



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Longfield Villa Care Home**

**Care Home Service**

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

**21 and 27 September 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 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, dining area, and a pleasant outside area.

The service was last inspected on 28 July and 3 August 2022. At the time of this inspection, 20 people were accommodated in the home.

Regulated Activity	Care home for adults
Conditions of Registration	<u>Mandatory</u>  Type of care: Personal care and personal support  Category of care: Mental Health  Maximum number of care receivers: 20  Age range of care receivers: 25 years and above

	<u>Discretionary Conditions</u>  Room 9 - That the provision of an en-suite toilet and sink can be delayed for the duration of the specific resident being accommodated in the home. This room not to be used for any other resident until the building work has been completed.
Dates of Inspection	21 and 27 September 2023
Times of Inspection	12:30 to 16:30 & 09:30 to 11:45
Type of Inspection	Both announced
Number of areas for improvement	One
Number of care receivers accommodated on the day of the inspection	20

Apex Nursing Limited operates this Care Home Service, and there is an interim manager in place. The Registered Provider is actively seeking to recruit to this position.

Regarding the discretionary conditions on this service's registration, one no longer applies as this was regarding the intention of the previous Registered Manager to complete a Level 5 Diploma within an identified timeline.

Concerning the remaining discretionary condition and the alterations to one room. The Commission granted a variation request (extension) on the 29 March 2022 to this condition 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 this care receiver being accommodated in this room.

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

The Commission received an updated copy of the service's Statement of Purpose on 21 August 2023. This was submitted due to a change in the staffing structure.

## **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.

Governance and management oversight of service delivery were clearly evident, including the responsiveness of this service to meet the changing needs of care receivers. A new quality assurance programme has been introduced since the last inspection in July and August 2022. This is an area of good practice.

Staff rotas demonstrated that staffing numbers aligned with this service's Statement of Purpose. Staff training was a strength in this service. Staff training files evidence compliance with mandatory training requirements, including care staff having a minimum Regulated Qualifications Framework (RQF) Level 2 Diploma in adult social care (or equivalent).

There are procedures concerning the induction of new staff. Evidence of the use of these procedures was noted in personnel files, and feedback from one new staff member was positive regarding their induction experience.

Notifications, complaints, accidents, and incidents were reviewed. These were found to be thoroughly investigated, and actions were taken to address or mitigate the issue from reoccurring. A risk register is in place, alongside external review by outside consultants.

A comprehensive review of medication management was completed as part of this inspection by the Pharmacist Inspector. Staff had received training and achieved the requisite Level 3 module in medication administration, with competency reviewed annually. Medication management was mostly adequate; however, best practice regarding having copies of prescriptions available for medicines administered via blister packs was not evident. This is an area for improvement.

Feedback from care staff and professionals was positive. Care receivers were observed to be content in a calm environment, with their wishes and feelings respected. Care receivers are offered choices regarding food, drinks, and activities.

Transition planning for prospective care receivers reflects the individual needs of care receivers, for example, planning the introduction to the service over several weeks.

The care delivered was person-centred. There was evidence of comprehensive care planning and risk assessment, with regular review of these documents.

## INSPECTION PROCESS

This inspection was announced on the initial day of inspection to ensure that the Interim Manager and management team would be available during the visit.

The Regulation Officer was supported during this inspection by the Pharmacist Inspector. Longfield's Villa's Service Manager and the HR/Administration Manager were the main points of contact during this inspection.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

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

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<sup>1</sup> 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 spoke with managers and other staff. The Regulation Officer established face-to-face contact with three care receivers.

The views of two professionals were obtained as part of the inspection process. Records, including policies, care records, incidents, and complaints, were examined during the inspection.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Interim Manager, the Service Manager, and the HR/Administration Manager.

This report outlines 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, no areas for improvement were identified that required follow-up on this inspection.

### **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 Regulation Officer reviewed the Statement of Purpose for this service alongside an updated organisational chart and was satisfied that this service could deliver the care and support required by the people who access this service.

The staffing rota was examined, with the Regulation Officer noting that staffing exceeded the minimum ratio per the Care Home Standards.

The Regulation Officer was also assured that all shifts in this service were covered by 50% of staff who had completed a Level 2 Diploma in care (or equivalent) and that medicines were administered by staff with the relevant Level 3 module in the medical administration.

The Regulation Officer reviewed the policy and procedures for this service. These were comprehensive, and there was evidence of regular review. Where necessary, a staff sign-off sheet was noted. There was also a procedure to update care staff when policy changes were made.

The Regulation Officer reviewed the complaints and feedback file. No complaints have been received about this service directly from care receivers or other sources since the last inspection in November 2022. There were several items of positive feedback from care receivers, friends, and family; these were in different formats, from notes to pictures. However, none were dated. The Service Manager accepted that they should have been dated. Information for care receivers on how to make a complaint was readily available.

A sample of personnel files was audited by the Regulation Officer and found to be comprehensive. There was evidence of an internal audit to ensure the necessary documentation was present, for example, completed induction checklists with staff and probation reports for new recruits. The Regulation Officer noted different induction and competency checklists for the various staff, such as care, domiciliary, and kitchen staff. This is a good area of practice.

New care staff in this service are provided with an induction period where they are afforded time to familiarise themselves with policies and procedures, including fire training. New care staff work alongside senior care workers who complete the induction procedure with them.

The induction period is based on the individual experience and knowledge of care staff and their confidence in working with the cohort of care receivers. Care staff provided positive feedback in respect of their induction, with one staff member commenting:

*“Induction was thorough, and I felt supported by management/seniors and other staff.”*

The HR/Administration Manager confirmed that no staff had been subject to disciplinary procedures and that no staff had initiated any grievance against their employer since the last inspection in July and August 2022. This service also benefits from an external HR consultant, should this be required for advice or oversight of disciplinary processes.

Since the last inspection in July and Aug 2022, this service has moved to an online training provider for most of their training needs. The new system ensures the management team is alerted when updated training is required. The Service Manager commented that necessary training, such as First Aid and safe handling, would remain face-to-face. The Regulation Officer reviewed a sample of care, domiciliary, and kitchen staff training files. These were in good order, and mandatory training, including the Level 3 Medications module, was evidenced.

The Regulation Officer was satisfied that staff supervision and appraisal were being carried out as per the Care Home Standards. The Service Manager shared two supervision models used in this service, one for senior care workers responsible for care planning and one for other care staff. Both models were person-centred and focused on staff needs before discussing care delivery and staff development. The Regulation Officer noted that supervision agreements were in place on the personnel files sampled.

## 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.

This service accepts referrals from various agencies, resulting in an assessment that considers the individual needs of the prospective care receiver. If necessary, care receivers undertake a person-centred trial period of up to four weeks, which could involve a visit, taking a meal, or an overnight stay. This helps in the decision-making about a formal offer from this service or the care receiver deciding that this is not the right option for them.

The Service Manager stated that they are careful regarding the existing dynamic in this service when accepting new referrals, as 'it is their [care receivers] home after all' and some people had been accessing this service for many years.

The Regulation Officer reviewed the contract care receivers sign when accessing care, support, and accommodation in this service. This was noted to be comprehensive; however, considering the needs of the care receivers, the Regulation Officer felt that this information could be presented in a way that was more person-centred in terms of the different communication needs of the care receivers. The Service Manager acknowledged this.

The Regulation Officer and the Pharmacist Inspector reviewed a sample of care receiver records. Care plans and associated risk assessments were detailed with evidence of regular review. Where care plans change, a process is in place to update the care staff delivering care and support. The Regulation Officer noted that where delegated tasks were in place for care staff, this was completed comprehensively and renewed yearly with reviews of training needs. This is an area of good practice.

The Service Manager shared that there are no specific diabetes care plans or a policy at this time; however, diabetes care and management are detailed in general health care plans. There is a plan to develop a policy and care plan in the near future.

Care receivers in this service present with a range of different needs and behaviours, which can change quickly and require immediate intervention from care staff. The Service Manager reported that the Service is fortunate to have an experienced staff team who know the care receivers well and recognise when they need support outside their remit. The service works closely with the Adult Mental Health Crisis Team in these circumstances to help stabilise situations.

Many care receivers who access this service have active involvement in the local community, with others accessing other parts of the Island. The Service Manager reported that this could sometimes be a challenge for the care receivers and their fellow community members but reported a positive relationship with parish authorities and local businesses.

The Service Manager had recently introduced a quality assurance process regarding care delivery and support by care staff. This is done through direct observation and discussion with care staff and is recorded on a 'quality control record sheet.' The Regulation Officer examined a sample of these records and noted this as an area of good practice.

The Regulation Officer reviewed the policy and procedure regarding cash handling for those care receivers who required assistance. This was found to be comprehensive and accountable, with regular audits taking place and person-centred in terms of how care receivers accessed their money.

The environment was clean and tidy, with plenty of space for care receivers to relax, watch TV or play games. A couple of care receivers invited the Regulation Officer to view their bedrooms. These were well-maintained and personalised.

The Regulation Officer consulted several care receivers on the care that they receive. Feedback was positive, and the Regulation Officer observed care staff delivering care with kindness, compassion, and respect.

Written feedback was provided by 12 Care staff. This was largely positive, with the only negative comment related to staff availability, which has required care staff to work additional hours to cover shifts. A sample of the feedback comments made were:

*"I feel that residents are treated with respect and dignity and have a lot of choices 27/7."*

*"Staff are supported, e.g., Management are approachable and responsive to any concerns staff may have."*

*"Longfield Villa has and expects high-quality care. The Service is person-centred, so it feels like a family."*

*"We provide very good quality care – every resident is cared for in their own individual way. Issues don't arise often or for too long without being noticed,"*

*"I come to work with compassion and respect and try to make a difference, however small, every day."*

Two professionals who have regular contact with this service provided the following feedback comments:

*"Longfield Villa alerts me when there are increased risks to care receivers; they can carry risk and work through challenges."*

*Staff have promoted exercise and provide a balanced diet, improving the well-being of people I support."*

*"Longfield has been proactive in seeking medication reviews, responding to changes in behaviour/presentation, and has helped lower risks to health."*

*"Longfield has gone over and above to attend to my client's needs, namely to get their medication sorted. They have contacted me on various occasions if there are any problems regarding their mental health."*

### **Choice and safety**

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.

The Regulation Officer examined the safe recruitment practice for new care staff that had joined this service since the last inspection and was assured that criminal record checks and references were in place before start dates.

Care receivers can undertake various activities, such as table tennis, pool, messy church, singing hymns, and arts and crafts. Care receivers are provided with a 'what's on' daily activity schedule.

The Regulation Officer viewed this service's Significant Restriction of Liberty processes and found them to be in order. The assessments undertaken by the Registered Manager followed the core principles of the Capacity and Self Determination (Jersey) Law 2016 and were later approved following evaluation from the relevant professional. Review of capacity was regular, and renewal applications were made within mandated timescales. All care staff have undertaken training in this area of care delivery.

The Pharmacist Inspector undertook a review of the medicines management in this service. Staff administering medication are trained in the relevant Level 3 module, and competency is reviewed annually. As part of the pre-inspection activity, it was noted that several medication errors had occurred in a short time.

This Regulation Officer and Pharmacist Inspector enquired with the Service Manager. They were satisfied that the internal investigation had addressed concerns, risks had been mitigated, and there had been learning for staff to prevent such errors in the future. The Pharmacist Inspector reviewed this process and provided further advice to the Service Manager.

The Pharmacist Inspector noted a faulty fridge that was storing medicine. This was rectified on the initial day of inspection and a new fridge was purchased. Additional advice was taken on board by the Service Manager regarding medication storage. Care staff have access to information about medicines they dispense, however copies of prescriptions were present alongside the Medication Administration Record for medicines being dispensed from blister packs. This is an area for improvement.

The Pharmacist Inspector noted that some medicines were incorrectly classified as controlled drugs and were not required to be recorded in the Controlled Drug Register. The Service Manager agreed to address this and ensure that only controlled drugs be recorded in the future.

The Pharmacist Inspector discussed best practice regarding covert medicine administration with the Service Manager. It was established that there were instances where covert medication was administered. The Pharmacist Inspector was satisfied that the Service Manager understood best practice and had made attempts to meet best practice principles to ensure family and multi-disciplinary input to decision-making and that this was recorded. The Service Manager also made immediate enquiries with the Lead Pharmacist from the General Hospital to ensure that the service was acting within current policy and seek advice regarding individual care receiver needs.

The Service Manager has recently ensured that prescribed 'as required' medicines were now detailed as part of individual care receiver medication plans. This was confirmed during the audit process as part of this inspection.

The Regulation Officer viewed the incidents and accidents register and was satisfied that this service records, rates risk to the care receiver or staff member, and develops an action plan to address immediate risk and future prevention.

The Pharmacist Inspector noted that near misses regarding medication errors were not part of this register; however, upon further discussion with the Service Manager, external review had taken place, and resulting actions were implemented.

There was evidence of maintenance schedules to ensure equipment, such as profiling beds, are serviced regularly. Where equipment is found to be faulty or unsafe, the Regulation Officer noted that these were logged in the incidents and accidents register.

The Regulation Officer noted evidence of this service seeking feedback on the food provided to care receivers to ensure that individual likes and dislikes are considered. Care receivers are offered regular opportunities for snacks and drinks, with the kitchen open from 7.30am to 9pm. Outside these times, care staff can access the kitchen to provide food and drink to care receivers.

This service benefits from a five-star 'Eat Safe' rating through the Government of Jersey Environmental Health Department. This service also employs an external auditor to maintain high food hygiene standards. The Regulation Officer checked fridge and freezer temperatures and found these to be in order. Food allergen information is made available to care receivers, and where allergies are known, food is prepared in different parts of the kitchen.

The Regulation Officer noted extensive quality assurance activity in this service. A quality assurance schedule is in place, with the Regulation Officer noting that this was shared between the Service Manager and the HR/Administration Manager. The Regulation Officer sampled several audits and was satisfied that they were comprehensive, showed areas of good practice, or where improvement was required. Action plans were noted to address the identified areas for improvement. In addition, this service undertakes regular staff surveys to engage staff in understanding their experience; this can be provided anonymously.

The Regulation Officer examined the fire safety procedures for this service. An audit of the Fire Precautions logbook evidenced that all alarm and fire testing had been undertaken as per recommendations of the States of Jersey Fire Service.

One area of concern arose regarding the fire evacuation procedure, with the Regulation Officer requesting that this be reviewed with the Fire Service. The Service Manager responded to this request efficiently and adopted advice from the fire service, which has resulted in a change to care plans and how the service carries out fire drills. The Regulation Officer was assured that the fire evacuation procedures have been effectively reviewed and implemented.

## 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><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Appendix 9 (Medicines Management) of the Standards for Care Homes</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The Registered Provider must ensure that copies of care receiver prescriptions are stored alongside the Medication Administration Record where medicines are dispensed by blister pack.</p> <hr/> <p><b>Response of Registered Provider:</b></p> <p>The Home now holds copies of care receiver prescriptions, these are stored alongside the Medication Administration Record where medicines are dispensed by blister pack.</p>
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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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