted that one member of staff had been offered development from a housekeeping to a care assistant role and was complimentary about the support offered to undertake the training necessary. A survey was sent to all staff in July 2020. Overall staff rated the service as safe, effective and caring. Staff reported that they received good training and that there are enough skilled and trained staff on each shift. They felt encouraged to report when they did not feel appropriately trained for a task. Six members of staff reported that there is a need for improvement in communication in the handover between shifts. Three members of staff reported that there was a need for improvement in staff working together to care for care receivers. This is an area that the current registered manager is aiming to improve and should be part of individual supervision sessions which are recorded.

Support staff reported that they receive clinical supervision from a mental health professional. The mental health professional also confirmed that they provide three monthly supervision and that staff can also request a meeting to discuss any challenging or difficult areas of work. However, this is not recorded and as this mental health professional has now left the service, it is a good opportunity to consider how supervision will be given and recorded. In the survey in July 2020, four

staff reported that they did not receive regular feedback on their performance and recognition for their efforts. This is an area for improvement.

## Care planning

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.

A sample of four care receivers' records were examined and there was evidence of an assessment prior to admission to the home. Care plans included a signature from the care receiver, or a note that they had declined to be involved, and a date for review. During the period of the pandemic, an additional care plan was included which demonstrated that care receivers were guided in the use of hand gel and the Government guidelines in relation to infection control.

In the survey from staff in July 2020, there was a general consensus that there is a positive relationship between staff and care receivers. All staff felt that they had time to provide care in a person-centred way.

The Regulation Officer noted that there were some areas in need of decoration within bedrooms. However, the registered manager was able to evidence that there had been discussions with the care receiver who did not wish improvements to be made. This was evidence that the wishes and preferences of individuals are considered.

Meal plans for two weeks were reviewed and demonstrated that there is an element of choice. Five members of staff reported in the staff survey in July 2020 that the standard of food and flexibility of mealtimes could be improved. The registered manager agreed to consider how care receivers can be more involved in choice of meals and involvement in shopping and preparation as appropriate.

One care receiver who was relatively new to the care home reported that they had been able to visit the home prior to deciding whether to stay. This had made them feel safe and demonstrated that they were involved in the transition planning. Three professionals all reported positive multi-agency working. One reported that staff support with recommended exercises and this supports with the health care plan. A health professional reported that there is positive multi-agency working with shared care plans and risk assessments.

One care receiver had been discharged from the hospital with an end of life plan. It had been their wish to return to the care home and this had been facilitated with support from other agencies. There were further examples of person-centred care planning with individual care receivers. For example, one relative reported that a member of staff had supported a plan for the care receiver to have contact in the family home, which had included gradual introduction by driving past the home to

manage anxiety. In another care plan, a care receiver had expressed an interest in running and a member of staff was supporting them in this.

One care receiver met with the Regulation Officer and described how they were supported with an important anniversary. A member of staff had considered the impact and planned events around this time with the care receiver. This was evidence of good practice.

### **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 registered manager is also the provider of this care home. There is a monthly quality report tracker in place which demonstrates that areas such as training and staffing are monitored on a regular basis. This is also reviewed at monthly management meetings attended by the senior management team.

The care home has recruited a HR consultant who is in the process of updating all policies and procedures and this has included the training for Team Leaders.

The Regulation Officer was satisfied that there are appropriate audit processes in place to support compliance with the Care Standards.

## IMPROVEMENT PLAN

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

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 3.6</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The provider must demonstrate that all safe recruitment checks are completed prior to staff commencing employment.</p> <p><b>Response by registered provider:</b> This area has been amended with immediate effect. All DBS checks have been completed along with all pre employment checks and references, as part of our safe recruitment procedures.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 3.14</p> <p><b>To be completed by:</b> within 2 months from the date of this inspection (19 May 2021)</p>	<p>Regular opportunities for formal supervision and appraisal will be given. Records of supervision will be retained within personnel files.</p> <p><b>Response by registered provider:</b> With immediate effect a qualified mental health nurse has been contracted to meet regularly on a one to one basis with staff to conduct clinical supervisions and mental health wellbeing reviews.</p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 9</p> <p><b>To be completed by:</b> within 2 months from the date of this inspection (19 May 2021)</p>	<p>Activities will be offered that are meaningful to the people living at the accommodation. Activities will promote social, physical and psychological wellbeing.</p> <p><b>Response by registered provider:</b> A new Home Manager has been appointed and will commence on or before 1-8-2021 and will be involved in the planning and future development of this area of improvement. However, in the interim period a dedicated file shall be kept of all current activities undertaken by the service users.</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 and best practice.



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