



**Jersey Care
Commission**

INSPECTION REPORT

Longfield Villa

Care Home Service

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

Date of Inspection:

21 November 2024

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

Apex Nursing Agency Limited operates this Care Home service, and there is an interim manager in place.

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: Personal care and personal support</p> <p>Category of care: Mental Health and Learning Disability</p> <p>Maximum number of care receivers: 20</p> <p>Age range of care receivers: 25 years and above</p> <p>Maximum number of persons to be accommodated in the following rooms: 1-20 - one person</p>

Discretionary Condition of Registration	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 is not to be used for any other resident until the building work has been completed.
Date of Inspection	21 November 2024
Time of Inspection	9am to 4pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	20

The discretionary condition on the service's registration was discussed, which remains in place.

Since the last inspection on the 21 and 27 September 2023, the Commission received an updated copy of the service's Statement of Purpose on the 27 June 2024. This was submitted to reflect a new organisational 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.

The Statement of Purpose remains current, reflecting a staffing structure that meets the needs of the people who access the home. Safer recruitment processes and regularly updated criminal record checks for existing staff are followed. Staff retention is strong, with minimal turnover since the last inspection in September 2023. A comprehensive induction programme is in place, and this home meets its mandatory training requirements. Staff wellbeing is recognised in this home and is supported by regular supervision and annual appraisals.

Residents are safeguarded through effective risk management, personalised care plans, and a collaborative approach with health professionals. Overall, the dispensing and administration of medicine is safe in this home, and there is a "no blame" culture to address medication errors, ensuring safety and learning. Advanced care planning is in place for some residents, and the management of restrictions of liberty is appropriate. Care delivery is person-centred, with values of trust, respect, and compassion.

The home maintains robust health and safety measures, including fire safety, water testing, and infection control. Housekeeping and kitchen staff are well-trained, and the home holds a five-star food safety and hygiene rating.

Healthy living is promoted through balanced diets, organised activities, and individual choice. Feedback from residents and professionals consistently praises the kindness and competence of care staff. Residents appreciate the home's environment, stating they feel safe, supported, and well-cared for.

The management team prioritises quality assurance activity through various mediums. Regular team and management meetings take place, with good record keeping.

Policies and procedures are reviewed systematically, ensuring compliance with care standards. The home also seeks feedback through surveys and direct discussions, with responses indicating high satisfaction from residents and professionals who have regular contact with this service.

Overall, the home demonstrates strong leadership, consistent care quality, and a focus on continual improvement, ensuring residents' needs are met in a safe and supportive environment.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the Interim Manager eight days before the visit to ensure that they would be available during the visit.

For the purpose of this report, people who receive personal care and support will be referred to as residents. The Home Manager was appointed in May 2024 and there are plans for them to apply to become the Registered Manager for this home.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

Prior to our inspection, we reviewed all of the information held by the Commission about this service, including the previous inspection reports.

The Regulation Officer gathered feedback from five care receivers and one of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by two professionals external to the service.

Records, including policies, care records, incidents, and complaints, were examined as part of the inspection process.

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

At the conclusion of the inspection, the Regulation Officer provided feedback to the Interim Manager, the Home Manager, the Administration Manager and one of the deputy home managers.

This report outlines our findings during this inspection.

INSPECTION FINDINGS

At the last inspection, one area for improvement was identified, and the Registered Provider submitted an improvement plan to the Commission setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that improvement had been made. This means there was evidence of care receiver prescriptions being stored alongside the medication administration record.

Is the Service Safe?

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

The Statement of Purpose for this home remains current and reflects the management and staffing structure. The retention of care staff has been effective, with only two new staff members joining the team since the last inspection in September 2023. The Regulation Officer examined several personnel records and was satisfied that safer recruitment practices were undertaken for new staff and that criminal record checks for existing staff were completed on a three-yearly basis.

The Regulation Officer reviewed the notifications of incidents made to the Commission since the last inspection in September 2023 with the management team. The reporting of notifiable events and resulting actions were appropriate, and where learning had been identified, this had been actioned. Adults accessing this home have been adequately safeguarded, and communication with the Commission regarding elevated risks has been effective, with a suitable narrative.

No formal complaints had been made directly by residents, their representatives or connected professionals regarding this home or the care staff. In addition, the Commission has not received any external complaints or intelligence regarding care delivery in this home. The management team expressed pride in how they work with the local community to promote the best interests of the residents and build positive relationships.

The management team all contribute to health and safety management in the home. There is a central register where health and safety issues are logged and tracked alongside general maintenance issues as they arise or are performed regularly, including water safety testing and portable appliance testing. Fire safety management has been carried out in line with best practice. There was evidence of regular fire drills, Personal Emergency Evaluation Plans (PEEP) on residents' files and the fire certificate was renewed on 11 June 2024.

Infection control is well managed and led by the housekeeping team, who complete various responsibilities and tasks at varying frequencies. Housekeeping staff have received appropriate training for their role, which includes the Control of Substances Hazardous to Health (COSHH).

The medication policy for this home was revised in June 2024. The vast majority of residents require support with their medications. The Regulation Officer noted learning from medication errors and that this had resulted in personalised medication care plans. The management team shared that they promote a no-blame culture when medication errors are made. In addition, care staff are not permitted to dispense medication until they have either completed the Level 3 Diploma in Adult Social Care, which includes a medications module, or have successfully completed the standalone Level 3 Administration of Medication module. An external consultant undertakes the assessment of annual medication competency for care staff. Medication audits are carried out three times a day by care staff, with the Home Manager undertaking a quality assurance review at least monthly.

If a resident has to be hospitalised, a hospital liaison form is present on all resident files. This document provides healthcare professionals with essential information about the residents and ensures that their care in the hospital is tailored to their specific needs and preferences.

Is the Service Effective and Responsive?

Assessing the organisation of the service so that care receiver's needs are respected and met.
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The Home Manager reported positive relationships with multi-agency professionals but highlighted issues such as delays in completing documentation and poor communication, which had affected the processing of referrals.

Referrals include a comprehensive assessment of needs and known risks. This document, together with collaboration with the referring agency, contributes to the development of a range of care and risk management plans. Care plans consider the care need, the aim of the plan and what actions or delivery of care result in the care need being met.

Care staff engage in and contribute to multi-disciplinary meetings for all residents, the minutes of which are recorded in residents' files. Care staff also support residents in attending appointments with health professionals and ensure that the residents understand key health information that is shared, such as changes in prescribed medication.

Since the last inspection, this home has been trialling an on-call system, which can be initiated if a carer cannot undertake a shift at the last minute or becomes unwell while at work. Management meetings are held monthly and follow the Commission's monthly report template as an agenda. The Regulation Officer noted that the monthly reports were comprehensive and informative, action plans were evident, and they included an assessment of compliance with a Home Care Standard. The management team also provided examples to the Regulation Officer of their quality assurance audit programme, which provided assurance that practice and processes were regularly reviewed.

This home promotes healthy living for residents. Residents are encouraged to be active and involve themselves in organised activities. Residents are provided with a balanced diet featuring calorie-counted meals and portion-controlled servings. A menu is produced in collaboration with residents; however, if a resident does not like the menu choices, they can request an alternative. The kitchen staff are aware of any residents with allergies, and allergens in the food prepared are provided to residents and care staff. All kitchen staff are appropriately trained, and the home recently retained its five-star food safety and hygiene rating by the Environment Health Department, meaning the home operates a very high standard of food safety management practices.

Feedback from two professionals was consistently positive regarding this home; a sample of the comments received were:

“Residents are supported by a kind and consistent care team, with residents commenting to me that “the staff are fair”, “kind”, “caring”, “the food is very good”, and “I’ve lived here for four years now and I’m very happy, I don’t want to live anywhere else.”

“Each time I enter the home, I have witnessed staff interacting with people with pool, board games, nail care, music, and dancing. The staff will contact me at any time with concerns so I can review the resident the same day.”

“The staff are willing to follow guidance and advice to try new methods of interacting with residents.”

“I know that the manager will closely monitor all residents and support staff with training, tips, advice and emotional support too.”

“Staff are knowledgeable in managing chronic mental illness. They have special skills in managing difficult behaviour associated with mental illness. The care home has good leadership. The staff are communicating well with each other and respect their manager. They provide good information to visiting clinicians. They are good at following advice and instruction given by the clinician.”

Is the Service Caring?

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

Once a referral is accepted, residents are provided with a contract which sets out the obligations of the home and the expectations of the residents in terms of behaviour and general rules for living in the home. The Home Manager reported that care is taken to ensure that a resident understands the details of the contract and their rights, recognising their individual needs.

Advanced care planning is in place for some residents, and this is easily identifiable for care staff and other professionals. The management team is in the process of thoroughly reviewing all care plans to ensure that they are comprehensive and concise. The care plans viewed by the Regulation Officer were adequate, and there was evidence of regular review. These plans are initially developed and recorded electronically before being printed and placed in a dedicated resident's file.

Where residents' care needs increase, the home will attempt to meet these within its existing remit. However, there are occasions when a resident's nursing or mental health needs require a more specialist provision. In addition, the Regulation Officer was provided with examples of challenging situations where the management and staff team have worked through the issue and maintained a resident's stay in the home, with termination of a contract being the last resort.

The Regulation Officer reviewed the care plans of residents subject to a Significant Restriction of Liberty or restrictions under the mental health law. This assured the Regulation Officer that applications and the use of restriction of liberty were appropriate, regularly reviewed, and residents were provided with person-centred care.

Care delivery was observed to be warm, respectful, and person-centred. Residents responded positively, demonstrating what appeared to be trusting relationships with the care staff. The management team commented that the delivery of care prioritises the therapeutic relationship, and they find out what works best for individual residents, such as using humour or body language.

Residents are encouraged to participate in organised activities and social outings; however, involvement can sometimes be limited. Residents often undertake activities on an impromptu basis with care staff, for example, after an appointment.

Several residents require support with the management of their finances. The Regulation Officer reviewed processes and practices in this respect and was satisfied that this was safe, person-centred in terms of need, and regularly audited to ensure compliance with policy. This support is provided with the consent of the resident or their representative.

This home seeks feedback about the service they provide through a variety of mediums, for example:

- Feedback questionnaires for family and friends
- Survey of professionals' experience and observations of care delivery
- Direct feedback from residents through discussion and surveys
- Record of observations to help measure resident acute needs and risks.

This feedback was consistently positive, with supporting statements testifying to the high-quality care, strong management oversight and good communication with this home.

Feedback was obtained from residents and their representatives as part of this inspection; a selection of comments was as follows:

“Xxx is safe here; they have a bed, are warm, have access to good food, are looked after, and are provided with routine. Xxx’s health has improved massively since living here.”

“The staff are supportive and good to me, and I like living here.”

“The food is good; however, if you do not like what is on the menu, you can ask for what you want.”

“I would be sleeping rough if it were not for this place.”

Care staff are provided with regular reflective supervision in line with the Care Home Standards. The Regulation Officer reviewed the supervision form and examples of supervision, which provided assurance that this was being carried out to an adequate standard and was person-centred. The supervision form also included a declaration regarding any criminal convictions or investigations since the last supervision and referred to the Care Home Standards. There was also evidence of annual appraisals for all staff.

The management team recognises that sometimes the working environment can be challenging and stressful for care staff. They ensure that staff feel confident in the care they deliver, have the right training, and consistently apply and review the care they provide to residents to improve outcomes.

Care staff also have access to a health plan that provides a range of physical and mental health resources. The management team commented that the health plan has been well-received by staff, and many have benefitted from accessing it.

Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.

The Commission received an updated organisational chart from June 2024, reflecting a restructure of the management team, which has further enhanced the oversight of care delivery and ensured strong governance.

Four shifts operate during a standard day in this home, these are early, late, day and night. The day shift provides a conduit between the early, late, and night shifts, which provides consistency and the sharing of important information, such as actions for the day or resident appointments. A record of shift handovers is recorded. The Home Manager also regularly meets with night staff to ensure their voices are heard. The Regulation Officer reviewed the minutes of monthly staff meetings and noted these to be comprehensive, including matters that needed to be alerted to the management team and celebrating areas of good practice.

The new Home Manager has started a full review of policies and procedures, which is almost complete. The Regulation officer sampled several policies and was satisfied with their content, quality and overall standard. These documents were easy to navigate and were accessible to all staff.

The Regulation Officer examined several records of staff induction. Central to the induction process is the induction training record, which is a thorough competency-based framework. Care staff initially shadow shifts until they are confident. The record includes the following:

- Introduction to Longfield Villa, which includes health and safety, confidentiality and the staff handbook
- Introduction to care, which includes completion of the care certificate
- Statutory and mandatory training requirements
- Supervised practice and assessment of competence
- An overall evaluation of induction and competence,

Induction processes, checklists, and training requirements for staff not involved in direct care delivery, such as kitchen and housekeeping, are tailored to these roles. The Regulation Officer noted that the management team promotes additional training for these staff, which is to be commended. All new staff are subject to a probationary period and a mid-point review, both of which are recorded and placed in personnel files.

The Regulation Officer reviewed the training records of all staff. While the majority of training is completed online, some courses, such as first aid, remain face-to-face. The training platform provides management reporting, which ensures compliance with the homes' mandatory training requirements, which included sepsis awareness, positive behavioural support and conflict resolution training (MAYBO). The management team reported that the recent inclusion of MAYBO training has been well-received by care staff.

A professional made the following comment regarding Home Manager, *“They are an exceptionally good mental health nurse, and I have every faith in them and their management style, with communication being key.”*

IMPROVEMENT PLAN

No areas for improvement were identified during this inspection, so an improvement plan is not required.

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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