



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Les Houmets Care Home**

**Care Home Service**

**Gorey Village  
Main Road  
Grouville  
JE3 9EP**

**23 February 2021**

## 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 Les Houmets Care Home. The service is in the heart of Gorey Village, surrounded by residential houses, shops, restaurants and near to the beach. There is a communal dining room, two lounges and a conservatory sitting area located on the ground floor and pleasant gardens for care receivers to enjoy. The care home has the benefit of a minibus which is used for trips when this is possible.

The service became registered with the Commission on 1 January 2019.

At the time of this inspection, there were 28 people accommodated in the home.

Registered Provider	Les Houmets Care Home Limited
Registered Manager	Monica Le Miere
Regulated Activity	Care home for adults
Conditions of Registration	<p><u>Mandatory conditions</u></p> <p>Personal care can be provided to 29 care receivers. Category of Care is old age. Age range of care receivers is 60 years and over. Maximum number of care receivers to be accommodated in the following rooms: Rooms 1-12A, 14-28 one person Room 15 two people</p> <p><u>Discretionary conditions</u></p> <p>1. Suitable alterations in line with identified Standards for such provision should be made to the existing rooms on the ground floor to provide one extra bathroom/shower facility (Room 2 to be decommissioned to facilitate this)</p>

	<p>2. Alterations should also include decommission of Room 20 (9.6 sqm) which by limited dimensions does not meet the minimum Standard of 12 sqm) (Rooms 19 and 20 to be amalgamated into one premium en-suite room to facilitate this)</p> <p>The above conditions should be met by 31 December 2022</p>
Date of Inspection	23 February 2021
Time of Inspection	10am to 4.30pm
Type of Inspection	Announced
Number of areas for improvement	Two

## SUMMARY OF INSPECTION FINDINGS

This inspection was announced in order to ascertain the specific circumstances in the home relating to Covid-19 infections, and to minimise any unnecessary risks to care receivers. The inspection visit was undertaken in accordance with the home's infection control precautions.

The Standards for care homes were referenced throughout the inspection<sup>1</sup> and the Regulation Officer focussed on the following areas during the inspection:

- the service's Statement of Purpose and Conditions on registration
- safeguarding (adults)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

Overall the findings from this inspection are positive in terms of care receivers' and health professionals' views and descriptions of the service. Care receivers were positive about the care they received. There was evidence of warmth and compassion in interactions between staff and care receivers.

There is generally little staff turnover and there is a consistent staff team in place; some staff have worked in the home for many years. Staffing levels were

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

appropriate and in line with minimum Standards. A medication policy is in place, but an updated version always needs to be available to staff.

There is a planned programme of activities and the co-ordinator ensures that all care receivers can take part. An internal survey undertaken by the activities' co-ordinator in September 2020 gave care receivers an opportunity to make suggestions for additional activities. Relatives reported examples where staff had supported contact and activities during the period of the pandemic. The manager had listened to the views of care receivers who were unhappy with Government guidelines regarding visiting and sought advice prior to decision making on contact within the home. This was an area of good practice.

An examination of records confirmed that health professionals are contacted as needed, as issues arise by staff in the home to provide advice and guidance to support care receivers' health and welfare.

A review of care plans indicated that the organisation of records could be improved with an electronic system. However, there was evidence of an assessment on admission and that the preferences of care receivers are considered. Care receivers are also involved, where possible, in care planning and this was in evidence by a signature when the plan had been reviewed.

There are some areas for improvement in terms of developing and implementing policies such as safeguarding, whistleblowing and receiving of gifts. Care receivers and relatives all reported that the manager is approachable and responds to concerns. However, no one was able to confirm that they knew how to raise a formal complaint. The manager and senior manager recognised that this is an area for development.

There was an inconsistency in terms of staff recruitment, which was evidenced by the lack of a second references obtained for members of staff. There is a recruitment policy in place, but it could not be demonstrated that this had been followed in all cases. The manager accepted that the organisation of records was a contributing factor in this. This is an area for improvement.

Staff training records demonstrate that mandatory training is kept up to date and there was evidence of staff development and management oversight.

## **INSPECTION PROCESS**

Prior to the inspection visit, information submitted to the Commission by the service since it became registered, was reviewed. This included any notifications and any changes to the service's Statement of Purpose. A review of the findings from the previous inspection, which was completed on 30 December 2019, also formed part of the pre-inspection preparation and planning. Reference was also made to the details of conversations held between the registered manager and the Commission in the initial stages of the Covid-19 pandemic.

The Regulation Officer met with the registered manager and senior manager, and during the visit, sought the views of four people who use the service and three staff members. Following the visit, the Regulation Officer consulted four relatives of care receivers and contact was made with five health professionals who were known to have had recent contact with care receivers living in the home to seek their views. One response was received.

During the inspection visit samples of records including policies and procedures, care receivers' care records, staffing rosters, medication administration records, quality assurance reports, staff files and training records were examined. The Regulation Officer viewed the communal areas on the ground floor of the home, ensured adequate distancing whilst speaking with care receivers and viewed four bedrooms.

At the conclusion of the inspection visit, the Regulation Officer provided feedback to both the registered manager and senior manager.

The report sets out the findings of the inspection and includes areas of good practice which were identified. Where areas for improvement have been identified, these are described in the report and an action plan attached at the end of the report.

## INSPECTION FINDINGS

### The service's Statement of Purpose and Conditions on registration

The care home service'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 Statement of Purpose was updated shortly after the inspection visit to reflect the variation of conditions to reduce the age range from 65 to 60 from 6 January 2020. After discussion, the Regulation Officer was satisfied that the registered manager understood their responsibility to review and update the Statement of Purpose regularly.

The care home service is, as part of the registration process, subject to the following conditions:

	<p><u>Mandatory</u></p> <p>Maximum number of care receivers: 29 Number in receipt of personal care/ personal support: 29 Age range of care receivers: 60 years and above Category of care provided: Old age</p> <p>Maximum number of care receivers who can be accommodated in the following rooms:</p>
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	<p>1-12A and 14-28 one person Room 15 – two persons</p> <p><u>Discretionary</u></p> <p>1 Suitable alterations in line with identified standards for such provision should be made to the existing rooms on the ground floor to provide one extra bathroom/shower facility (Room 2 to be decommissioned to facilitate this.)</p> <p>2 Alterations should also include decommissioning of Room 20 (9.6 sqm (Room 19 &amp; 20 to be amalgamated into one premium en-suite room to facilitate this.)</p> <p>The above conditions should be met by 31 December 2022</p>
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A discussion with the registered manager and an examination of records provided confirmation that these conditions on registration were being fully complied with and are intended to remain unchanged.

The registered manager has worked in the care home for many years and has good relationships with the care receivers and staff. They are familiar with the home's operation and demonstrated a good understanding of the needs of all care receivers and of the Standards. They described the various aspects of care and of how the service works to ensure that care receivers' needs are comprehensively met.

The home adheres to the conditions of registration and has made provision for care receivers to transfer to nursing care environments when their health conditions have changed or when their needs have increased beyond those that the home is registered to meet. An examination of records confirmed that health professionals are contacted by staff in the home, as required, to provide advice and guidance to support care receivers' health and wellbeing.

Feedback from a health professional confirmed their confidence in the home's ability to support care receivers. They commented:

"it is one of the best homes (on the island)...very professional...beautifully kept...staff are lovely".

The Statement of Purpose refers to the aim "for each resident to live as independently as possible with dignity, respect and the opportunity to make their own choices to accommodate their needs." At the point of referral, a holistic assessment is completed which takes account of the size of the home and the already established resident group when deciding if a place will be offered. The home promotes independence and there was evidence that where new Government of Jersey guidelines regarding infection control came into effect, discussion with care receivers had taken place to ensure that they had a good understanding and their views were considered. This was evidence of good practice.

Discussions with four care receivers confirmed their satisfaction with their lives in the home. All care receivers specifically mentioned the registered manager and the fact that they considered she is “really good” and “wonderful”. One care receiver stated that they would prefer to be at home but that the home “is as good as it can be.”

The registered manager expressed compassion in respect of the difficult circumstances care receivers have found themselves in last year, due to the Covid-19 pandemic. They spoke of the difficulties in managing the contact between care receivers and their relatives. Many care receivers are used to being independent and going out on a regular basis. The activities co-ordinator has ensured that care receivers are kept up to date with the news and discussion is encouraged. Equally, it was evident that where care receivers preferred their own company and did not want to join in activities, this was respected.

It was evident that a programme of activities was in place and that many care receivers enjoy taking part in quizzes, bowling, bingo and a variety of other activities. Care receivers are encouraged to inform the activities co-ordinator if there are particular activities that they wish to enjoy. At the time of the inspection visit, the Regulation Officer was aware of an activity in the lounge, led by the activities co-ordinator, and it was evident from smiles and laughter that a group of care receivers were enjoying the event. In times outside of the pandemic, a minibus is available and there are regular trips around the island.

It is acknowledged that the period of lockdown has made it difficult to progress the building work necessary to meet the discretionary conditions. However, the manager reported that there are plans in place and when it is more appropriate to have builders in the home and care receivers can be out of the home, then it is planned for the work to be progressed. This requires some forward planning as the rooms are currently being used.

### **Safeguarding (adults)**

<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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Systems are in place at the home to support the safety and protection of care receivers which include appropriate infection control measures for protection against Covid-19. Government guidelines are being followed and all visitors are required to have their temperature taken and complete a form prior to entry into the home. A marquee has been set up in the garden area to ensure social distancing during visits by relatives. One relative reported that the marquee had been decorated to feel “homely”. All relatives receive a pre-visit phone call to ensure that they have no symptoms before the visit and have an up-to-date monthly Covid-19 test. Relatives were all positive about the safety of their loved ones and promotion of their wellbeing during this time.

The registered manager stated that they sought infection control advice when care receivers stated that they wished to be able to meet with each other in communal areas. The manager consulted with care receivers on their views and to ensure they understood the reasons for Government guidelines. Following this, and having sought appropriate advice, a measured approach to mixing within the home was introduced. This was evidence of good practice.

There is no current safeguarding policy in place. This policy needs to include robust guidelines concerning the receiving of gifts or legacies from care receivers. The policy must safeguard the financial interests and personal properties of care receivers. The whistleblowing policy is limited in that it does not include actions which should be taken to raise concerns with external agencies such as the safeguarding team or Jersey Care Commission. This is an area for improvement.

An examination of accident and incident records confirmed a positive approach to the recognition, reporting and recording of accidents that occur in the home. The home has been compliant in notifying the Commission of notifiable events.

A medicines management inspection was undertaken on behalf of the Commission by a Senior Pharmacist employed by Health and Community Services, the day before the inspection visit. The Senior Pharmacist concluded that the home's medicines policy should be updated. The manager reported that they did have an updated version but that the medicines policy available had been an old version. They accepted that it is important that updated policies are always available to staff.

Feedback from care receivers during the inspection, confirmed that they felt safe in the home and all mentioned the commitment and care from the staff, and particularly the registered manager. One relative stated that the staff are "like extended family" and that they were confident that their loved one was being well cared for.

The Regulation Officer raised a concern that a roof top garden has an uneven surface which could cause a fall. As a result of this concern being raised, the manager confirmed that this would be closed to care receivers until the maintenance could be completed.

## **Complaints**

<p>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.</p>
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A welcome pack is currently being updated. It is the intention of the registered manager for a pack to be given to all potential care receivers. There is a contract issued between the care home and care receiver which details the complaints policy and provides details of how to escalate to Jersey Care Commission if a satisfactory response is not received.



In the reception area of the home, there is a suggestion box where comments or complaints can be made anonymously by care receivers and their relatives. One relative reported that their loved one had asked them on occasion to use this to give feedback.

Care receivers reported that they felt listened to by the registered manager and that their concerns were always acted upon. Relatives consulted reported that communication with staff was good and only one stated that they had raised an issue informally with the manager. They did not feel the issue had been addressed but thought that this was due to the difficult pandemic situation and advised the Regulation Officer of their intention to follow this up again with the manager. However, they were unaware of the complaints policy. There are opportunities to raise issues with the manager and during discussion, it was agreed that they would follow up with a formal policy which would be communicated to care receivers and their relatives as part of the improvement to update policies.

The activities co-ordinator had undertaken a survey of residents' views in September 2020. Eleven out of 29 care receivers took part in the survey, with all opting to complete it in discussion with the activities co-ordinator but were given the option to complete it anonymously. All care receivers who took part in the survey reported feeling well cared for. They were happy with their room and positive about the cleanliness of the home. All care receivers reported that the manager is approachable.

### **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 at all times suitably recruited, trained and experienced staff available to meet the needs of care receivers.

There are currently 22 staff, which includes the registered manager, and the home is fully staffed. The registered manager reported a low turnover of staff and from reviewing recruitment records, it was evident that some staff have worked in the home for many years.

Recruitment records for six staff were reviewed and were found not to be complete. A safe recruitment policy was reviewed but this had not been followed for all new staff. It was noted that criminal records checks were in place before staff were introduced to care receivers. The manager and senior manager were unable to locate two references for all staff. This is an area for improvement.

There was evidence of staff development over and above mandatory training. One member of staff had moved from a housekeeping to a care role and there was evidence of supervision from a team leader. Staff receive an induction programme and must fulfil competencies to complete this stage of their employment.

A training log was reviewed and demonstrated that training is undertaken and updated. After review, the manager now uses a paper workbook method, as staff

prefer this to an online format. Care staff complete a workbook and then a test paper before completing each module.

An examination of a sample of staff personnel files confirmed that annual appraisals were carried out. There was also evidence of supervision sessions with either the registered manager or team leader. Competencies, which must be signed off before the completion of a probation period, were also on file.

Discussions with care staff confirmed that they are given opportunities for training in all mandatory areas. There was evidence of staff development where one member of staff had moved from housekeeping to being supported to progress to a care staff role. During the period of the pandemic, it is acknowledged that there were some difficulties in accessing face-to-face training, but the manager sought appropriate training where they could, and intends to resume training in areas such as Safe Handling and First Aid when this is available. The registered manager had also provided workbooks for wellbeing support during the period of the pandemic.

Care staff now work a long shift pattern which means that they get more days off between shifts. This decision was originally taken at the beginning of the pandemic to limit footfall into the home, but feedback from staff that they prefer this shift pattern had been listened to by the registered manager and is now a permanent arrangement.

During the inspection visit, the Regulation Officer observed care receivers involved in a quiz in the lounge area. The activities co-ordinator organised and was fully involved in this event. Care staff were also observed supporting care receivers in a calm and considerate manner.

## **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 receivers' records were examined and there was evidence of an assessment prior to admission to the home. Care records also include a resident profile which outline some basic preferences for each care receiver. Care records are kept in paper format and it was difficult to easily find care plans and evidence of updates. Consideration is being given to moving to an electronic system and this would improve the organisation of care plans and ensure that regular reviews are undertaken. However, there was evidence of specific care plans where care receivers had been involved in decision making and that they had signed their agreement as part of the care plan.

In the residents' survey in September 2020, one person who is vegetarian stated that the chef "goes out of his way for me". In general, care receivers were positive about the meals provided, although two felt that choices at dinner could be more varied.

One relative reported that the care is “personalised”, and that care is given with dignity and respect. This relative gave examples of where staff had provided additional support during the period of the pandemic, which had given them some comfort. Their loved one had attended church prior to admission, and this was respected, and a priest had visited regularly before the current Government of Jersey guidelines. In another example, the relative reported that she had previously enjoyed gardening with her mother and during lockdown a staff member had supported her mother and sent photos of the activity. The relative had appreciated this.

Another relative reported that staff had gone “above and beyond during the pandemic.” They reported that their loved one is involved in creative activities which they enjoy. Despite not being someone who usually enjoys group activities, they do enjoy bingo and bowls. The relative reported that staff are “like extended family. We know they care for mum.”

One care receiver has been at Les Houmets for less than a year. Their relative reported that they were able to stay at the home for two weeks before deciding to stay permanently. The care receiver had not initially joined in activities but is now enjoying the information and news discussions. The care plan includes support from a district nurse with additional support which demonstrated that the home aims for care receivers to remain with them if possible.

### **Monthly quality reports**

The quality of services provided by this service 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 provider of the care home has a system in place for monitoring the quality of care provided. This is provided by the senior manager who is not responsible for day to day organisation of the service. The Regulation Officer reviewed monthly reports for three months. There was a plan at the end of each month, for example to encourage everyone to eat more fresh fruit and to provide photographs of meal choices for the benefit of some care receivers.

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

## IMPROVEMENT PLAN

There were two areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 3.6</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The provider must demonstrate that all safer recruitment checks are completed prior to staff commencing employment.</p>
	<p><b>Response by registered provider:</b></p> <p>A robust risk assessment is in place to support our current Safe Staff Recruitment Policy. Part of this is that in the event documented references are not received contact is made with referees by phone. Updated Disclosure and Barring Service (DBS) clearance is and has always been a key requirement.</p>

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Appendix 2</p> <p><b>To be completed by:</b> within 2 months from the date of this inspection (23 April 2021)</p>	<p>Key policies relating to the protection of care receivers to include safeguarding, handling and management of personal finances, safe recruitment of staff and receipt of gifts should be prepared and implemented.</p>
	<p><b>Response by registered provider:</b></p> <p>An updated Safeguarding policy is now in place.</p> <p>The following listed Policies were already on file and implemented prior to the Inspection but now form part of the updated Safeguarding Policy.</p> <p>Cash and Property Handling Policy: Had already been implemented.</p> <p>Gifts and Inducement Policy: Had already been implemented.</p> <p>Safe Staff Recruitment Policy: Had already been implemented but now includes a Risk Assessment process.</p>

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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