



**Jersey Care
Commission**

INSPECTION REPORT

Longfield Villa Care Home

Care Home Service

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

28 July & 3 August 2022

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 of 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 was last inspected 12 and 19 March 2021. At the time of this inspection, there were 19 people accommodated in the home.

Regulated Activity	Care home for adults
Conditions of Registration	<u>Mandatory</u> Maximum number of care receivers - 20 Number in receipt of personal care/support - 20 Age range – 25 years and above Mental Health <u>Discretionary Conditions</u> As the Registered Manager, John Clark must complete a Level 5 Diploma in Leadership in Health and Social Care by 22 February 2024.

	Alterations to Room 9 should be made to provide an en-suite facility (toilet and wash hand basin) or this room be decommissioned as a bedroom by 30 th May 2022
Dates of Inspection	28 July & 3 August 2022
Times of Inspection	1pm – 4.15 pm & 10.30 am – 1.15 pm
Type of Inspection	Unannounced & announced
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	19

The discretionary conditions on the service’s registration was discussed with the Registered Manager. Their progress in meeting this condition was clarified. They confirmed that they intend to complete the Level 5 Diploma within the identified timeline.

With reference to the alterations to one room, a variation request (extension) to this condition has been granted with consideration for best practice and the specific needs of the care receiver currently residing in this room. In this matter, it has been agreed this can be delayed for the duration of them being accommodated in the home in this room.

Since the last inspection, the Commission has had the opportunity to review the service with the Provider and Registered Manager when operational issues have arisen. No issues of concern arose as a result of this with safe systems of working noted.

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.

The inspection was unannounced on the first day and announced on the second. The second visit enabled there to be a review of ways of working, alongside files and

folders with the HR & Business Consultant and Assistant Administration Manager. The Registered Manager was present during the first day of the inspection.

The home environment was found in good order and care receivers were being appropriately supported by the three members of the care team on duty observed on the two days of inspection.

Care receivers were present during the visit, and it was observed that social activities were being supported or encouraged by care staff in accordance with the Statement of Purpose. Social activities and therapeutic benefits of 1:1 support were noted from social activity logs, and this was further confirmed from specific feedback received from one relative. They highlighted the improved mental health and presentation of a care receiver since moving into the home, citing increased 1:1 activities that are included in the support that is available and as provided, this in their view greatly contributing to this improvement.

Feedback from care receivers was positive and it was noted how one care receiver was particularly pleased with the refurbishment of their room which had recently taken place. One care receiver spoke very positively of the facilities available to them and of the support which they have from different members of the staff team. Observations of interactions between members of staff and care receivers conveyed a relaxed and comfortable home environment.

The opportunity to speak with different members of the team provided a good source of positive feedback relating to how the home aims to maintain and meet the Standards aligned with best practice in support of mental health needs. Of particular note was the praise by a number of staff that was given to the contribution from the Registered Manager to inform their working practices. The Provider's investment in a recruitment drive that led to the successful appointment of an experienced Registered Nurse (Mental Health) was highlighted.

Engagement with the Registered Manager confirmed the attention which both they and the Registered Provider have given to specific areas of the service since taking up this position. There is an overall investment in ensuring that there is a staff team

that incorporates a number of registered healthcare professionals. This has helped to ensure that a high level of clinical oversight and expertise is embedded in the systems of governance. This is supplemented by the Provider's (Director's) ongoing daily oversight of any operational matters if required in support of their management team.

Staff expressed their appreciation of the additional rooms which have been allocated as a staff room and training resource area. This provides a much-improved space for staff to benefit from, and demonstrated that there is a significant investment in both staff training opportunities and staff well-being, ensuring that they have the opportunity for more protected break time in a quieter location away from any care delivery.

Supporting information was also gathered from other external sources which provided a consistent body of evidence to demonstrate that the home was operating safely, effectively, and consistently in meeting the Standards.

INSPECTION PROCESS

This inspection visit was unannounced on the first day, announced for the second and completed over the course of the six hours spent in the home.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**
- **Capacity and Self Determination Law (2016) and mental health needs supported in the home**

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

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report recorded as 12 and 19 March 2021.

The inspection was undertaken in accordance with the home's infection prevention and control procedures.

The Regulation Officer sought the views of care receivers using the service, their relatives and members of the staff team which included the Registered Manager, senior care workers, the HR & Business Consultant, Assistant Administration Manager, care workers, Catering and Domestic staff and Director. Supporting information was also requested of two professionals (one from healthcare), who were noted to have recently been involved with supporting care receivers and the staff team.

During the inspection, records including policies, care records, incidents and other documentation relating to both care receivers and the home environment were reviewed. The inspection included a review of all communal areas, a sample of care receivers' rooms (at their invitation), outdoor spaces freely available for care receivers to use at their leisure, with specific attention given to the additional staff resource room noted from discussion with staff.

The Regulation Officer specifically met with the HR & Business Consultant alongside the Assistant Administration Manager to obtain information relating to the training log, recruitment and selection procedures and supervision and appraisal records. This information was reviewed as routine with reference to areas for improvement recorded in the previous inspection report. A poster providing contact details of how to contact the Regulation Officer, was left in the home for reference by care receivers, visitors and staff encouraging them to contact the Commission to provide any feedback as part of the inspection process.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager about the findings. They also liaised with one of the two

Directors (previous Registered Manager), who retains some direct operational involvement and oversight of the home in support of their Registered Manager. This report sets out our findings and includes areas of good practice identified during the inspection. There were no areas for improvement identified from this inspection.

INSPECTION FINDINGS

At the last inspection, three areas for improvement were identified. On this occasion, there was good evidence that the necessary improvements had been made. Prior to commencing the inspection, the Regulation Officer reviewed the correspondence between the Provider and the Commission, including statutory notifications. This provided good evidence that the home was working effectively and appropriately in ensuring that the Standards were being met and that the quality of care provision remained good.

Enquiries and communication between the Provider and Manager with the Commission in the last year confirmed the attention that is given to risk management in respect of any issues of concern which arose relating to care receivers' welfare. During discussions with the Director, Registered Manager and staff team, the attention and investment in staff recruitment was noted. The staff team includes a range of experienced and well-qualified personnel with relevant qualifications. This ensures that there is adequate oversight of specific areas of practice i.e. mental health practice and management of human resources.

With reference to the Statement of Purpose, which had been recently updated and submitted to the Commission, the Regulation Officer noted the inclusion of staff with the most relevant professional background available to support the home and the category of care which is provided. These include Registered Nurses who have mental health or general nursing qualifications. This provides a high level of clinical skills and knowledge to monitor and assist care receivers with underlying mental health conditions and/or physical health conditions.

It was noted that the shift patterns always include a minimum number of three care staff on duty 24 hrs a day. These staffing resources are in place to manage and support care receivers with a range of care needs which are supplemented by supernumerary management and administrative staff.

It was highlighted that the team is well-established with some very experienced staff members who are familiar with the specific needs of care receivers. This is important given the need to manage and respond to a diverse range of mental health needs.

The environment was comfortable and homely, maintained to a good standard with recent additional rooms and outdoor space added to the operational layout of the building. This has provided a significant improvement to ways of working for the staff team where the additional space is being utilised for staff training and development needs. Resources include computer access to enable staff to carry out mandatory training.

In addition to the above and with reference to the shift patterns and care receivers' support needs, the additional rooms provide space and privacy to enable staff to have undisturbed breaks. This includes access to a quiet and private outdoor space for staff only. The Regulation Officer viewed the decision to use these additional areas for such purposes as demonstrating a positive investment in staff welfare and well-being.

One care receiver provided the Regulation Officer with a positive account of the recent refurbishment made to their own room. It was noted that staff engagement and encouragement had played an important part in achieving this positive outcome, given that the care receiver had initially been reluctant for the change to take place, despite some environmental concerns that had required this.

With reference to the above, the Registered Manager conveyed a clear set of aims and objectives which are intended to promote a recovery-based approach through interactions and interventions modelled on best practice principles. The Registered Manager promotes this through their own interactions with care receivers or staff. This was also expressed by some of the care staff who stated they value the skills

and knowledge which the Registered Manager brings to their practice, from their previous role as a Mental Health Nurse. Similarly, it was noted that the Registered Manager's approach mirrors the underlying ethos and philosophy which the Provider has promoted as evidenced in previous inspections.

Observations and comments made by five care receivers who spoke with the Regulation Officer provided unreserved positive feedback about their home environment and the support they receive. It was noted that care receivers were able to readily identify staff on duty or within the management group, including Directors, who remain actively involved in the running of the home. Care receivers conveyed their respect and appreciation for all the assistance and support received. The essence of the feedback received confirmed that there is a well organised and resourced home which operates in a person-centred way.

Safety

<p>The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.</p>
--

The home has well established systems in place to promote and maintain safety needs, with attention given to both the environment and ways of working to ensure that adequate numbers of well-trained staff are available to meet the needs of care receivers.

The Regulation Officer was able to note recent notification of incidents which are routinely submitted to the Commission; the content of one of which had recently been raised in direct communication by the Registered Manager with a Regulation Officer. From a review of the details for this incident, it was clearly evident that a positive approach had been taken to support all care receivers. However, when unacceptable risk or behaviours are noted, appropriate and proportionate action is taken in a timely manner.

The home ensures that it is well-equipped to support care receivers with any acute mental health needs which may arise. It does this by maintaining a range of support

structures and ensuring that its ways of working are appropriate. For example, the home operates an on-call system to enable there to be access to advice and support from a team of managers including the Directors of the service. This a key part in how the home operates to ensure the Standard is consistently met and which also incorporates and prioritises the rights and freedom of choice of care receivers. Where additional support is needed on account of any short-term changes in presentation, this is usually arranged in consultation with external agencies including Community Mental Health Teams (CMHT).

It was noted from a review of files and from discussions with the management team that there had been some recent occasions where placements became unsustainable. In these situations, the home engaged with appropriate alternative service providers and followed their internal process, for example by giving notice to one care receiver and helped to co-ordinate a referral for another care receiver to move to a nursing care environment.

The examples which were provided by and discussed with the Registered Manager evidenced that best practice had been demonstrated in managing risk and in ensuring that care needs were met.

Policies and procedures are in place to ensure that the home environment and any equipment used when supporting care receivers is appropriately maintained and that necessary checks are routinely carried out. This was well-evidenced from a review of logs such as those relating to legionella, kitchen cleaning schedules, fire drills and medication audits. It was apparent that appropriate actions had been taken to address any failings or issues of concern. The Regulation Officer noted that extra systems were in place including enhanced smoke detectors for specific bedrooms to manage fire safety where occasional non-concordance with the smoking policy was of concern.

Monthly reports were reviewed which evidenced the scrutiny that is given to risk management with a review of any environmental or health and safety topics forming part of the monitoring that takes place. These reports covered a range of topics from equipment, training needs (safe handling, delegated clinical tasks), fire safety checks

as set out in fire logbook and comfortable temperature for working areas such as offices. In each case, the associated action plans were signposted for the appropriate/ identified person, such as the Registered Manager or HR & Business Consultant. It was also noted that there was a newly installed cooker and that a fridge was due to be installed. This evidenced that the Provider ensures that there is ongoing investment to ensure that all necessary equipment and machinery is upgraded when necessary.

It was discussed with the Registered Manager as to their understanding of law, legislation and policy specifically to SROL [Significant Restriction on Liberty authorisations]. While it would not be an expectation (with consideration of the ethos and function of the home), that many SROLs would be in place, it was noted that one care receiver was subject to this authorisation. However, the context relating to their relatively long tenancy in the home and the gradual deterioration in their cognitive functioning, has necessitated this authorisation. Staff and management at the home remain confident of being able to support these changed needs adequately and safely.

A medication management and audit is well established and is administered by appropriately trained care staff, with no issues of concern to note from discussion or a limited observation of this practice. A follow up inspection by a Senior Community Pharmacist is to be scheduled in due course.

Staffing rosters were provided for review and those members of staff who spoke with the Regulation Officer reported a positive working environment and that support from the management team is readily available in the event that there are any concerns. Safe recruitment practices and the associated policy were reviewed with the home's HR & Business Consultant. The expected practices were in place for the taking up of references and Disclosure and Barring Service (DBS) criminal records checks. This was further confirmed in discussions around this area of practice.

During the inspection staff enquired about the ongoing need to wear face masks when working in the home. It was apparent to the Regulation Officer from discussion with some staff members that their continued use may be having a negative impact

on care receivers' comfort and on staff morale. It was suggested by staff and acknowledged by the Regulation Officer that communication with care receivers who experience distressing symptoms secondary to underlying mental health conditions, is made more difficult because of the use of face masks. The Regulation Officer noted that several care receivers who reside in the home, remain very active in the community, and do not wear masks outside or when using public transport which might be inconsistent with the use of masks in the home. The home has maintained a commitment in following public health policy, guidance, and best practice in this matter. However, given their concerns, staff were advised to further consult with the management and public health team about this issue.

Care and support

<p>The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.</p>

Discussions with the Registered Manager about how this Standard is being met focussed on some areas of care planning and how in practice the concept of mental health recovery is promoted in the home. It was therefore evident that leadership and education in relation to the management of mental health conditions and of the most appropriate interventions to best support care receivers, is integral to how the service is provided. Both staff and one relative provided feedback which provided further evidence that this is demonstrated in practice.

The style and format of the electronic care records were reviewed during the inspection. The Registered Manager quality assures the record keeping and ensures that the focus remains on care planning related to best practice in supporting people with mental health needs and that the approach remains person-centred.

It was evident that minimum data recording principles were being consistently followed in the records which were reviewed. However, a large number of care plans were generated which were generic in nature. For example, there were many care plans associated with infection control and maintaining a safe environment,

despite many of the care receivers being largely independent. The Regulation Officer considered that there was a possibility that the more relevant care plans, including those associated with meeting mental health needs, might be overlooked due to the number of other care plans. It was advised that this should be reviewed with consideration given towards reducing the volume of care plans and ensuring that the process of generating care plans remained specific to need.

On arrival to the home, it was immediately noted some care receivers engaged in social activities while others were enjoying unrestricted access to the garden situated adjacent to the entrance to the home. Care receivers reported satisfaction with the home and of the care and support received from staff. This testimony was provided by both newer and longer-standing residents.

One relative provided a complimentary summary which included the following comments:

“Really first class, they have provided everything and we could not have asked for more, Steve, John and all staff keep in touch..... seen such a difference in XX since XX moved to the home”

One professional approached for feedback about their experience visiting the home in support of one care receiver commented:

“The staff were pleasant and the residents that I came across on my way in seemed happily settled, in conversation with each other, one making a phone call and one helpfully directing me to the correct door. My XX was happy with XX room, the staff (with whom XX had established a lovely rapport despite only being there for really a matter of days), XX spoke of family members having been able to visit XX (and provide XX with a fridge for XX room!) and of enjoying the food”.

The Regulation Officer also had opportunity to discuss how the home operates safely and effectively and is supported by a care coordinator employed in the Community Mental Health Team (CMHT). They have some responsibility for arranging placements in the home and retain some clinical oversight while reviewing

progress and suitability of the care arrangements. They reported good communication with all staff, positive engagement with any advice or recommendations they have made with prompt actions being taken to support care receivers. Similarly, they confirmed that there was an open channel of communication and that staff initiate contact with them for advice or to update them as a professional courtesy, for example when there are any significant changes or events which the home may consider necessary to convey to them.

Interactions observed between staff on duty with some of the care receivers demonstrated that respectful and positive therapeutic relationships were maintained. Some familiarity between staff and care receivers conveyed a comfortable and trusting relationship with good humour very evident.

From a review of the social activities log (introduced since the last inspection), it was noted that a range of informal activities are promoted. However, from a discussion with the Assistant Administration Manager, it was also recognised that facilitating such activities is sometimes challenging on occasions where care receivers are not motivated or inclined to participate on any given day. In this matter, it was highlighted by them that 1:1 social activities may also be prioritised and indeed may be more helpful and appropriate when group activities are not always practical or advised. Independence and autonomy are encouraged and promoted within the ethos and philosophy of the home and, as such, the blended approach to providing or encouraging social activity appears well met. Staff also highlighted a party which was held the previous day for a birthday which was greatly enjoyed and with a high level of participation by a good number of care receivers.

Training

<p>The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.</p>

Specific attention was given to the approach which the home takes to meeting the training and development needs of all staff. A discussion with HR & Business Consultant, alongside the Assistant Administration Manager, established the focus

which is given in ensuring that this Standard is met, with supporting evidence provided from samples of supervision and appraisal processes which were on file. A sample of the training log for 2022 was noted to incorporate relevant topics for the home's category of care and which has been enhanced by the use of external trainers. For example, training has included subjects including the Capacity and Self-Determination (Jersey) Law 2016. The Registered Manager and HR & Business Consultant work together as part of monthly audit cycle to monitor and review all training needs and also to facilitate training modules themselves.

Examples provided included Diversity, Inclusion & Discrimination Training provided in the home which supports the focus which the Provider/Registered Manager apply in promoting practice that will best support care receivers' autonomy and independence. The Regulation Officer also noted the attention which is given in recording and planning for any training updates for care staff who may be carrying out delegated clinical tasks as overseen by District Nurse (Family Nursing and Home Care).

Mandatory training is prioritised and reviewed routinely as part of HR and Registered Managers' audit cycles. Notwithstanding some recent changes in personnel who previously had overseen the home's training needs, it was apparent that the home maintains a well-organised system to ensure that training needs are fully reviewed, and that planning takes place to meet any outstanding needs. For example, it was noted that some overdue training needs had been highlighted in the log for specific members of the team. It was advised that these would be resolved either directly by HR and/or through the supervisory processes if they were not addressed in a timely fashion.

The enhanced training environment, which is now available for staff to utilise, promotes a much-improved learning environment. The Regulation Officer observed that although a range of training modules are provided or accessed online, some training is likely to be better delivered in a classroom setting, such as training associated with meeting mental health needs. The flexibility of approach which is taken in enabling staff to undertake online training was noted; with staff being able to

undertake this off-site if preferred, with their time being protected/reimbursed as needed.

The monthly reports were reviewed during the inspection. These demonstrated how training needs are monitored and provided examples of subjects which had recently been covered including medication management, with a yearly assessment and certification provided. In addition, it was noted from the notifications received, that any medication errors are identified and reported in a timely review. Where necessary, a review or investigation is initiated by the Registered Manager. Training refreshers for medication competency are undertaken for individual members of the team as needed.

It was clarified that although there is adequate staffing in place, additional staff members are in the process of being recruited, including some catering staff members. All newly recruited staff will be provided with a clear induction policy and framework and a defined probationary period of six months.

There is an appropriate skill mix of Regulated Qualifications Framework (RQF) in the team and feedback from care receivers, relatives and recent visitors provided a positive endorsement of the skills and professional manner and presentation of care staff working in the home.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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



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

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je