



**Jersey Care
Commission**

INSPECTION REPORT

Westley Lodge and Cottage

Care Home Service

**Westley Lodge and Cottage
La Rue De La Masurier
St Helier
JE2 7ZZ**

10 and 11 August 2022

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 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, in a quiet residential area. There is supermarket and local park within walking distance and the centre of St Helier easily accessible.

The home is made up of two adjoining properties with inter-connecting doors. The main property is known as the lodge and has accommodation for three care receivers over three floors. The ground floor has a communal lounge, kitchen diner and enclosed garden area which can be accessed by both properties. There are three spacious bedrooms on the upper floors, a shared bathroom and a staff sleep-in room / office.

The adjoining property is known as the cottage and provides self-contained accommodation for one person over two floors. The cottage has a separate front entrance, living room with dining space and kitchen on the ground floor. The upper floor has a private bathroom and bedroom.

Westley Lodge and Cottage is one of 11 care home's operated by Les Amis. The service became registered with the Commission on 18 July 2019.

found to be reflective of the service provided. Some minor amendments were identified and agreed by the Registered Manager, with a new Statement of Purpose submitted on the 25 August 2022.

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. The Registered Manager engaged fully in the inspection process and ensured that all requests for information and records were fully met.

The Regulation Officer had the opportunity to spend time with care receivers, who were happy to provide feedback. They all expressed satisfaction with living at Westley Lodge and Cottage and clearly considered it their home. They also took the opportunity to speak of the friendships that they have built within their local community.

Interactions observed between staff and care receivers were noted to be friendly, humorous and respectful. Care receivers spoke positively of the team and the support they provided.

The Regulation Officer undertook a review of the organisational policies and procedures in place. These were found to be reflective of the requirements of the Care Home Standards.

There were several examples of robust safe systems of working practices within the home. However, some work is required to improve processes in place for the delegation of clinical tasks. This is an area for improvement.

Training for staff was examined in detail and cross referenced with the service's Statement of Purpose and categories of care provided. Training offered is generally consistent with the requirements set out within the Care Home Standards.

A review of care plans demonstrated a good understanding of care receivers needs and were reflective of individual wishes and preferences. Recognising individual strengths and promoting independence was noted to be a key feature of the support provided.

INSPECTION PROCESS

This inspection was announced and was completed on 10 and 11 August 2022. Notice was given two days prior to 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 purpose of the second inspection visit was to meet directly with care receivers at a time convenient to them.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including previous inspection reports, the home's Statement of Purpose, communication records and notification of incidents.

The Regulation Officer sought the views of the people who use the service and spoke with managerial and other staff.

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

During the inspection, the Regulation Officer spoke with the Registered Manager, a support worker and had the opportunity to spend time with three care receivers who live in the home.

Following the inspection visit, the Regulation Officer sought the views of three professionals who were contacted by e-mail. Contact was also made with a further four members of staff.

During the inspection, records including policies, training records, incident reports, care records and staff rotas were examined.

At the conclusion of the inspection visit, the Regulation Officer provided with initial feedback to Registered Manager. This was followed by written feedback on 18 August 2022.

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 improvement plan is attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, one area for improvement was 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 the improvement had been made and there was evidence that monthly quality reports are in place which detail clear actions and outcomes.

Westley Lodge and Cottage has six permanent members of staff, one of whom is the Team Leader. There was one staff vacancy at the time of the inspection. The home is supported by zero hour contracted staff members when cover is required for the vacancies, sickness and annual leave.

There are currently four care receivers living in the home. There is a relaxed atmosphere which supports the individuality and independence of care receivers.

Safety

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.

A key focus in reviewing the safety measures was to examine the policies and procedures in place to support the operation of the home. The Regulation Officer reviewed a sample of eight policies and procedures which were cross referenced to the Care Home Standards and included safeguarding, complaints and medication. The content was found to be robust with references to key legislation and supporting agencies where appropriate. All policies viewed were in date or under review.

There have been no formal complaints and one informal complaint was received since the last inspection on 15 June 2021. This was dealt with within 12 hours to the satisfaction of the complainant. The Registered Manager reported that the home had also received a formal compliment.

There have been no safeguarding alerts raised in relation to the home. The Registered Manager was able to demonstrate his understanding of safeguarding procedures and the responsibilities of staff in raising any concerns they have. It was also noted by the Regulation Officer that the Registered Manager has kept the Commission updated out with the inspection process of any issues which may have impacted upon safety or service delivery.

There was one Significant Restriction of Liberty (SROL) authorisation in place at the time of the inspection. The Registered Manager is aware of the process for SROL applications and renewals and his responsibilities within the process. Training in the Capacity and Self Determination (Jersey) Law 2016 (CSDL) has commenced within the Les Amis organisation. There was some discussion with the Registered Manager relating to the scope of staff that the training would be offered to.

Following the inspection visit the Regulation Officer contacted the Les Amis Learning and Development team who confirmed that the training will be offered to all Les Amis staff.

There are robust safe recruitment practices in place which are overseen by the central HR team. Work has been undertaken to implement robust procedures for the use of agency staff. This has been necessary in order to meet the challenges of staff shortages both within the sector and as result of Covid 19. A review of recruitment files was undertaken by the Regulation Officer at the Les Amis head office on 13 July 2022. All files were found to have all the necessary documentation in place and were compliant with the requirements of safe recruitment practices.

The staffing rotas for July and August were reviewed and the expected staffing levels detailed within the Statement of Purpose were being met. There is one vacancy and to ensure that there is no impact upon care receivers' activities, the team will plan ahead and staff will work flexibly. Feedback from staff acknowledged that there are times when they are asked to work additional shifts but this is at their own discretion.

The Registered Manager explained that once the vacancy is filled it will allow for greater flexibility in rotas to accommodate more 1:1 time for care receivers to participate in more activities, and explore new opportunities and experiences. However, there was an acknowledgement that the organisation is experiencing difficulties with recruitment. A staffing risk assessment is in place to ensure that levels of support do not fall below a safe operating level.

The organisation has a lone worker policy in place and there is an on call system in for evenings and weekends. Staff reported that they feel re-assured by having someone to call out with office hours. Staff were also complimentary of the support

they receive from the Registered Manager. One commented *“Xxx is a good manager who takes on suggestions, appreciates the staff and is approachable”*.

The home has provision for the safe storage of medication and valuables within the staff sleep in room. This has a coded entry system on the door.

There was evidence of personal emergency evacuation plans for all residents. These were reviewed by the Regulation Officer and found to clearly detail the specific needs of each care receiver.

There was a fire evacuation plan for the home which had been recently updated. This provided clear instructions of staff responsibilities in the event of a fire. The fire logbook was up to date including regular fire drills for staff.

There is adequate provision for first aid. The home has a first aid box which is checked and re-stocked monthly. There is also first aid kit available in the vehicle used by the home. All staff receive first aid training which is updated every three years.

Notifications to the Commission since the last inspection were reviewed along with care receivers' records of accidents and incidents. No unreported notifiable incidents were noted.

A discussion was held regarding the outcomes of recent incidents. The Registered Manager gave an account of the actions taken to improve practice and / or address any identified needs. This was evidenced during the inspection visit whereby a professional was visiting a care receiver to review their needs following a recent fall.

The home has several maintenance and cleaning schedules in place which include daily cleaning tasks and weekly deep clean schedules. Proportionate levels of personal protective equipment were noted to be available within the home.

Monthly quality assurance reports are undertaken by the Head of Governance. The Registered Manager supplied a sample of recent reports. Upon review the reports were found to have clearly identified actions in relation the Care Home Standards. The Registered Manager also has a tracker document for all actions identified which sets targets for completion and provides updates on progress made.

The HR Manager confirmed that Les Amis is registered with the Jersey Office of the Information Commissioner.

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> |
|---|

The organisation has an assessment process in place in order to determine that they can appropriately meet the needs of care receivers prior to offering placement. This is supported by access to the assessment undertaken by the commissioning service which forms the basis for the development of appropriate care plans and risk assessments.

A new welcome pack and financial agreement for care receivers had been devised. The Registered Manager confirmed that these will be issued to existing care receivers in order to ensure that they are aware of their rights and responsibilities.

Care plans and risk assessments were reviewed for all four care receivers which are stored electronically. Each individual has an 'All about me' assessment document which gives a comprehensive overview of specific needs, wishes and preferences, aspirations and background information. This information is used to formulate care plans in five key areas (community inclusion, finances, health and medical, keeping safe and prospects, dream and goals).

Each care plan has identified outcomes and interventions. There was evidence that reviews are undertaken every three to four months. A specific issue was identified with a health care plan which is explored in more detail in the training section of this report.

There were no specific communication needs identified for care receivers, some adaptations have been made to support effective communication. Examples a pictorial timetable of the staff which are on duty each day and the use of a pictorial book on bereavement which was being utilised to support a care receiver with the recent loss of family members. Another resident utilises an iPad and the team are exploring ways in which they can utilise this and other aids to promote more choices of activities.

The home is very much a domestic environment and care receivers' view it as their home. On the inspection visits the door was answered by care receivers who greeted visitors warmly. Accommodation is also provided for a much loved cat.

The Regulation Officer found the home to be in a good state of repair and decorated to an appropriate standard. The garden area is utilised frequently by some care receivers and there are personalised items throughout which reflect personal preferences. This is also reflective of the cottage which adequately meets the needs of the care receiver. It also affords them with the opportunity to spend time alone and can call on staff support via the connecting doors when required

Routines are generally directed by care receivers who are quite independent and will plan their own activities and access the kitchen and lounge as and when they want to. By contrast, the cottage has a more structured routine which is in place to meet the needs of the care receiver living there.

Everyone will attend to their own chores and will ask staff support as required. One care receiver explained that they do their own laundry but sometimes need guidance from staff on the correct setting to use on the washing machine.

There is a timetable in place for shared tasks, such as cooking, tidying up after meals and mopping the floor. One care receiver described how they like to choose their meals on the day, whilst others prefer to prepare a weekly menu; both preferences are accommodated.

The support provided by staff is unobtrusive. There is a focus upon allowing care receivers to develop and maintain their independence. However, staff are responsive to requests from care receivers and were observed to anticipate when help may be required and offer appropriate support, rather than intervening or taking over. An example of this is the choice of some care receivers to keep their rooms as they wish and attend to daily tasks at times that are convenient to them. This is an area of good practice.

Observations made by the Regulation Officer identified a relaxed environment which is led by care receivers. Interactions between staff and care receivers were warm and friendly. Care receivers spoke of their fondness of staff, with one stating “*Staff are good because they are fun*”. Indeed, several humorous interactions were observed during the second inspection visit.

Staff were found to be knowledgeable of the residents and their wishes and preferences. They also adapted their style and approach depending on the circumstances. One staff member was observed advocating for a care receiver during a meeting with a professional and ensuring that they had all the information that they required to understand the outcomes of the meeting.

One staff member commented of their role, “*I enjoy working here. The team are great and residents are lovely. It is better now we are fully staffed, communication is better*”

All care receivers in the lodge emphasised that they were happy living in the home and the freedom the location of the property affords to them to go off and pursue their own activities.

Two care receivers raised that they would like to go on holiday. This has not been possible in recent times due to the restrictions of Covid 19; this was raised with the Registered Manager who gave assurances that this would be addressed when organisational staffing levels improve.

Feedback from professionals was generally positive. They found the staff to be professional, knowledgeable and supported care receivers appropriately. Some of the comments received are detailed below.

“I have always found the home to be welcoming, homely and tidy in appearance”.

“All recommendations by myself have been met or are being worked towards”.

“I observed positive interactions between Xxx and staff during my visit”.

“The Registered Manager was very helpful and provided access to all risk assessments and care plans. They also took time to explain the service provision at Westley Lodge and Cottage”.

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> |
|---|

There is a well-established induction process in place which provides appropriate supervision and support for staff during the first few months of their employment. All new recruits are made aware of, and given access to, a copy of the Code of Practice for Health and Social Care Support Workers in Jersey.

There has been one new recruit since the last inspection. The Regulation officer reviewed the induction programme which had taken place over a four week period. This was an in depth programme which was evaluated at regular intervals. A joint decision was taken by the inductee and Registered Manager before they progressed to working independently.

The Registered Manager also reviewed the induction training plan and identified some duplication. A decision was taken to condense some elements of the training whilst still meeting the requirements of the care certificate using a more timely, efficient and productive process.

Following induction, staff are supported in their role through regular supervision, appraisal and competency assessments for specific tasks. This was confirmed by a review of supervision logs and by staff who provided feedback to the Regulation Officer. One staff member shared that they been given the opportunity through supervision to access Regulated Qualification Framework (RQF) training as part of a pathway to be able to apply for a more senior role. This made them feel valued and encouraged.

The Learning and Development team oversee training for all Les Amis staff. A training policy is in place for the organisation, which is currently under review. A range of mandatory training courses are made available to staff and updated at regular intervals. This includes: First Aid, safeguarding, food safety, infection control, health and safety, manual handling, positive behaviour support and data protection. This was confirmed by a review of training records. All new recruits are expected to undertake the care certificate within the first few weeks of employment.

There is a blended approach to training with both online and classroom-based sessions being undertaken. The Learning and Development team reported that, due to Covid19, online training was being utilised more frequently. The Regulation Officer discussed the benefits of classroom training for particular subjects / scenarios, and it was agreed that this would be a consideration for future training.

Online training is facilitated through Social Care TV. The organisation also has accredited trainers for MAYBO, which provides positive and safer approaches to behaviour support, and a key trainer for safe handling.

In relation to specific categories of care for which the service is registered to provide (autism and learning disability), initial online training is provided. Staff will then

undertake learning disability specific units as part of their RQF qualification. Discussion with the Learning and Development Team highlighted the need to explore further training opportunities for staff who have completed RQF as part of an ongoing learning process. As a result, staff have recently been afforded the opportunity to undertake an online autism course with the Open University which provides 24 hours of directed learning.

The Registered Manager reported that there is one member of staff who has a Level 3 RQF, or National Vocational Qualification (NVQ) in Health and Social Care, with another working towards the qualification. One member of staff have a Level 2 RQF/NVQ, with another working towards the qualification. This constitutes over 50% of the total staff team which is the minimum requirement as set out in Standard 3.9 of the Care Home Standards.

The team provide support for a specific medical condition and have undergone some theoretical training. As part of the ongoing support the team are required to support a care receiver with, and perform elements of a clinical task. During discussion with the Registered Manager, it was evident that staff were accepting responsibility for a clinical task which required delegation.

Further review of the care plan highlighted a lack of detailed information under the guidance of a health professional. There was also no provision for training for staff in the use of the clinical equipment, or any measures taken to test that the equipment used was in good working order. Whilst it is recognised by the Regulation Officer that the Registered Manager took immediate steps to begin addressing the issues highlighted, this was not yet completed in full. This is an area for improvement.

Les Amis provide medication training for all staff as part of their induction. This is delivered in-house by staff who have a RQF level 3 qualification and is based upon Les Amis medication competencies booklet which is very comprehensive. Once completed, staff will be observed in practice on at least three separate occasions by the Team Leader or Registered Manager. All observations are recorded, and a checklist is completed.

Medication competency continues to be reviewed at six-monthly intervals. New competency checklists have been implemented for reviews and the Regulation Officer was able to view samples of some that have recently undertaken. All staff progress to a Level 3 administration of medication unit as part of their RQF qualification.

There is a requirement for the team to respond to behaviours that challenge. All staff spoken to stated that they felt very supported in their role and could seek advice from the Registered Manager and Team Leader and on-call managers at any time. They also spoke of the effectiveness of the strategies in place to support care receivers, such as detailed behaviour support plans, good colleague support, continuity of approach and opportunities to de-brief when required. This is an area of good practice.

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 6.4</p> <p>To be completed by: with immediate effect</p> | <p>The Registered Manager must ensure that any clinical tasks, such as blood sugar monitoring are identified as delegated tasks. Staff must receive the appropriate training to undertake the task and there must be an appropriate care plan in place which provides clear guidance from the professional responsible for delegating the task.</p> |
| | <p>Response by registered provider:</p> <p>Amendments to the care plan illustrating the Care Receiver manages this task independently with minimal prompts from the support team were made immediately and shared with the Regulation officer on their return to the home on their 2nd inspection visit.</p> <p>Discussions have also taken place around training with the health department who would provide the training required to address this improvement, unfortunately there is no capacity to offer this at the present time.</p> <p>There is an agreement in place that we should continue to support with prompts as required until the health department are able to assist Les Amis with the formal training required to fully meet the individuals needs in this area.</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.



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

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je