



**Jersey Care
Commission**

INSPECTION REPORT

L'Hermitage Care Home

Care Home Service

**La Route De Beaumont, St Peter,
JE3 7HQ**

29 September 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 L'Hermitage Care Home. The service is situated in the parish of St Peter and is near to the provider's other home Beaumont Villa. The home is a two-storey purpose built premises and is situated within the grounds of L'Hermitage Gardens Retirement Village. The service became registered with the Jersey Care Commission ('the Commission') on 1 January 2019.

Registered Provider	Caring Homes Healthcare Group Ltd
Registered Manager	Colette Bonner
Regulated Activity	Adult Care Home
Conditions of Registration [Mandatory and discretionary]	Personal care can be provided to a maximum of 20 care receivers. Nursing care can be provided to a maximum of 22 care receivers. Category of care is Old Age. Age range is 60 years and over. The maximum number of persons to be accommodated in the following rooms: Rooms 1-42 is one person.
Dates of Inspection	29 September 2020
Times of Inspection	9:00 - 3.10 pm
Type of Inspection	Announced
Number of areas for improvement	None

L'Hermitage Care Home is operated by Caring Homes Healthcare Group Ltd and the registered manager is Colette Bonner. There have been no recent changes to the management structure of the home. At the time of this inspection there were 41 people receiving care from the service and the last bed was booked for an admission which was pending at the time of the inspection.

The Statement of Purpose reflects that the philosophy of the home is to, provide care that will enable care receivers to live as independently as their physical and mental health allows, with privacy, dignity and with the opportunity to make their own choices.

SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was completed on 29 September 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; not all areas of the home were visited and although face to face interactions with staff and service users / representatives were limited, email contact was utilised after the inspection visit. The inspection visit was undertaken in accordance with the home's infection prevention and control protocols and the current government guidance in relation to Covid-19 and care homes.

Overall, the findings from this inspection were positive, and there was evidence of care receivers being provided with a service that is safe and which takes their wishes and preferences into account. One care receiver on describing their recent admission to the home, reported, 'settling in so well' and how it quickly had become their 'little home'.

The manager provided evidence to support that the home was continuing to operate within its' conditions of registration and Statement of Purpose. For example; pre-admission assessments conducted by the management team ensures that any admissions to the home are appropriate under the category of care 'old age'.

The service's arrangements for recruiting staff were satisfactory, and at the time of the inspection, the ratio of registered nurses working in the home exceeded the minimum standards. Copies of recruitment / personnel files were reviewed by the Regulation Officer and were found to be well organised and to contain all the necessary pre-employment checks.

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

There was evidence of adequate staffing numbers from discussion with care receivers and examination of staffing records. Additionally, the records confirmed that staff were appropriately deployed within the service. There was also evidence of a good system of governance. For example, staff appraisal and disciplinary processes were in place.

Care plans were reviewed for a small random sample of care receivers. These were in paper rather than electronic format. The Regulation Officer found that although the care plans met the Standards in terms of content and updates, they were difficult to navigate on account of the amount of content. The manager agreed that a review of the content and filing system of the care plan folders would be beneficial post-inspection, an interest in producing electronic care plans in the future was also expressed.

There had been no complaints reported to the Commission this year and there was evidence of a clear and comprehensive complaints and whistleblowing policy and process in place. This was confirmed by two of the staff members who were spoken with by the Regulation Officer during the inspection.

Safeguarding referrals / notifications received by the Commission since the beginning of 2020, were discussed and reviewed with the manager. The Regulation Officer was assured that due process had been followed and that any concerns had been both escalated and recorded appropriately. There was evidence of good practice in relation to the stringent infection control measures the manager had put in place to protect the home from Covid-19.

Monthly quality reports had continued to be produced during the pandemic although the format had needed to be amended. The Regulation Officer reviewed these reports and discussed their content with the manager. It was apparent that the external review process had been maintained during this time.

INSPECTION PROCESS

Prior to our inspection visit, information submitted by the service to the Commission since the service became registered, 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 September 2019 and where an area for improvement had been identified at that time. The area for improvement was to ensure the availability and access to staff recruitment documentation which met locally published Standards and Regulations. It was positive to note that this area had been addressed, meaning that the manager was provided with and had access to all relevant information in order to make decisions concerning safe recruitment.

The Regulation Officer sought the views of the people who use the service, and or their representatives, and spoke with managerial and other staff. Four care receivers, two representatives and six members of staff were spoken with during or as part of the inspection. The views of one health professional was also sought as part of the inspection process.

During the inspection, records including policies, care records, staffing rosters, recruitment documentation, learning and development files, safeguarding alert folder, Covid-19 evidence file and monthly reports were examined.

The Regulation Officer also attended the staff meeting at 10am on the day of the inspection with staff representatives from all areas within the home including kitchen, housekeeping, driver / maintenance, activity co-ordinators and care staff. Beaumont Villa is also represented by a staff member since the manager has dual responsibility of both homes. A variety of topics were covered at this meeting including; health and safety issues, any accidents or incidents, planned admissions / discharges, wounds / wound care, special dietary requirements and general communication notices. The Regulation Officer observed good participation within the meeting and sharing of information.

At the conclusion of the inspection and email 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.

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 Care 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.

The Care Home is, as part of the registration process, subject to the following mandatory and discretionary conditions:

Conditions of Registration	<u>Mandatory</u>
	Maximum number of care receivers: 42 Number in receipt of nursing care: 22 Number in receipt of personal care:20 Age range of care receivers: 60 and above Category of care provided: Old age The maximum number of persons to be accommodated in the following rooms: Rooms No: 1-42 is 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 will remain unchanged.

The care receivers and their relatives have access to the Statement of Purpose, a copy of which is kept in, every resident's room. In addition, the home's brochure includes a Statement of Purpose and resident's guide. The home's leaflets and the care receiver's weekly activity sheet are also available in each care receiver's room, so that families can have access to these with the care receivers' consent. The home also conducts regular meetings for care receivers. However, the relative's meeting was suspended at the time of the inspection due to Covid-19.

Three activity co-ordinators are employed within the home and there is a range of activities on offer, including one to one activity. One of the activity co-ordinators spoke of trying to fit activities around the individual's preference. On the day of the inspection, 'music and movement' was happening in the downstairs lounge / dining area in the afternoon. The home also has its' own minibus and outings had recently resumed following easing of restrictions due to Covid-19.

There was limited footfall around the home by the Regulation Officer due to current guidance and at the managers' request. The home was observed to be clean and free of clutter, there was good evidence of personalisation in two of the care receivers' rooms viewed as part of the inspection. In another care receiver's room, there was some evidence of wear and tear of paint on the lower walls.

The manager acknowledged that the home was in need of some redecoration and advised that plans to take this forward had been suspended due to Covid-19 restrictions. However, there were plans for maintenance to carry out some internal repairs in the winter. Also, there was some evidence of wear and tear of the carpets. Whilst this did not pose any immediate risk in terms of trips or falls, the manager had brought the carpets to the providers' attention with a view to having them replaced.

Safeguarding (adults and children)

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.

Systems are in place at the home to support the safety and protection of care receivers. An example of this is the infection control measures which are in place for defence against Covid-19. The Regulation Officer underwent a screening process on arrival at the home and witnessed other visitors being screened in the same way. The screening checks included temperature and oxygen saturation measurements, completion of a health screening form and the cleansing of any bags/equipment being brought into the home.

Two safeguarding concerns had been reported to the Commission since the beginning of 2020 and these were discussed with the manager on the day of the inspection. This discussion confirmed that any safeguarding concerns would be dealt with in line with local procedures and the relevant persons and agencies notified, including the Commission. Any safeguarding concerns are recorded appropriately in the safeguarding log / folder which was provided as evidence to the Regulation Officer and was reviewed at the time of the inspection.

There is a section on safeguarding in the Learning and Development file for each staff member and training is provided in two parts with three hours of on-line training and a five-day course in conjunction with the Safeguarding Partnership Board. The training matrix for the home provides evidence for all training and is currently at 76%.

There are also good systems in place for staff support within the home; examples of this are the staff meeting at 10am every morning and Talk at Two which stands for T (team) A (actions) L (learning) K (knowledge). This involves staff meeting as a small group every day at 2pm to discuss any concerns or hand over anything important which has occurred since handover earlier that day or even earlier in the week. The Regulation Officer was informed by two staff members of how beneficial they found this 'time out' to discuss matters that they may not wish to discuss in a larger group.

The staff also informed the Regulation Officer that they were clear of their responsibilities in relation to safeguarding and of the escalation policy. They were confident with raising concerns directly to the manager or deputy manager in the first instance but were also aware that they could contact the regional manager if required.

The manager also described a helpline for employees which is linked to the UK for safeguarding, if they needed to discuss something with someone outside of the home / provider organisation. A poster with the contact details for the helpline is on display in the staff office.

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.

There had been no complaints reported to the Commission regarding L'Hermitage Care Home since the beginning of 2020. The manager described some 'low level' complaints / concerns regarding Covid-19 but which had been quickly resolved by engaging with the persons involved.

There is a booklet available in the foyer which is entitled, 'We value your opinion; your guide to complaints, compliments, suggestions, whistleblowing and duty of candour'. The manager discussed that it was hoped that this would encourage anyone to freely express their thoughts or concerns. The home also has a Facebook page where people are also free to comment. The complaints policy is displayed in the foyer for ease of access to care receivers and relatives. There is a central electronic complaints log which was viewed at the time of the inspection. These records are shared with the Regional Office once a month.

Staff spoken with by the Regulation Officer seemed confident in taking any complaints / concerns to the management team or regional manager if required. One relative also discussed how a minor query / concern in relation to visiting at the home, was sorted out straight away after a phone call to the home.

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.

A summary of the staff profile and staffing levels are included in the Statement of Purpose. A sample of four weeks of duty rota was provided to the Regulation Officer on the day of the inspection and reviewed afterwards. This evidenced that an adequate number of qualified and non-qualified staff are on each shift which was in accordance with the Standards.

The manager discussed with the Regulation Officer that they are still working towards the Standard which sets out that fifty percent or more of carers on any shift should have completed the Level Two diploma or equivalent. The manager assured the Regulation Officer that eight staff members are training at present and that they are looking to recruit staff who already have diploma Level Two or Three in the future.

A query was raised with the manager regarding evidence of staff on a couple of occasions on the duty rota working over forty-eight hours per week. This is contrary to the Standards unless there are exceptional circumstances. The manager was able to provide the Regulation Officer with an assurance regarding these occasions (specifically, that shifts needed to be covered at short notice due to unforeseen circumstances).

Recruitment of staff involves a UK-based process, but any interviews are conducted locally by the management team. The inspection visit included a review of a sample of six staff personnel files. The files confirmed that there was consistency in the safe approach to staff recruitment and training. The personnel files are stored securely and were found to be well organised.

At the time of the inspection, the manager reported no problems with recruitment or retention of staff. The manager discussed that this could be due in part to flexible working to try and accommodate staff needs.

There is an induction pack for new staff, who will work as supernumerary for two weeks. During Covid-19, the newer staff members worked as a pair with a permanent staff member if there were not sufficient numbers to be supernumerary. Each new member of staff also receives a probationary period with an interview mid-probation at three months and at the end of the probationary period at six months.

There is a minimum of six supervisions for each staff member per year and appraisals annually. Staff have copies of their own supervision records and there are also copies stored securely in the staff training files. The regional manager is responsible for the supervision of the registered manager. The manager also described examples of group supervision and training which regularly take place within the home.

The management team described to the Regulation Officer how much of the mandatory training is done in house and online. The Regulation Officer was shown a recent handwashing kit purchased by the home to be used as a visual aid when training all staff in the importance of handwashing. The management team undertake the diploma Level Two and Three assessing and training of student nurses. There is face to face training for the Level Two diploma and online training for the Level Three diploma. Two of the staff spoken to by the Regulation Officer described the quality of some of the online provision as 'good' and a 'positive experience' and were able to discuss some of their learning outcomes.

The manager also described how a number of care staff had started employment elsewhere in the home in different roles and then trained as carers in-house. One such staff member commented to the Regulation Officer how they had been well supported in this transition and progressed through their training.

During discussions with care receivers and relatives, they remarked positively on their engagement with staff and of staff members' skills and experience. Comments included:

“I have a good relationship with staff, the nurses are busy but always come when needed”

“The staff are brilliant”, they are “polite, helpful and always smiling”

One relative praised the manager’s organisation and management of staff.

One relative mentioned that they are kept informed of the management of their loved one’s health problems in the home.

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.

Care receivers are admitted into the home following a pre-admission assessment. This is entitled ‘your journey home’ and is completed by the management team. The completed pre-assessment forms are filed at the front of the care receivers’ care plan folder and a small sample were viewed at inspection. The manager discussed whatever care plan is drawn up within the first month is always moveable, as there is a period of observation and adjustment as the person settles into the home. The home encourages the family to get involved at the residents’ request with care planning.

The Regulation Officer reviewed four care plan folders, daily records were generally up to date and regular review dates identified. There was good evidence of personalisation in the sample reviewed; evidence of this includes the ‘individual preference questionnaire’ and ‘room key assessment tool’. The care plans are based around the activities of daily living model and other evidence-based assessment tools are used to assess, for example, skin damage.

The Regulation Officer, however, did experience some difficulty in navigating the care plan folders due to the filing system and the amount of information stored in the folder. Although the care plans met the Standards in terms of content, it was discussed with the manager that new members of staff and / or agency staff may find it difficult to clearly identify the care needs of a specific care receiver. The manager agreed that some reorganisation of the folders was required. The Regulation Officer attempted to cross-reference information within the sample of care plans with incident forms and correspondence the Commission had received over the last few months. It proved difficult to do this because many of the daily records had already been filed elsewhere. One of the care receivers had diabetes and although there was a care plan to reflect this, the recording of blood sugar monitoring was recorded elsewhere in the nursing charts.

Any member of staff can update the daily records as long as there is a legible signature. There is also an engagement book which the care receiver and their family can fill in with hobbies, activities and interests and can be updated by everyone.

It was also discussed whether electronic care plans had ever been considered as much of the other information for the home was stored electronically. The manager advised the Regulation Officer that this is something that they would be keen to consider / explore in the future.

The manager described to the Regulation Officer how the home was shut to admissions during the pandemic and explained that during that time there were ten empty beds. The home started to accept admissions again in July 2020.

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.

The regional manager usually visits the home on a monthly basis to monitor the quality and safety of the service. They do this by reviewing the Standards and compliance with the Regulations. As a result of the pandemic, the regional manager had been unable to get over from the UK since March. Therefore, these reports were being compiled by the home management team with overview and some completion remotely by the regional manager.

The Regulation Officer reviewed reports from the three most recent months prior to inspection and one from February 2020 (prior to lockdown). These reports were clear and comprehensive. However, there was some repetition in the recent reports, and it was discussed with the manager that a different focus area each month may be beneficial. The manager confirmed by email following the inspection that the regional manager would be in Jersey in October 2020 and intended to visit the home to undertake a review.

The manager also discussed audits which were carried out by the whole staff team which assist with quality of service assurance within the home. Examples of which include care plan and medication audits conducted by the clinical lead and management team. Further examples are health and safety audits which are undertaken by the maintenance team and catering audits which are undertaken by staff employed in the kitchen. The home also currently undertakes both a Covid-19 and a personal protective equipment (PPE) audit three times weekly.

To promote initiative and quality of care amongst the staff in the home, the home has a 'caring stars this month' scheme where staff are recognised for their effort or initiatives within the home.

There are also residents' meetings held within the home where further comment / input is encouraged along with the engagement book in each of the care receivers' rooms. The relatives' meetings had been suspended during the pandemic, however the home had established a Facebook page, which provided both reassurance and updates to relatives but also allowed for comment. One relative described how she was happy with phone contact during this time and that Skype calls had also been used.

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.



Jersey Care Commission
2nd Floor
23 Hill Street, St Helier
Jersey JE2 4UA

Tel: 01534 445801

Website: www.carecommission.je/

Enquiries: enquiries@carecommission.je