



**Jersey Care
Commission**

INSPECTION REPORT

Westley Lodge and Cottage

Care Home Service

**Les Amis Limited
Five Oaks
St Saviour
JE2 7GS**

4 and 12 October 2023

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 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 (as amended) 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.

Regulated Activity	Care Home service
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care, personal support</p> <p>Category of care: learning disability , autism</p> <p>Maximum number of care receivers: 4</p> <p>Age range of care receivers: 18 and above</p> <p>Maximum number of care receivers who can be accommodated in the following rooms:</p> <p>Bedrooms 1-4 one person.</p> <p><u>Discretionary</u></p> <p>The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 31 July 2026 or by that time demonstrated an equivalent qualification.</p>
Dates of Inspection	4 and 12 October 2023
Times of Inspection	10:25-13:10 and 09:30-10:55
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	Four

The Care Home Service is operated by Les Amis Limited and there is a Registered Manager in place.

The discretionary condition on the service's registration was discussed and the Registered Manager has already commenced their Level 5 Diploma and plans to complete it well before the expected timeline.

Since the last inspection on 10 and 11 August 2022, the Commission received a notification of absence of the Registered Manager in February 2023. The notification included details of the Registered Provider's arrangements to ensure that the service had a suitable interim management plan in place.

An application was received in July 2023 to register the current Registered Manager. The Commission on 31 July 2023 approved this application and the register was updated. An updated copy of the service's Statement of Purpose was submitted as part of the change in management. The Statement of Purpose describes Westley Lodge's vision is to ensure that care receivers 'receive appropriate support to continue to live as independently as possible'; this vision was positively reflected in the findings from the inspection.

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 Registered Manager and staff team engaged fully in the inspection process and ensured that all requests for information were fully met. In addition, care receivers and their family members provided feedback on the home, which was generally positive in nature.

Staff commented that they felt well supported by both their colleagues and management. The Registered Manager was well informed and competent in all operational aspects discussed. Staff spoke positively regarding their training opportunities and described regular supervision and appraisal.

The regulation officers observed caring and supportive interactions between staff and care receivers and staff were passionate about maintaining the independence of care receivers and providing a homely atmosphere.

The home's environment felt warm and welcoming, although some of the carpets were showing a bit of wear and tear. The access to the garden for all care receivers is a positive feature, although the shared exit point with neighbours could be considered a potential concern. This was discussed with the Registered Manager at the second visit and there had been an appropriate assessment of this risk. This is discussed further under the heading of 'choice and safety'.

Care receivers are involved in the day-to-day running of the home. An example of this is meal planning and preparation. Independence is encouraged with respect to financial matters where possible but with appropriate safeguards in place. This is highlighted further under the heading of 'choice and safety'. Two of the residents are employed within the local community and all residents have their own key to the home.

There were policies and procedures in place that reflected a commitment to the safety and well-being of care receivers. An example of this was medication administration within the home. Electronic care plans were detailed and person-centred and a thorough review of the care plans was underway by the Registered Manager which was nearing completion.

There were no areas of improvement identified from this inspection.

INSPECTION PROCESS

This inspection was announced and was completed on 4 and 12 October 2023. Notice of the first inspection visit was given to the Registered Manager on the day before the intended visit. This was to ensure that the Registered Manager would be available during the visit. The Regulation Officer and the Principal Standards Officer carried out the first visit. The second visit by the Regulation Officer was to meet with two care receivers and staff who were not available during the first visit.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Management of the service**
- **Care and support**
- **Choice and safety**

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

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report.

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

During the first visit, the Regulation Officer and the Standards Officer met separately with one care receiver and one staff member each for feedback. On the second visit, the Regulation Officer met with an additional two staff members and two care receivers. This contact was made face-to-face. The Regulation Officer also contacted two relatives by phone and email during the inspection process.

The Regulation Officer and a fellow regulation officer (responsible for other services carried on by the same provider) also met separately with the Head of HR and the Learning and Development Assistant in March 2023 as part of the inspection process. In addition, the regulation officers met with the Provider and the Head of Governance at a separate meeting in June 2023.

The views of two healthcare professionals were also sought as part of the inspection process. At the time of writing the report, one healthcare professional had provided feedback.

During the inspection, records including policies, care records, fire procedures and medication charts were examined. This inspection included a brief tour of the premises.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager. This report sets out our findings and includes areas of good practice identified during the inspection.

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 this area would be addressed.

The improvement plan was discussed during this inspection, and it was noted that the area for improvement no longer applied. However, there was discussion around the possibility of a delegated task in the near future and the Registered Manager evidenced thorough consideration of how this would be managed within the home with support from Family Nursing and Homecare (FNHC).

Management of the service

The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size and complexity of the service.

The Registered Manager also manages another service carried on by the same provider and the Registered Manager splits their time between the two homes. The Registered Manager is supported by a team lead in the home and three other full-time staff members and bank staff. The Registered Manager discussed that they can cover the home without the need for agency staff currently. One full-time post is out for recruitment at present, but the Registered Manager is hopeful for an additional staff member in October/November 2023. Indeed at the time of the second visit it was confirmed that the new staff member would be starting within the next week or so.

The Registered Manager is accountable to the Practice and Development Manager and management team. A clear organisational structure was provided to the Regulation Officer as evidence, this is proportionate to the size and needs of the service.

There is a weekly Monday meeting for registered managers to review rotas, and this is conducted face-to-face. In addition, there are monthly registered manager meetings to discuss operational issues that the Head of Finance, HR, and the senior management team also attend. Another monthly meeting is attended only by the registered managers and occasionally team leaders to look at the Standards, one or two each month. This is seen as good practice, reviewing and discussing the Standards to ensure quality oversight of services.

The Registered Manager writes a monthly quality report, which includes, for example, staffing, incidents, and medication errors. The report must be submitted to the Head of Governance on the first day of the month. The Head of Governance then completes the monthly reports for the service; a sample of three monthly reports were requested and reviewed as evidence. The Head of Governance attends the home every other month. In alternate months, the reports are completed remotely. The reports contained clear areas reviewed each month with conclusions and actions identified. The Registered Manager also demonstrated an electronic 'action tracker' which is kept updated with actions/outcomes from the monthly reports.

There were also regular audits and checks in place to assure the safety of care receivers, for example daily medication audits. The staff member coming on duty checks that the previous dose of medication has been given appropriately and signed for.

The Registered Manager discussed that there had been no complaints made to the service either formal or informal since the last inspection. There is an organisational complaints policy which is available online and is also available in easy to read format.

There are a minimum of four staff supervisions per year. Staffs' probation and supervision records are stored electronically; the Regulation Officer viewed samples of these at inspection. The purpose and outcome of any meetings are recorded. Staff also receive a midway and annual appraisal.

The Training and Development Assistant described appropriate training and learning assessment per the Standards. It was positive to note a blended training approach with e-learning and face-to-face. The Regulation Officer requested the training log for staff from the Learning and Development Team as part of the inspection process. The Learning and Development team will send reminders to all staff and reports to the registered managers. Training is also captured in the monthly reports.

The training log evidenced that staff members were up to date with both required and statutory and mandatory training, except for one staff member. Whose MAYBO (managing challenging situations safely) training was due to be updated. One staff member commented to the Regulation Officer regarding their thorough induction and 'lots and lots of training'. There is a six week induction period with shadowing which is extended if required.

There were also several new training initiatives available to staff in 2023. Examples of this were training in autism and epilepsy. The Behaviour and Practice Development Manager is undertaking 'SPELL' train the trainer (this is a framework for understanding and responding to the needs of children and adults on the autism spectrum). In addition, an advanced epilepsy awareness training course has been sourced. The regulation officers were shown the content of this course as evidence, and the content was comprehensive and included education about the different types of seizures and treatment/management. Two staff are currently on Levels 3-4 of 'Makaton' train the trainer training and are due to complete it in 2024. This training can then be disseminated to all staff within the service.

Staff within the organisation had also recently undertaken training in dementia care and end-of-life care. In addition, there is a designated MAYBO (managing challenging situations safely) trainer within the organisation.

Four staff within the home are trained to Regulated Qualifications Framework (RQF) Level 2 or above. The other staff member will commence Level 2 next year, and the Team Lead will commence Level 4.

The Registered Manager confirmed that all staff receive medication training at Level 3 RQF standard, in addition to in-house medication competencies. They explained competency checks were being revised. These will now be carried out six monthly in groups rather than individually for all staff.

There are adequate maintenance arrangements in place. The Registered Manager explained that any requests to maintenance are submitted daily and are usually acted upon quickly.

Care and support

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.

There was evidence of person-centred care from inspection feedback and a review of three care plans. The Registered Manager described that care receivers' take 'ownership of the house'. It was evident from observation and chatting with the Registered Manager and the staff that care receiver independence is encouraged and supported. There is a plan of chores and a weekly meal planner in the kitchen. One care receiver was observed happily doing their laundry whilst chatting with staff in the kitchen on the second visit, and another assumes responsibility for 'Lily', the home's cat.

The Registered Manager demonstrated a proactive approach to safeguarding care receivers, especially in financial matters. It was also positive to note the thorough consideration given to a delegated task that was soon to be introduced concerning one care receiver. This indicated a mindful approach to the well-being and safety of the residents. This is an area of good practice.

In the sample of three care plans, there was evidence of annual reviews with the care receiver's social worker and regular one-to-one supervision between care receivers and staff. These supervisions included questions such as;

'Do you get the chance to do things for yourself?'

'Do people listen/understand what you are saying?'

'Do you know how to complain?'

There were also regular daily update entries and evidence of appropriate referrals to healthcare professionals. Feedback from one healthcare professional spoke of the professionalism of the Registered Manager and of a great staff team. One care receiver had been attending 'Fit for Life' classes after a referral from physiotherapy. The Registered Manager discussed the positive impact these classes had had in reducing fall events. The care plans also contained appropriate risk assessments.

The Registered Manager is expected to undertake quarterly reviews of the care plans for each care receiver. A review of the care plans had been a priority for the Registered Manager on commencing their role in July 2023. A thorough review of the plans was nearing completion at the time of the inspection. In addition, the Team Lead had undergone training in the review process to assist the Registered Manager in the future.

Feedback from care receivers and relatives regarding the home was generally positive. One care receiver confirmed to the Regulation officer that they are happy living in the home and like the staff. They also spoke of their enjoyment at being involved in the meal planning and cooking within the home, especially 'fish and chips'.

Another care receiver commented 'I like the home and staff. I like the staff because they are funny'. 'I help with cooking and cleaning'. On the morning of the second visit, this care receiver was getting ready to walk to work.

A third care receiver also spoke of their enjoyment of cooking in the home and described their 'busy week with activities' and of their enjoyment of social activities, such as the Halloween disco. Another care receiver attended the bowling league on the evening of the first visit.

The Regulation Officer observed a warm and respectful relationship between staff and care receivers which supports and encourages independence for the care receivers.

Feedback from relatives, included the following;

“Thank you so much for asking for feedback regarding xxxx, and their care at Westley Lodge. xxxx is wonderfully looked after by all their carers. I know xxxx loves being there.”

Another relative described the Registered Manager and staff as being ‘great’ but did advise of a recent concern regarding an increase in the care needs of their relative. This was fed back to the Registered Manager, who had already taken steps to address this concern.

Staff members also provided positive feedback about the ‘staff team’ within the home and spoke of their enjoyment of the job. They felt that an extra member of staff would be beneficial between 11:00-15:00 as this was a busy period but discussed that an extra member of staff was possibly commencing the following week.

Choice and safety

<p>The Standards outline the Provider’s responsibility to ensure that people will feel safe and are kept safe. People will be supported, enabled and empowered to be as independent and autonomous as practicable. People’s rights will be supported and protected.</p>

The regulation officers reviewed the recruitment process and a sample of recruitment files during the visit with the Head of HR. All recruitment files were neatly organised and contained two-three references, a registration card, ID checks, DBS certificates, a contract, and a job description. All files were satisfactory regarding pre-employment checks being in place before the staff member's commencement date. The Registered Manager confirmed that they have access to all of the recruitment information electronically.

At the first visit, the Regulation Officer and the Standards Officer examined the fire log, which evidenced regular checks and up-to-date first aid supplies. This reflected a commitment to care receivers’ safety and well-being.

The weekly fire alarm test is carried out when no care receivers are home to minimise distress. Staff also confirmed to the Regulation Officer that fire drills are undertaken six monthly. In addition, there was evidence of recent reviews of fire risk assessment for individual care receivers in the care plans.

The Registered Manager discussed with the Regulation Officer that one Significant Restriction on Liberty (SRoL) authorisation was in place under the Capacity and Self-Determination (Jersey) Law 2016. This was electronically filed in the care receiver's care plan. The Registered Manager had recently been advised of the need to notify the Commission of any authorisations and/or renewals as per Appendix 8 of the Standards. It was discussed during the first visit as to whose responsibility it was regarding the renewal process. It was confirmed after the first visit that it is the Registered Manager's responsibility.

Handling of finances was discussed with the Registered Manager. The Regulation Officer observed one care receiver accessing their money for a coffee with appropriate checks in place. Food shopping is generally done online, but care receivers do go shopping for their own personal items.

Medication management was reviewed within the home. There was evidence of safe storage and administration of medications. The medications within the home have recently been swapped from blister packs to boxed medication. Regarding medication administration, the system in place, while labour-intensive, is effective. Staff members also confirmed to the Regulation Officer that they liked the system. The Medication Policy was also currently under review.

The Regulation Officer had triangulated incidents reported to the Commission with the incident file in the care receivers' care plans. One medication error was identified, which had not been reported to the Commission. The Registered Manager had been unaware that this was a notifiable event and agreed to ensure that further notification of medication errors is made to the Commission promptly.

During a brief home tour, the officers were shown the back garden, which has a raised patio area with seating. The Team Lead advised the officers that to the rear

of the property, there is a gate and that this exit/access is shared with one neighbour. The officers discussed this with the Registered Manager as to whether this was a potential security concern and whether a risk assessment had been carried out.

The Registered Manager consulted with the facilities team and was able to advise that a risk assessment had been carried out and to fence off the area was not required as the risk was low. The Regulation Officer advised that this risk assessment ought to be reviewed regularly in case anything changes, for example, ownership of the home.

The Regulation Officer was shown the October social activity schedule for the organisation, which included discos, bowling, and bingo. There is a bowling league/competition the last Thursday of every month. Care receivers can also attend activities organised by MENCAP.

The communication needs of care receivers were discussed with the Registered Manager, but the manager advised that care receivers use mainly verbal communication. Therefore, there is limited or no use of other communication systems.

Four weeks of duty rota were provided to the Regulation Officer as evidence. Despite one staff vacancy at the time of the first visit, the Registered Manager was managing to cover shifts with permanent and bank staff without the need for agency staff. At the time of the second visit, a new staff member was about to commence employment.

In addition, there were measures in place to ensure the safety of staff whilst lone working within the home with an on-call service in place to support staff and a lone working policy.

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.



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