



**Jersey Care
Commission**

INSPECTION REPORT

Beaumont Villa Care Home

Rue de Craslin

St Peter

JE3 7HQ

31 July 2020

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

ABOUT THE SERVICE

Beaumont Villa is 24-bed care home and is located within the grounds of L'Hermitage Gardens Retirement Village in St Peter. The home is near to some local shops, a supermarket and restaurants. There are beaches and cafes within close proximity.

The home has some design features which help to minimise confusion or distraction for the care receiver group, who are living with dementia. These include easy access to enclosed outdoor areas from some of the home's communal areas and bedrooms. The outdoor areas have level access decking and well-maintained gardens.

The home provides personal care to care receivers who are living with dementia aged 60 and above.

While the home was first registered with the Commission on 22 July 2019, it was subject to regulatory inspections under the previous law.

Registered Provider	Caring Homes Healthcare Group
Registered Manager	Colette Bonner
Regulated Activity	Care home for adults
Conditions of Registration	Maximum number of people who may receive personal care - 24 Age range – 60 and above Dementia Care
Dates of Inspection	31 July 2020
Times of Inspection	09:00 am – 12.30 pm
Type of Inspection	Announced
Number of areas for improvement	None

The home is operated by Caring Homes Healthcare Group and the registered manager is Colette Bonner. At the time of this inspection, there were 22 people accommodated in the home.

SUMMARY OF INSPECTION FINDINGS

This inspection was undertaken over the course of a half day by one Regulation Officer and was announced with consideration for the restrictions imposed in response to the Covid-19 pandemic. The Care Home Standards¹ were referenced throughout the inspection and the Regulation Officer focussed on the following areas:

- the areas for improvement identified during the previous inspection
- the service's Statement of Purpose and conditions on registration
- safeguarding (adults and children)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

Due to the Covid-19 situation, this inspection was announced and undertaken in accordance with the home's infection prevention and control measures. This meant not all areas of the home were visited and the duration of the inspection was reduced.

Overall, the findings from this inspection were positive. On arrival at the home, the Regulation Officer noted the attention that is given to promoting and maintaining the safety of vulnerable care receivers and the strict and comprehensive infection control protocols that are carried out for any persons needing to enter the home.

The Regulation Officer contacted several relatives to discuss their recent experiences during the lockdown period where no visiting opportunities had been available to them. This resulted in several positive endorsements.

Particularly noted from the feedback received were the examples of professionalism, proactive engagement and care provided to care receivers and the support of relatives during this challenging period. This was stated consistently by the relatives contacted who expressed their positive regard and praise for the manager, deputy and staff team.

The Regulation Officer reviewed documents including care plans, policies and procedures and protocols in place for staff to follow alongside examples provided of how the home supports specific dementia care needs. The essence of dementia care and the culture of care which the home aims to promote and provide was clearly demonstrated from this review. This was further supported by discussion with the registered manager and their deputy, the unit manager.

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

The unit manager is relatively new into post. It was well demonstrated from discussions with the management team that the home operates with clear lines of accountability; where responsibilities are clearly delegated.

Having reviewed the home's Statement of Purpose, the Regulation Officer was satisfied that the care provided is consistent with the home's aims and objectives. The conditions on registration continue to apply and remain appropriate. The home has a range of operational systems, policies and procedures and there was evidence of these being implemented with a system of review and audit in place.

Of note, some of the feedback received from relatives highlighted a very positive impression of the manager and the unit manager since they had been promoted to this role. A further supporting comment reflective of the good leadership and staff competency and commitment was noted: "throughout this whole period, Beaumont Villa carers have been truly amazing, so helpful and so kind".

The use of some social media forums was reported by the management team to have been implemented throughout the lockdown period to maintain important social contact with relatives. This was also confirmed by some relatives who were able to utilise this with their loved ones.

It was good to note that an area for improvement identified at the previous inspection had been actioned by the manager. This related to the recording protocols for recruitment of new staff.

The home has clear protocols in place which service users and/or relatives can follow if they wish to make a complaint. The relatives who participated in the inspection confirmed their understanding of the processes that would be available to them should they wish to raise concerns informally or formally. However, none were highlighted to the Regulation Officer on this occasion.

The care records reviewed demonstrated a consistent standard for documenting the assessment, planning and review of individual care needs. Audit and quality assurance checks were evident from this review also. The Regulation Officer noted the level of engagement with relatives from the records and the involvement of relatives in care planning.

The home's safeguarding arrangements were examined, and a recent case example discussed. This highlighted best practice followed by the home to ensure any issues of concern are fully explored and reported. The Regulation Officer was assured that the home's safeguarding arrangements include consultation with external agencies such as the Commission and the safeguarding team and ensuring that relatives and other representatives are notified.

The home has a system in place for monitoring the quality of care provided. Ordinarily this involves a representative of Caring Homes Healthcare Group visiting the home on a monthly basis and providing a report. Due to the Covid-19 restrictions, these visits to the home have not been possible. There were however satisfactory arrangements in place to ensure that this system is maintained. This

has involved the input of a deputy manager from an associate home undertaking audits of various aspects of care.

INSPECTION PROCESS

Prior to the inspection visit, information submitted to the Commission by the service since registration was reviewed. This included any notifications and any changes to the service's Statement of Purpose, for example changes to bed numbers or operational capacity. Furthermore, some reference was made to the previous inspection visit as carried out in August 2019 and where areas for improvement had been identified at that time.

Due to the Covid-19 situation, this inspection was announced and undertaken in accordance with the home's infection prevention and control measures. This meant not all areas of the home were visited and the duration of the inspection was reduced.

The visit commenced at 9am, with some discussion with the Registered Manager and the unit manager about the home's staffing arrangements and the allocation of roles and responsibilities. This discussion also referenced the contact maintained with the Commission during the Covid-19 situation. The unit manager facilitated the remainder of the inspection process when the manager was required elsewhere by prior appointment.

While only a limited review of the premises was undertaken during the inspection, this provided the Regulation Officer with some assurances that the home is suitably maintained and furnished. There was evidence that the needs of care receivers are considered in this regard, all of whom are living with dementia.

The Regulation Officer observed care receivers being supported in small groups within communal areas and others being supported while remaining in their own rooms. These observations provided evidence of activity levels in the home and how person-centred approaches were being provided in practice. The Regulation Officer noted appropriate interactions initiated and reciprocated by care staff.

An audit of care records was undertaken, and this included a sample of four care receivers' care plans. The review of care records was supplemented with discussions with the manager and where appropriate, with the relatives who participated in the inspection.

In accordance with the Regulations, the manager submits to the Commission notifications of incidents occurring in the home. These were reviewed prior to the inspection and discussed with the management team during the inspection. From these discussions it was established that these incidents had been reported in a timely manner and that appropriate action had been taken on each occasion.

INSPECTION FINDINGS

The service's Statement of Purpose and conditions on registration

The home's Statement of Purpose was reviewed prior to the inspection visit. The Standards outline the provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The home's Statement of Purpose continues to reflect the range and nature of services provided to care receivers. The Regulation Officer was satisfied that the provider / manager fully understands their responsibilities in this regard.

Beaumont Villa is, as part of the registration process, subject to the following mandatory conditions:

Conditions of Registration	<u>Mandatory</u>
	Type of Care: personal care Category of care: dementia care. Maximum number of care receivers: 24 Age range of care receivers: 60 years and above Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1 to 24: one person.
	<u>Discretionary</u>
	None

Discussion with the manager and examination of records provided confirmation that these conditions on registration were being fully complied with and are intended to remain unchanged.

It was noted that when necessary, the manager had submitted to the Commission information and notifications. These submissions reflected appropriate practice in the management of specific care needs.

At the beginning of the pandemic, the Government of Jersey announced some changes to the Regulation of Care (Jersey) Law 2014 and to the Regulations. These changes were made in March 2020 and were in anticipation of the challenges facing the care sector during Covid-19 and the possibility that regulated activities may not be able to operate in accordance with their Statement of Purpose.

On 2 April the Commission received a notification from the home's manager regarding some challenging circumstances that had arisen from the Covid-19 situation. The Commission was advised that due to significant staffing shortages, the provider was unable to comply with the condition on registration that relates to

the Statement of Purpose. Specifically, the staffing shortages that had arisen were such that the provider was unable to comply with the Regulation that relates to the recruitment of workers. Consequently, the Commission advised the provider on 14 April 2020 that these conditions were suspended for a period of three months. The Commission maintained contact with the home during the three-month period and was assured that the staffing challenges had reduced.

The Regulation Officer was satisfied that all conditions are currently being met.

The Regulation Officer's limited tour of the premises established that care staff face daily challenges in minimising any risk of infection and that this remains their priority. Care staff were noted to have used a range of initiatives to achieve this, while avoiding unnecessary disruption or distress to care receivers.

The efforts and attention which the home has given to ensure care receivers have been able to continue being engaged with their relatives were noted and care staff had been utilising forums as FaceTime and other social media. In addition, some of the routine social activities have been maintained and which was confirmed from engagement with some relatives who reported that daily updates had been posted on social media.

The consideration for both care receivers and their relatives were evident from the evidence obtained during this inspection. It was positive to note that the information received reflected a holistic approach to dementia care.

Safeguarding (adults and children)

<p>The Standards for care homes set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.</p>
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The Regulation Officer discussed the home's safeguarding arrangements with the management during the inspection. Reference was made to the good practice that was evident from how a specific safeguarding concern had been managed. This included effective communication with a care receiver's relatives, the Commission and relevant healthcare professionals. The Regulation Officer had an opportunity to discuss this matter with a relative following the inspection visit.

Staff have received training in safeguarding, and it was encouraging to note that the manager has invested in core training for some staff to be "safeguarding trainers". This enables face to face training and development of staff to take place on site. The manager discussed with the Regulation Officer that this important area of training could not be delivered effectively using only an on-line training syllabus and that there are many benefits to staff having the opportunity to discuss practice issues with senior colleagues. This was with reference to the home's care receiver group who are particularly vulnerable due to their underlying condition.

Except for the aforementioned there have not been any recent safeguarding alerts recorded or which have warranted any detailed investigation. There was evidence of good levels of transparency and openness in how the home responds to safeguarding matters.

Complaints

The Standards for care homes set out the provider's responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service's staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.

From engagement with some relatives during this inspection process there were no complaints raised and the Regulation Officer was satisfied that these relatives were aware of how to make a complaint.

It was nonetheless confirmed that there are appropriate channels of communication in place to identify any complaints or concerns to relevant parties such as the deputy or manager.

The Regulation Officer was advised that the management team will address concerns informally where this is appropriate. There are clear systems of governance in place which ensure that any formal complaints are addressed in a systematic and timely manner. This is set out in relevant policy and guidelines which can be referenced in the home. The home also has a whistleblowing policy for staff to utilise.

An example of how a complaint had been managed was examined during the inspection and this provided evidence of the manager's application of a clear process to address some issues that had been brought to their attention.

There were no active complaints noted during this inspection. A sample of feedback from relatives who participated in the inspection is provided below.

"The carers were welcoming, and the care receivers were so nice. I could see on my first visit there was a lovely interaction between the carers and care receivers. There was a waiting list, but it was either this place or nothing".

"Xxx settled in almost immediately which I put down to the experience of the carers looking after Xxx. As I was filling out the forms, the senior carer present was careful to include Xxx in our conversation which was touching".

"They have daily activities - and I know they continue to have them even in lockdown as they post fun photos for us to see on Facebook".

"Always kept in touch during lockdown, FB page every day and also offered Skype call. Also had emails and telephone calls. As soon as able to visit we had both an email and phone call".

Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)

The safe recruitment of staff is an important element of contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider's responsibility to ensure that there are always suitably recruited, trained and experienced staff available to meet the needs of care receivers.

The Regulation Officer reviewed four Human Resources (HR) records and discussed the specific areas for improvement noted during the inspection of 21 August 2019. It was positive to note from the four files examined, that the improvements in record keeping and the auditable process were easily referenced. The review of these records also confirmed that the necessary pre-employment checks including references and Enhanced Disclosure and Barring Service (DBS) criminal records checks, had been undertaken prior to any new staff commencing work in the home.

The training and development of staff has been maintained throughout the Covid-19 period and the home benefits from a good resource area where training and learning can be facilitated.

It was noted that the unit manager plans to obtain a QCF level 5 management qualification and the Regulation Officer was satisfied that the deployment of trained care staff is adequate and in accordance with the Standards.

The Regulation Officer noted that the home's housekeeping staff been provided with a level of training that enables them to support the care receivers in a manner that takes account of their dementia. The manager advised that this has been a valuable resource during the Covid-19 situation. The manager also highlighted the importance of effective communication and engagement by all staff when providing dementia care.

In practice, the three domestic staff have a dual role, and this means regardless of work role all staff are enabled to converse and support care receivers living with dementia. This ensures that each care receiver is able to receive a consistent level of personal support which is provided by all staff working directly within the home environment.

The Regulation Officer examined samples of the staff roster for both day and night shifts and was satisfied that there are adequate staff employed to support the category of care provided in the home. This means that there are five care staff on shift during the day with either the senior carer and/or the unit manager overseeing the day to day running of the home. The staff team also includes two members who focus on social activity scheduling for care receivers in small groups and/or one to one. For night duty there are four staff allocated to work across both floors of the home.

The unit manager advised the Regulation Officer of an 'open door' informal approach to supporting staff. Alongside this there are more formal recorded supervision sessions which are routinely carried out through the year and which underpin annual appraisals.

The staff training includes specific medication management accreditation level 3 for those who are responsible for medication management. All mandatory training is included within the induction period for new staff and with updates thereafter as required.

Care planning

The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility to ensure that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.

A sample of four care folders was reviewed by the Regulation Officer. The care records reflected a wide range of assessed needs and care planning in relation to, podiatry; advanced care planning; falls where high risks are identified; diabetes; pain assessment and communication care plans. The care plans had been prepared using an instructive style which was practical and relevant for care staff to refer to. The care records also reflected input from a range of visiting healthcare professionals including GP's, district nursing and the Tissue Viability Nursing.

The Regulation Officer noted the level of engagement with relatives from the records and the involvement of relatives in care planning.

One section of a care folder records "the decisions by relatives/carers/care receiver", in care plans and this reflects the attention which is given to obtain key information that will assist staff to compile helpful and instructive care plans. These incorporate risk management protocols, examples of which include minimising risk of falls or the risk of a care receiver exiting the building due to their levels of confusion and disorientation.

Other care needs are noted from the assessment process and these include the monitoring of behaviours to establish patterns that may then be addressed through timely interventions or adapting the environment or the care receiver's routines.

Of note during the visit was a variance in care receivers' levels of activity at a particular time of day, this occurring at lunchtime. While there were several care receivers in communal areas there were also a small number remaining in their rooms and for some still in bed currently as part of their care. It was clearly established from discussion with staff this was determined by individual person-centred approaches as indicated by their presentation. For example, one care receiver's current routine was out of alignment with a "conventional" day and night pattern so some adjustment was being made to allow for this and to ensure adequate sleep was gained as best practice.

The Regulation Officer noted the regular review and daily recording of each care receiver's care needs and a "care receiver of the day" audit that occurs routinely.

The Regulation Officer noted a recent example of an urgent referral of one care receiver to the Health and Community Services' Single Point of Referral (SPOR) and their GP due to a change in their circumstances. This provided evidence of care receivers needs being kept under close review and of appropriate and timely referrals being made to other agencies.

Monthly quality reports

<p>The quality of care provision should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.</p>

The home has a system in place for monitoring the quality of care provided. Ordinarily this involves a representative of Caring Homes Healthcare Group (Regional Quality Assurance Officer) visiting the home on a monthly basis and providing a report. Due to the Covid-19 restrictions, these visits to the home have not been possible.

There were however satisfactory arrangements in place to ensure that this system is maintained. This has involved the input of a duty manager from an associate home undertaking audits of various aspects of care including medication management, infection control, care planning, environmental audit (including equipment audit).

The Regulation Officer was satisfied that there are appropriate audit processes in place to support compliance with the Care Standards.

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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