



**Jersey Care
Commission**

INSPECTION REPORT

Lavender Villa

Care Home Service

**La Rue a Don
Grouville
JE3 9DX**

7 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

This is a report of the inspection of Lavender Villa care home. The service is situated in Grouville and the property runs parallel to the Royal Jersey Golf Course, which can be seen from some of the rooms and the garden. The service is in a good position with shops and the beach within easy walking distance and a regular bus service to Gorey and town. The service became registered with the Jersey Care Commission ('the Commission'), on 4 June 2019.

There is a planned extension of the existing building due to start towards the end of July 2020. This will be a two-storey extension of 22 nursing beds which will result in the formation of a 42 bedded nursing and residential home.

Registered Provider	LV Care Group
Registered Manager	Gio Buesnel
Regulated Activity	Adult Care Home
Conditions of Registration [Mandatory and discretionary]	Personal care or personal support can be provided to a maximum of 20 care receivers. Category of care is Adult 60+ Age of care receivers is 60 years and over Bedrooms are registered for single occupancy with bedroom numbers 1-21(13 missing)
Dates of Inspection	7 July 2020
Times of Inspection	9:00am – 12:30pm
Type of Inspection	Announced
Number of areas for improvement	None

Lavender Villa is operated by LV Care Group and the registered manager is Gio Buesnel. At the time of this inspection, there were 18 people living in the home. Rooms 6 and 8 were not in use due to the planned extension.

The philosophy of the home, according to the Statement of Purpose, is to provide an inclusive and transparent way of providing a care service that is tailor made to meet individual needs, such that residents are cared for in the way that they choose.

SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was completed on 7 July 2020, with telephone consultations on 13 and 14 July 2020. The Care Home Standards were referenced throughout the inspection.¹

The Regulation Officer focussed on the following areas during the 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.

The approach to this inspection was slightly modified due to Covid-19 restrictions. For example, the time span of the inspection was modified to reduce the amount of footfall into the home. While face to face interactions with staff and service users / representatives were limited, telephone contact was utilised after the inspection visit. Appropriate infection control measures were observed throughout which included the wearing of personal protective equipment (PPE), by both the Regulation Officer and staff throughout the home.

Overall, the findings from this inspection were positive and demonstrated that the home is operating within the conditions of registration and Statement of Purpose. A new activity co-ordinator was recruited immediately prior to the outbreak of Covid-19. Although they are yet to commence working in the home, they will take up their post soon.

Care receivers are provided with appropriate care and support in accordance with their health needs, and there was evidence of care receivers being provided with a service that is safe and person-centred. A review of all care plans was underway, demonstrating the ongoing commitment to care being delivered in a personalised and inclusive way as outlined in the Statement of Purpose. Supporting documentation also provided confirmation of the necessary and expected policies and procedures being place which are overseen by a comprehensive system of review and audit.

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

The service's arrangements for recruiting staff were satisfactory, with appropriate checks being undertaken and confirmed prior to their employment. On commencing employment there was evidence that staff receive a structured staff induction, training and supervision programme, with further training being encouraged and facilitated. Records indicated that the staffing levels met the minimum staffing requirements as outlined in the Standards.

The planned extension was also reviewed and despite the inevitable disruption that accompanies building work, the management have taken several steps to minimise this disruption and to safeguard care receivers. This includes offering all care receivers the opportunity to move to another care home for the duration of the project. All but one resident had declined this offer. The work will take place only during weekdays between the hours of 8.30am to 4.30pm, and the main section of the home will be sealed off to limit footfall within the home. Management have also consulted with the community infection control nurse specialist to ensure resident safety and agreed to a track being built, as a priority, at the end of the existing car park to ensure access for emergency vehicles throughout the build. It was also agreed that the service would keep the Commission up to date with a start date for the build and progress of the extension.

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. Furthermore, some reference was made to the previous inspection visit which was carried out in November 2019, where an area for improvement had been identified at that time. It was positive to note that this area had been fully addressed with the introduction of monthly audits since the beginning of 2020.

The Regulation Officer sought the views of the people who use the service, and or their representatives and spoke with managerial and other staff. One care receiver and three representatives were spoken with during or as part of the inspection. The views of two members of staff and the manager were also obtained as part of the inspection process.

During the inspection, records including policies, care records, incidents, outcomes from resident surveys, staffing rosters, recruitment documents, quality assurance reports and monthly audits were examined. The Regulation Officer undertook a brief tour with the manager of the lower floor of the premises which provided a clean and comfortable environment. This also gave the Regulation Officer the opportunity to view where the planned building work will commence and how this was going to be managed.

At the conclusion of the inspection visit and following the telephone consultations, 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. No areas for improvement have been identified, however it was agreed that a review of all care plans would be completed within three months from the date of this inspection.

INSPECTION FINDINGS

The service’s Statement of Purpose and Conditions on registration

The Care 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 at the time of the inspection was in the process of being amended and updated to reflect changes to the maximum number of care receivers within the home and changes to staffing roles. The number of care receivers is reduced at present as a result of two rooms being out of commission due to the extension. The updated Statement of Purpose will be submitted to the Commission on completion of this update. With the recent appointment of an activity co-ordinator, the Statement of Purpose continues to reflect the range and nature of services provided to care receivers. The Regulation Officer was satisfied that the manager fully understands their responsibilities in this regard. The manager also outlined plans to recruit a nurse deputy to oversee the nursing wing on completion of the extension and who will report directly to the manager.

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

Conditions of Registration	<p><u>Mandatory</u></p> <p>Maximum number of care receivers: 20 Number in receipt of nursing care: 0 Number in receipt of personal care: 18 Age range of care receivers: 60 years and above Category of care provided: Adult 60+ Bedrooms are registered for single occupancy with bedroom numbers 1-21(13 missing)</p> <p><u>Discretionary</u></p> <p>Registered manager to complete level 5 Diploma in Leadership in Health and Social Care by 4 December 2022</p>
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Discussion with the manager and examination of records provided confirmation that these conditions on registration were being fully complied with and will remain unchanged.

The following discretionary conditions were applied to Lavender Villa; the manager to complete the level 5 Diploma in Leadership in Health and Social Care within three years. The manager advised the Regulation Officer that while her participation on the diploma course had been interrupted due to the Covid-19 pandemic, she remained confident that the course would be completed within the given timeframe.

Prior to this inspection the Regulation Officer had reviewed detailed plans regarding the extension. The manager advised that the work was due to commence within weeks of the inspection. The care receivers whom the Regulation Officer had spoken to were generally positive regarding the extension and felt well-informed.

The home's Statement of Purpose is discussed at the assessment visit prior to residents being admitted to the home. It is also kept in a file in reception for people to review if they wish.

Safeguarding (adults)

The Standards for Lavender Villa 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.

Systems are in place at the home to support the safety and protection of residents. These include a range of infection control measures relating to Covid-19. The Regulation Officer observed another professional visiting the home being greeted by staff and having appropriate checks and PPE given prior to entering the home. There is also a visitor sign-in book in reception and a log of any visits by professionals to the home. A recent infection control audit (completed June 2020), was viewed at the time of the inspection and found to be satisfactory.

A discussion with the manager confirmed that any safeguarding issues are taken seriously, processed in line with local procedures and that any relevant persons and agencies are notified of any such concerns, including the Commission. The safeguarding policy was reviewed in the policy manual. The Regulation Officer noted that there is an expectation that this is read and understood by staff as part of their induction. The policy was reviewed at the beginning of this year. All staff were up to date with their safeguarding training at the time of the inspection. This incorporates a yearly update. Safeguarding referral forms can be accessed on FUSION (the electronic database utilised within the home). One senior carer usually works opposite the deputy, and all staff are aware of the requirement to escalate any safeguarding concerns appropriately.

A whistle-blowing policy is in place. The registered manager advised the Regulation Officer that they have encouraged staff to refer to this policy and has provided each member of staff with the director's email, to use for this purpose as required.

A discussion with a recently appointed staff member confirmed that this process is in place. The Regulation Officer was able to ask this staff member as to the action which they would take if they became aware of either a safeguarding concern or a complaint. The staff member indicated that they would approach the senior staff member immediately and that they had the director's email, which they can use if necessary. Whilst they acknowledged that to email the director might be a daunting prospect, that they would do this where it was in the care receiver's best interest. Discussion with care receivers and visitors positively reflected their sense of safety and comfort within the home. Comments included that care receivers enjoy residing at the home; find the rooms comfortable and feel well supported. Care receivers commented that they feel confident in discussing any matters with staff members and that the food is of good quality.

One visitor wished to express their opinion that the team at Lavender Villa has done an "amazing job", in ensuring that Covid-19 was kept out of the home and that residents remained safe.

Another comment included the observation that all staff, from domestic staff to senior staff, demonstrated good levels of compassion and care to care receivers. The care receiver expressed that there is a real sense that staff care about residents and seek to put their needs first.

Resident survey results from the end of 2019 also noted positive feedback from residents regarding the quality of the care that they receive and the 'homeliness' of the care home.

Complaints

The Standards for Lavender Villa set out 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.

Information relating to making a complaint is included within both the residents and staff contracts. At the time of the inspection, the Regulation Officer was unable to find a copy in the policy manual, but the manager advised that this was because the information provided elsewhere. There is also a summary of the complaints process displayed on the wall in reception, next to the office. The manager suggested that this might be better situated above the visitors' sign-in book to make it more accessible to everyone.

There have been no complaints received within the last six months. As a result of Covid-19, significant restrictions on visitors to the home were put in place. However, relatives were given a number for any concerns or advised to email the manager directly. The manager reported that, whilst it might have been anticipated that this could have generated complaints, feedback during this time had been extremely positive.

A friend of one of the care receivers commented that they felt well-informed and happy that they were able to maintain contact by Skype.

The resident survey from December 2019 also confirmed that 15 out of 16 residents knew how to make a complaint and would feel comfortable in doing so.

There is also a comments and suggestions box in reception which includes a section on complaints and concerns.

Prior to the Covid-19 pandemic, the manager was meeting with residents once weekly which provided further opportunity for feedback or to raise concerns.

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

The safe recruitment of staff is an important element in 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.

During the inspection visit, a sample of staff personnel files was reviewed. This included the two most recent recruits to the staff team. The review confirmed that appropriate safe recruitment checks had been completed in advance of the staff members working in the home. Staff personnel files are stored securely and were found to be well organised. For ease of reference, they were divided into sections which confirmed that recruitment documentation was in keeping with the Standards.

The manager described the staff induction programme which involves, shadowing of staff; reading and signing off on policies and procedures and the signing off on competencies (including medication competency). The induction training of the two newest recruits is almost complete.

These staff members commented to the Regulation Officer that they had settled in well and described all levels of staff as being approachable which meant that they felt supported in their respective roles. The mandatory training was noted to be up to date for all staff except for basic life support (BLS), which was scheduled for completion by all staff in July 2020. Training in Capacity and Self Determination had not been sourced at the time of the inspection. It was explained that progress in this area had been delayed as a result of Covid-19.

The staff work in teams with designated day and night staff. At the time of the inspection, there was currently one staff member off sick and one staff vacancy on nights which the service is currently recruiting to.

A copy of the staffing roster was reviewed which demonstrated that there was an adequate skill mix and consistent staffing levels in place, which meet minimum staffing requirements. The manager discussed how she is keen to encourage training and progression within the service.

Supervision is undertaken by the manager, and there are processes in place to ensure staff are supported to carry out their roles effectively. It was positive to note that the registered manager has introduced a structured programme of supervision. Staff can expect to have supervision every three months. Records are maintained but individual supervision records were not reviewed as part of this visit although these were in evidence in personnel files.

During the inspection, some staff were observed in the communal areas and noted to respond quickly to residents' calls for assistance.

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.

Residents are admitted into the home following a pre-admission assessment of their health, personal and social care needs. This is carried out by the manager usually in person, but due to Covid-19 this has more recently been done over the phone. The home accepted three admissions during the pandemic. These were predominantly respite admissions. Each service user has a trial care plan drawn up at the assessment visit which is then reviewed on admission. Open questions are used about their lives and care needs to try and gather as much information as possible. The care records are stored on FUSION and a sample of four care records was undertaken by the Regulation Officer during the inspection.

One of the newly updated care plans included personal choices (for example, regarding bathing), which demonstrated that the person had been listened to and included in the development of the plan. This contrasted with some of the other plans which, although sufficient in content, could be improved upon to reflect the requirements in the Standards. The manager acknowledged this. The Commission will keep this under review, with an update of the progress with the care plans in three months' time.

The manager advised the Regulation Officer that two residents were requiring pressure ulcer care. A review of their care plans was undertaken by the Regulation Officer, and this confirmed appropriate sections on tissue viability and recognised risk assessment tools were in use. The plans were regularly updated, with review dates flagged by the electronic system. There was some evidence of referrals to other specialists when required such as district nurses and the speech and language team.

Monthly quality reports

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.

A registered nurse visits the home on a monthly basis to monitor the quality and safety of the service. This is done through a review of the Standards and Regulations in order to ensure that the service is adhering to them. The Regulation Officer reviewed the reports of the two most previous visits and noted that these had been recorded on the template recommended for use by the Commission. These monthly reports were clear and comprehensive with a different focus each month. The audit in June 2020 included a review of the care plans and the need to monitor this. The audit also highlighted the manager's ability to promote the safety of residents by implementing regular audits. The audits completed within the last six months include;

- Medication audits which had been carried out every month but may now be conducted every two months. The most recent audit in May 2020 found resident's allergies in need of updating and that controlled drugs are now checked daily.
- Infection control audit June 2020, there were plans for a joint audit in July with the community infection control nurse, this has now been postponed until after completion of the extension.
- Environmental audit using the Environmental Cleanliness Audit tool for Care Homes, which identified areas within the home in need of redecoration with some work already underway.

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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