



**Jersey Care
Commission**

INSPECTION REPORT

Westley Lodge and Cottage

Care Home Service

**La Rue de la Masurier
St Helier
JE2 7ZZ**

15 June 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 Westley Lodge and Cottage. The service is situated in the parish of St Helier. It is close to the centre of town and benefits from easy access to many amenities. This includes a large supermarket, town park, cafes, and a local pub. Other facilities which include a health centre and hairdressers are within easy walking distance.

The service operates within a three-bedroom town house, situated over three floors. In addition, there is a self-contained cottage attached to the property which is for the sole use of one care receiver. All care receivers living within the main house have their own bedrooms which are located on the first and second floors, along with a communal bathroom, staff office and sleepover room. The ground floor has a domestic lounge and kitchen and there is outside space at both the front and rear of the home. There is also a car available to facilitate care receivers' outings and appointments.

Westley Lodge and Cottage is one of 16 care home services operated by Les Amis. The service became registered with the Commission on 18 July 2019. The home has been in operation for several years and was subject to regulatory inspections under the previous law.

Regulated Activity	Care Home
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support Category of care: learning disability, autism Maximum number of care receivers: four Maximum number in receipt of personal care and support: four Age range of care receivers: 18 years and above

	<p>Maximum number of care receivers that 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>
Dates of Inspection	15 June 2021
Times of Inspection	12.30pm to 5pm
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers accommodated on the day of the inspection	Four

The Care Home is operated by Les Amis Ltd and the registered manager is Gary Hedgecock.

Since the last inspection on 13 October 2020, the Commission has received an updated copy of the service's Statement of Purpose. This was submitted as part of the areas of improvement following the last inspection, with a further update submitted on the day of inspection.

An application for a new registered manager was received by the Commission in December 2020. This was subsequently withdrawn as the person resigned and a notification of absence of the registered manager was submitted in February 2021. This provided details of the interim arrangements for the service.

A further application for a new registered manager was received on the 12 May 2021 for Gary Hedgecock. This was approved by the Commission on the 28 June 2021, nine days after the date of inspection.

The Commission also undertook two engagement sessions with Les Amis registered managers in April 2021. The purpose of this was to introduce new managers to their responsibilities in relation to the Regulation of Care Law (2014), and to provide an overview of the inspection process. There was also a separate session held for members of the Les Amis senior management team. At this session, the new management structure was discussed, and feedback given from the engagement sessions.

The Regulation Officer discussed with the registered manager and team members the impact that Covid has had for care receivers and staff. It was a difficult time for all, particularly during periods of lockdown as there were limited opportunities available for care receivers in terms of activities. Both the registered manager and staff reported that they there had been a noticeable change in some of the care receivers. This was in relation to confidence and maintenance of skill levels. One

care receiver's mobility reduced, and another is cautiously returning to social activities which they would have done independently before the pandemic.

Care receivers described the lockdown periods as "boring". Two care receivers have now returned to work and are happy to be back. All reported that they are happy to be able to get out and about again.

Through discussion with the registered manager it was apparent that he recognises the need to have a balance between the Government of Jersey's guidelines for care homes and the best interests of the care receivers. The registered manager is keen to support all care receivers to maximise their social opportunities in order to promote health and wellbeing, whilst ensuring that appropriate measures are in place to minimise risk.

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

Overall, the findings of this inspection were positive. There was evidence that care receivers were being provided with a service that is safe and which takes their wishes and preferences into account.

The Regulation Officer followed up on five areas for improvement identified in the previous inspection report. There were clear indications of improvement in three areas. While progress has been made in the two remaining areas, further developments are required which are discussed in more detail within the inspection findings.

There are robust recruitment and selection processes in place and there was clear evidence that staff members are supported through an induction process. However, some adjustments to policy may be necessary to ensure that internal processes prevent start dates of new members of staff being agreed upon by the central HR team, before registered managers have reviewed the safer recruitment documentation.

Training is a key part of the induction process with a focus on regular training updates and personal development as staff progress within the Les Amis organisation.

There has been much work undertaken by Les Amis in recent months to make improvements to care planning systems and to develop easily accessible information for care receivers. The Regulation Officer was able to review some of the progress made to date and to discuss the future plans with members of the senior management team.

The staff team were found to be very positive in their approach to the care and support of care receivers. The Regulation Officer witnessed many positive

interactions between care receivers and staff. Household activities are very much led by the care receivers with staff available for support and direction when required.

Whilst being registered as a care home, Westley Lodge and Cottage very much provides a domestic home environment. Care receivers move around the home freely and are very much a part of the daily activities and routines. The home is decorated in accordance with care receivers' preferences and wishes and it was evident that care receivers consider the environment as their home.

There have been some recent changes to the management structure within the home which include a new registered manager and the introduction of a team leader role. This appears to be working well, with the team leader and registered manager working collaboratively to develop and maintain good practices within the home.

All relevant policies and procedures were found to be in place to support the management of the home. The registered manager has a good understanding of both internal and external practices and procedures which support management, staff and care receivers.

Covid has had an impact on all aspects of the daily lives of the care receivers at Westley Lodge and Cottage. This has had an effect upon the wishes, preferences and choices of individuals, as well as impacting upon confidence, health and wellbeing. At the same time, there have been reviews of funding and rotas during Covid, when restrictions have been in place. There is a need to test changes made to ensure that they continue to fully support the rights and choices of individuals as they return to their normal activities, and ensure that any changes in need which may have occurred during Covid have been recognised and taken in to account.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the registered manager four days before the visit. This was to ensure that the registered manager would be available during the visit and to confirm the home's infection prevention and control arrangements. The inspection took place on the 15 June 2021.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Staff recruitment, training and development**
- **Approaches to care and welfare of care receivers**
- **Staff competence relating to categories of care provided**

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

- **Care home environment**
- **Management of services**
- **Range of activities which reflect choice, preferences and lifestyle**

Prior to the inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection reports, notifications, correspondence and the home's Statement of Purpose.

The Regulation Officer sought the views of the people who use the service, speaking to three care receivers at the time of inspection. Discussions were also held with the registered manager and four members of staff.

Following the inspection, contact was made by telephone or e-mail with two relatives who were happy to provide feedback on the home. The views of two professionals were also requested as part of the inspection process.

In addition, the Regulation Officer requested a meeting with representatives of the Les Amis team who were involved in the development of the new care planning system. The purpose of the meeting was to obtain a demonstration of the new system in order to, establish an understanding of the aims and objectives and provide a benchmark for determining the effectiveness of the system within individual Les Amis homes.

Two further meetings were held with the Human Resources (HR) manager to check the recruitment files of all new members of staff and review Disclosure and Barring Service (DBS) records.

As part of the inspection, documentation including policies, care records, incidents, complaints, induction processes, staffing rotas and training records were examined. This inspection also included a tour of the premises which was facilitated by one of the care receivers.

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 attached at the end of the report.

INSPECTION FINDINGS

At the last inspection on 13 October 2020, five areas for improvement were identified and an improvement plan was submitted to the Commission by the registered provider setting out how these areas would be addressed.

The improvement plan was discussed during this inspection and it was positive to note that three of the improvements had been made. This means that there was

evidence of safe recruitment practices and easy access to complaints policy and procedures for relatives and care receivers. There is also now an updated Statement of Purpose in place.

The areas of improvement relating to care planning and monthly quality reports are explored in more detail within the inspection findings. Whilst the registered provider has not yet met the Standards in relation to these areas, there is evidence that plans are in place to resolve this.

Staff recruitment, training and development

Reference was made to Standard 3 of the Care Home Standards which states: "You will be cared for and helped by the right people with the right values, attitudes, understanding and training."

Westley lodge and Cottage has six full time staff. There are two staff on duty each day, with one assigned to the main house and the other supporting the cottage. There is one member of staff on duty each evening who sleeps over in the main house. All staff are familiar with both areas of the home. The team is also supported by relief workers who have a working knowledge of the home and are familiar with the care receivers' needs.

There is an induction programme for new staff which is completed over a six-week period. The topics cover organisational practices and procedures, as well as focusing on the practical elements of working within Westley Lodge and Cottage.

There has been one new member of support staff join the team in February 2021. The registered manager explained that in the absence of a permanent registered manager, the team leader undertook the induction of the new member of staff within the home. A full six-week induction took place and all online training was completed. The registered manager joined the team in May 2021 and has provided a final overview to ensure the satisfactory completion of the induction process.

On the day of the inspection, the registered manager was involved in an interview for a new member of support staff. The recruitment process was discussed in detail with the Regulation Officer. The registered manager demonstrated their understanding of the safer recruitment practices which need to be in place and his responsibilities within the process. The registered manager is clear that he will not agree start dates for new members of staff until he has reviewed the relevant safer recruitment documentation.

The Regulation Officer met separately with the Les Amis HR manager to review recruitment files. All documentation was found to be in place including references and recent Disclosure and Barring Service (DBS) certificates. Whilst each of these documents are reviewed by registered managers, it was noted that safer recruitment documentation was not consistently reviewed by registered managers prior to start dates being agreed. The Regulation Officer discussed with the HR manager the need for some adjustment to the current policy in order to ensure that start dates are not agreed until the registered manager has reviewed the safer recruitment

documentation. This will ensure a consistent approach for all registered managers within Les Amis.

There is a recruitment policy in place which was reviewed by the Regulation Officer following the inspection. The policy contained all the elements identified in Standard 3 of the Care Home Standards.

The registered manager confirmed that all staff training records are in place. A copy of staff training records was requested from the Head of Learning and Development following the inspection and reviewed by the Regulation Officer. Staff undertake a range of mandatory training courses as part of their induction programme and then will attend update sessions. There are also additional training opportunities available dependent upon the needs of the care receivers or organisational requirements. Training courses provided include First Aid, safe handling, safeguarding, food hygiene, infection control and conflict management. All staff reported that they feel the training offered is good and supports them in their role within Westley Lodge and Cottage.

Further discussion with the registered manager identified his objectives for training in the coming months. This is particularly focused upon safeguarding training and making sure that staff are up to date with recent changes in policy. The registered manager also expressed his wish to return to more practical and interactive training sessions within the coming months. He understands the benefits of online training during the recent pandemic but feels that there are more benefits to staff within practical training sessions.

The registered manager reported that there is one member of staff who has a Level 2 Regulated Qualification Framework (RQF) or National Vocational Qualification (NVQ) in Health and Social Care. Two members of staff have a Level 3 RQF/NVQ, and three members of the team are still to undertake the qualification. This constitutes 50% of the total staff team, which is the minimum requirement as set out in Standard 3.9 of the Care Home Standards. The registered manager hopes to have two members of staff commence the RQF 2 qualification this year.

Staff supervisions take place every four weeks. These are formalised and recorded sessions which provide staff with an opportunity to discuss their role. This was confirmed by the staff members spoken to both during and after the inspection. Two members of staff commented that the frequency of supervisions could perhaps be extended. The registered manager reported that the minimum standard for supervision sessions within Les Amis is every two months.

Appraisals are in place for all staff. The registered manager explained that there is a new electronic system for appraisal. This consists of a self-appraisal process for staff which is then discussed with the registered manager and their views given. A development plan is then formulated, and the staff member is responsible for updating their plan. It is then reviewed with the registered manager at 6 months and 12 months.

During discussion with the registered manager and staff members, it was reported that staffing rotas within Les Amis were changed during Covid. The Regulation

Officer spoke with four members of the staff team who reported that they are happy with the rota changes with one commenting that they feel it provides a better work / life balance. The registered manager explained that he feels that the rotas should be adjusted when required in order to meet the needs of the home. He described a recent issue where he felt a change in start times was required in order to allow handover time for staff. The proposed changes were brought to a team meeting. The team were given the opportunity to express their views and a collective decision was reached which focused upon the best interests of the care receiver concerned. During subsequent discussions with staff, they confirmed that they are given a voice in relation to rota changes. This is an area of good practice.

Copies of the complaints, disciplinary, grievance and whistleblowing policies were requested from the HR manager and made available to the Regulation Officer for review following the inspection and were found to be satisfactory and up to date.

Approaches to care and welfare of care receivers

Reference was made to Standard 5 of the Care Home Standards which states: "You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences."

The previous inspection of the Westley Lodge and Cottage on 13 October 2020 highlighted the following as an area for improvement:

"Personal plans must evidence the involvement of care receivers and be prepared in a format that is accessible to them".

The provider response highlighted that there had been a review of the care planning programme and that a new system had been devised. The process would include the relevant communication needs of each care receiver being clearly identified in personal care plans.

At the time of this inspection, all data had been transferred to the new system which had been live since April. Therefore, there are minimal care plan reviews recorded. The minimum standard set for reviews is every three months. Overall, the registered manager and staff team have had positive experiences of the new system, however some are taking time to get used to it. The registered manager reported that he has noted an issue with the system in relation to how it records reviews. He has fed this back to the senior management team for review.

Prior to the inspection, the Regulation Officer met with members of the senior management team at Les Amis who were involved in devising the new system. This gave the Regulation Officer an opportunity to receive a demonstration on the functions of the system and the anticipated outcomes following implementation. Members of the management team acknowledged that the system is in the early stages of implementation and there will need to be regular opportunities to review progress, seek feedback and identify any adjustments required.

The registered manager explained that the communication facilitator has been working with one care receiver for a four-week period. The purpose of this has been to assess the care receiver's preferred communication style, in order to develop systems that will support effective communication. It will also help to determine a consistent approach for staff in enabling the care receiver to express their wishes and preferences and allow them to have greater input with their support plan.

The Regulation Officer was unable to assess the effectiveness of the changes to the care planning system or indeed the proposed interventions to improve communication and involvement for care receivers. This was due to the system being in the early stages of development. Nevertheless, the Regulation Officer was encouraged by the efforts and plans in place to date.

The Regulation Officer had the opportunity to spend some time with three of the care receivers of Westley Lodge and Cottage and make some observations of the daily interactions between care receivers and staff. It was evident to the Regulation Officer that the care receivers consider the environment to be their home. All are very independent and have preferences in relation to domestic tasks, one prefers to do the hoovering whilst another enjoys doing the washing up. Care receivers take account of each other's preferences and dislikes and share tasks accordingly. Staff presence within the home is very respectful of the care receivers. They were observed to be responsive to care receivers need rather than leading or directing activities and routines.

Due to the restrictions resulting from Covid, the social activities and family contact had been severely affected. Staff reported that they had identified some changes in care receivers' abilities during this time and this was reiterated by the registered manager. This has been noted in a variety of ways including the loss of routines which provide stability for some, loss of confidence in social settings which has resulted in a hesitation to participate in some social activities independently, and a decrease in mobility. Improvement has been noted for some as restrictions have eased and activities re-introduced. However, others are still re-gaining their confidence. This is recognised by the team and plans are being devised to support care receivers to return to their former routines and activities.

One care receiver has found the impact of Covid restrictions, along with some changes in the staff team particularly difficult. The staff are aware of the impacts and are working to provide a consistent approach which supports the care receiver to adjust to the changes.

Another care receiver has moved into the home in recent months. As part of the transition process, a member of staff from their previous home has moved with them. The staff member reports that the care receiver has settled well and is enjoying their new home. It has also been a positive move for the member of staff who will remain as a permanent member of the team.

In order to ensure that there is regular discussion with care receivers about their wishes, preferences and opinions care receiver supervisions take place weekly. There are ten topics of discussion and one topic per week is discussed with each care receiver. This is timetabled by the team leader and responsibility is assigned to

a member of staff on duty to carry out the supervision. Easy read versions are available for each of the supervision topics which include making choices, activities, relationships and health. This creates lots of opportunity for regular discussion with care receivers on their wishes and preferences. Further consideration may need to be given to adapting easy read versions further to meet individual communication needs.

Following the last inspection, ensuring awareness of complaints procedures for care receivers and relatives, in suitable communication formats, was identified as an area for improvement. This was discussed with the registered manager who was unaware of the steps taken to date to address this. He made the Regulation Officer aware that information relating to complaints can be obtained via the Les Amis website. There are also easy read versions available for care receivers. The Regulation Officer discussed the importance of taking account of differing needs of both care receivers and relatives and that the home needs to demonstrate an ability to adapt the information it provides to better reflect individual need. The registered manager informed the Regulation Officer that he would take immediate action to check with relatives that they had been made aware of complaints procedures. During subsequent discussions with relatives, the Regulation Officer was satisfied that this had been undertaken, with two family members clearly stating that they were already aware of the procedures. Care receivers also confirmed that they would speak to the registered manager if they had any concerns.

Registered managers within Les Amis meet on a monthly basis. It has been identified within these meetings that there is a need to update the welcome packs issued to new care receivers and their relatives. This is to ensure that they not only provide an introduction to Les Amis but are also personalised to each home and are accessible to care receivers. This will include information on the complaint's procedures

Accidents and incidents relating to care receivers are recorded on the electronic care planning system and this was reviewed by the Regulation Officer during the inspection. There is an accident form in place for general issues which is completed online and sent to senior management for review. The systems for accident reporting are explained to staff at induction. The registered manager is aware of his responsibilities in relation to the submission of notification of incidents to the Commission.

The registered manager understands the Capacity and Self Determination (Jersey) Law 2016 and is aware of the process for making applications for Significant Restriction of Liberty (SROL) authorisations. There is currently one SROL in place. During a discussion with one professional, concern was expressed that, prior to the current registered manager commencing their role, the team were unfamiliar with the processes to be followed in relation to capacity and best interest decisions. Advice was given to the team by the professional at the time that the issue occurred.

Overall, the feedback from relatives in relation to the care and welfare of their family members was very positive. One person described their relative as being "wonderfully well looked after", further stating that they had "no concerns" about their

relative or the care they receive. Another described the home as a “chilled household” and as being a “good environment” for their relative,

Staff competence relating to categories of care provided

Reference was made to Standard 6 of the Care Home Standards which states: “Your care will be provided with consistency by competent care and support workers who have the necessary training and qualifications to meet your needs.”

Induction of new staff takes place over a six-week period. During that time, new members of staff do not take part in any personal care or medication administration tasks. They will work alongside an experienced member of the team, taking time to get to know the care receivers.

During induction, staff will undertake online medication training. Once this is completed, they will have three supervised medication administration sessions before being deemed competent. Any medication errors are immediately followed up with a competency review for the member of staff. A recent notification was received by the Commission detailing a medication administration error. This was discussed with the registered manager who gave assurances that the relevant competency reviews had been undertaken by the interim registered manager.

Through discussions with staff, it was very evident that they know the care receivers well and have a good understanding of their needs. The specific needs of one care receiver require the support of knowledgeable and experienced staff. As a result, a longer induction period is required with opportunities to observe routines and practices of staff who know the care receiver well. Learning Disability training is available to all staff as part of the Les Amis core training.

The registered manager described his aspiration to secure enhanced training opportunities in positive and safer approaches to behaviour, Makaton, autism and diabetes as these topics have greater relevance to care receivers’ needs within the home.

Some of the care receivers have additional health needs of which staff have a good understanding. Through discussions with staff members, the Regulation Officer was satisfied that the team are aware of the professionals and services that are available to support them in their role. The registered manager further explained that he will have oversight of any referrals made to professional or specialist support to ensure accuracy of information.

The Regulation Officer discussed with the registered manager, the various sources of support that are available within the Les Amis organisation, such as positive behaviour support and a communication facilitator. Whilst this is of great benefit to the organisation, there is a need to recognise when referral to external sources is required. This was acknowledged by the registered manager.

During the time of the inspection, there were no specialist equipment or devices in use within the home, which would have required additional training or procedures to be in place.

Care home environment

Reference was made to Standard 7 of the Care Home Standards which states: “The environment will enhance your quality of life and the accommodation will be a pleasant place to live or stay.”

Prior to the inspection taking place, the Regulation Officer was contacted by the registered manager in order to perform some pre-visit Covid checks. Upon arrival the Regulation Officer was required to wear a mask whilst in the home.

The home is situated in a quiet square on the town outskirts, with other houses and flats on either side of the property. The environment is very domestic and has a ‘homely’ feel. Whilst this is a very positive aspect of the home, there would be limitations to the adaptations that could be made to support increased needs, such as mobility issues.

The Regulation Officer sought permission to have a tour of the home and was shown around by one of the care receivers. Other care receivers were happy to show the Regulation Officer their own bedrooms and very much had a sense of pride in doing so. All the bedrooms were found to be comfortable with décor and furnishings chosen by the care receivers. One care receiver talked of the new furniture they were purchasing, and another explained about the items they collect and how they like to display them in their room.

Time was spent with three of the care receivers chatting to them about their home and the things they like to do and any difficulties they may have. They were also happy to give feedback on the environment and the support that they receive from staff. All feedback received was very positive. Care receivers were also observed coming and going from various activities of their choice. A relaxed, calm and friendly atmosphere was noted. The care receivers have a cat which is a much-loved part of daily life.

Access to the Cottage was not possible on the day of inspection, at the occupant’s request. However, the staff team were able to provide information on the environment to the Regulation Officer.

There is one bathroom on the first floor which is shared by all three care receivers in the main house and is also used by staff when on a sleep-in shift. No issues were reported with these arrangements. Upon inspection, the Regulation Officer noted a build-up of dust on the ceiling fan. This was reported to the registered manager who undertook to resolve the issue.

There is a large eat-in kitchen which was observed to be regularly accessed by care receivers, who independently make drinks and snacks as required. Staff support care receivers to plan their meals on a weekly basis and there are opportunities to

make changes should care receivers so wish. There are doors leading from the kitchen to the rear garden and the Regulation Officer observed one care receiver taking to relax at the seating area with a cup of tea and was happy for staff to join in and have a chat.

The sleep-in room is situated on the first floor and also functions as a staff office. The room is large and pleasantly decorated. All staff have drawers to place personal belongings and good practices were noted to be in place for washing and replacing bed linen. Staff reported that they have no difficulties with the sleep-in room or the facilities.

The Regulation Officer noted some damage to the skirting board on the staircase and that the stair carpet appeared a little worn. This was discussed with the registered manager who explained that he suspects some water damage. He is waiting for new carpets to be available for fitting. When the old ones are lifted, the maintenance team will explore the source of the damage and make the necessary repairs.

Management of services

Reference was made to Standard 11 of the Care Home Standards which states: "The care service will be well managed."
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The home's statement of purpose was reviewed and updated as part of the improvement plan following the previous inspection on 13 October 2020. As previously stated, a further update was submitted to the Regulation Officer on the day of the inspection. Upon review, it was found to be reflective of the range of services provided at Westley Lodge and Cottage.

There have been some recent changes to the management structure within Les Amis with the introduction of team leader roles within each of the care homes. The team leader position sits below the registered manager role and has been put in place to support registered managers whose responsibilities have widened to include the management of two to three small care homes.

The registered manager currently manages three Les Amis care homes. He reports that he splits his time between all three. He is currently spending a greater proportion of time at Westley Lodge and Cottage as he is working on establishing working practices and systems which can then be introduced in other areas.

The registered manager spoke of his first few weeks in his new role and described how he has been spending time getting to know all the care receivers. He feels that the team leader is a great support to him in his registered manager role. There is a recognition that this is a developing role and the registered manager would like to see more defined core elements with the flexibility to adapt to the specific needs of the home they are working within. Having core skills will make it easier for people to move between homes in the future. The registered manager is also spending time identifying the skills of his team and is delegating tasks based upon skill sets.

Both staff and care receivers spoke positively about the registered manager and the positive impact he has had in the short time he has been in post. Two care receivers identified him as the person they would speak to if they had any concerns with one stating “he is a nice manager”. Staff described him as “supportive and approachable, with one stating “he will listen to staff”.

Quality reports are currently undertaken by the head of governance. The registered manager was able to supply one report for the month of April. This is the only completed report for 2021, therefore it was difficult to determine if issues identified had been acted upon, or whether actions from previous months had been completed. A meeting was held with the head of governance and the Regulation Officer on the 21 April 2021, to discuss the content and format of monthly reports moving forward. Whilst it is recognised that work is ongoing in this area, it remains an area for improvement.

Following the inspection, the Regulation Officer was supplied with information from Les Amis which included a copy of the current insurance certificate and information relating to current fees and charges,

Funding of placements is through Long Term Care Benefit (LTCB), with top up funding from Health and Community Services, for those care receivers assessed as requiring it. This has recently been reviewed and funding arrangements updated for all care receivers. In addition, guidance has been issued to registered managers on funding structures and processes to be followed when changes in need are identified that may require additional funding. Information on specific funding for each care receiver has also been shared with registered managers. The Regulation Officer discussed the new funding structures with the registered manager and the benefits of sharing this information with the staff team.

Range of activities which reflect choice, preferences and lifestyle

Reference was made to Standard 9 of the Care Home Standards which states: “You won’t have to give up activities you enjoy when you live or stay in a care setting. There will be a range of things to do which will reflect your preferences and lifestyle”.

Overall, the impact of Covid has greatly affected the ability to participate in preferred activities and has been a difficult time for care receivers and staff in the activities they could offer. The Regulation Officer found care receivers to now be more focused upon moving on and were keen to re-establish their work placements and social activities. They spoke fondly of the activities they enjoy and were happy to chat about their choices.

The location of the home provides easy access to many facilities which the care receivers make use of, with some independently undertaking the activities of their choice. One care receiver spoke of the clubs they attend and how much they enjoy them.

Some care receivers have jobs which they enjoy, with one expressing that they would like to do more. Another care receiver informed the Regulation Officer that they were retired and spoke of the leisure activities they enjoy. Staff informed the Regulation Officer of the need for a set routine for one of the care receivers. This provides structure and stability to their day. Staff are very aware of the care receiver's needs and ensure that routines are not disrupted.

Care receivers were observed to be settled and happy within their environment and are respectful of each other's personal space. They recognise their own likes and dislikes and share household tasks in accordance with this. They also participate in activities together both in and out of the home at their own discretion. Staff support their daily decisions regarding activities and provide support when required. One care receiver was observed to have lost some of their ability to undertake certain social activities independently. This is due to a loss of confidence during Covid. This was discussed with the registered manager who is in the process of putting a plan in place to support a return to independently accessing activities.

The recent changes to staffing rotas and re-assessments of funding have taken place during Covid 19 restrictions. As care receivers return to a normal way of life, it is essential that there is a monitoring and review system in place to ensure that changes made can support and sustain a full return to pre-Covid activity levels for care receivers. This is particularly important for any care receivers who have experienced changes in their confidence, health or wellbeing and may require additional support on either a short- or long-term basis. The Regulation Officer also discussed with the registered manager the importance of recording in individuals' care plans if they are in receipt of funding dedicated to specifically support of their needs.

IMPROVEMENT PLAN

There was one area 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 12</p> <p>To be completed by: with immediate effect</p>	<p>The registered provider must ensure that suitable arrangements are in place to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The monthly report should include a review of previous actions and clearly set out action plans for any areas of improvement identified.</p>
	<p>Response by registered provider:</p> <p>Monthly reports have been completed by Registered Manager in line with JCC guidelines. Also monthly visits by Head of Governance are taking place now. This was confirmed during the meeting referred to in this report held on the 21st of April.</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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