



Jersey Care
Commission

INSPECTION REPORT

Lavender Villa

Care Home Service

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

5 & 11 May 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 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 on 1 January 2019.

Regulated Activity	Care Home
Conditions of Registration [Mandatory and discretionary]	Type of care: personal care / personal support Category of care: Old age Maximum number of care receivers: 20 Maximum number in receipt of personal care / support: 20 Age range of care receivers: over 60 years Maximum number of care receivers that can be accommodated in the following rooms 1 – 21 (no room 13): one person The registered manager Gio Buesnel must either provide formal confirmation from an appropriate educational source of academic qualifications equivalent to the Level 5 Diploma in Leadership in Health and Social Care or obtain this specific qualification by 4 December 2022.
Dates of Inspection	5 & 11 May 2021
Times of Inspection	10:00 – 15:30 & 10:00 – 12:00
Type of Inspection	First visit unannounced, second announced.

Number of areas for improvement	One
Number of care receivers accommodated on the day of the inspection	19 care receivers (1 resident in hospital).

LV Care Group operates the care home and the registered manager is Gio Buesnel, who has been the registered manager since December 2019.

The discretionary condition on the service's registration was discussed with the registered manager and the Level 5 Diploma course was put on hold due to the pandemic but has now resumed. The registered manager commented that she is confident that this will be completed within the given timeframe of December 2022.

Since the last inspection on 7 July 2020, the Commission received in September 2020 an updated copy of the service's Statement of Purpose. This was submitted following an age range variation application that had been approved by the Commission at the end of 2019. The home was operating in line with its Statement of Purpose at the time of the inspection.

There is a planned extension of the existing building that had been 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. However, at the time of the inspection no building work had commenced due to the pandemic and other delays. In fact, the two bedrooms that had been cleared at the time of the last inspection in July 2020 for the first phase of the extension, had been reinstated. The importance of keeping the Commission up to date with the progress of the extension, was discussed with the registered manager. On the day of inspection, the manager was unaware as to when any building work might commence.

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

The service's arrangements for recruiting staff were satisfactory, and at the time of the inspection, the registered manager reported that they were currently recruiting for one vacancy within the home for a carer. A sample of staff personnel files was reviewed by the Regulation Officer and were found to be well organised and to contain all the necessary pre-employment checks. There was also evidence of staff training and development within the home from an examination of training records and from discussions with staff members and the manager.

It was positive to note that the registered manager was keen to encourage training and development within the team. The manager and the deputy manager had recently undertaken 'train the trainer' education, so that they could further assist in the training and development of staff. The part-time administrator had been recently

recruited into their role to assist the management team. The majority of carers within the home are RQF Level 2 trained or above.

There was evidence of care receivers being provided with a service that takes their wishes and preferences into account. This was demonstrated by the level of personalisation noted within the care plans and verbal feedback from residents. The Regulation Officer received further positive feedback concerning the care and welfare of care receivers from relatives and observed practice.

On the day of inspection, it was positive to see evidence of the varied activities that are on offer at the home and facilitated by the two activity co-ordinators. The activity co-ordinators work across five days with one working three mornings each week and the other five afternoons. The varied activities include quizzes, petanque in the garden, poem writing and minibus outings that were due to recommence the week after inspection. There is a home newsletter, which contains details of the planned activities, to enable care receivers to plan ahead if they wish.

The home environment was found to be welcoming on arrival; there is a reception area / lounge, where a number of residents were doing armchair exercises with the activity co-ordinator on the day of inspection.

A tour of the premises and observation of staff provided evidence of some practices in relation to infection control that should be improved upon. These are discussed under the environment section of this report and this was identified as an area for improvement. There was some evidence of a lack of storage space generally within the home, and this was discussed with the registered manager. The maintenance records were well maintained and up to date when examined by the Regulation Officer.

There are several systems in place to assess and monitor the quality and safety of the care home service. These include monthly audit and reporting and regular staff meetings. There is evidence of a clear system of governance within both the home and the provider group.

INSPECTION PROCESS

The first inspection visit was unannounced and conducted on 5 May 2021. The second visit on 11 May 2021 was announced and provided an opportunity to examine the care plans, which, due to technical difficulties, were unavailable on the first visit.

Further to the inspection visits, the Regulation Officer made contact with five relatives by phone on 18 and 19 May 2021. The inspection visits were undertaken in accordance with the current government guidance in relation to Covid-19 and care homes.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Staff recruitment, training and development**
- **Approaches to care and welfare of care receivers**
- **Staff competence relating to categories of care provided**
- **Care home environment**
- **Management of services**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report. This included any notifications and any changes to the service's Statement of Purpose.

The Regulation Officer sought the views of the people who use the service, and/or their representatives, and spoke with managerial and other staff. The Regulation Officer spoke with five care receivers and eight members of staff in addition to the registered manager on the days of the inspection visits.

During the inspection, records including policies, care records, monthly reports, staff personnel files, staff rotas and training records were examined.

The Regulation Officer undertook a physical inspection of the premises including the kitchen and laundry, communal areas and some of the care receivers' bedrooms.

At the conclusion of the inspection, the Regulation Officer provided feedback to the registered manager.

This 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

At the last inspection, no areas for improvement were identified that required any follow up on this visit.

Staff recruitment, training and development

Reference was made to Standard 3 of the Care Home Standards which states:
"You will be cared for and helped by the right people with the right values, attitudes, understanding and training."

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

The home's staff team consists of the registered manager and deputy manager, carers, part-time administrator, housekeeping staff, chefs and a shared maintenance person (the maintenance person is shared with another home carried on by the same provider).

A discussion with the manager and a review of five weeks of staffing rotas provided evidence of adequate staffing levels within the home, despite staff sickness and the current staff vacancy. The registered manager discussed some island-wide difficulties with recruitment but that they were actively pursuing recruitment through the provider's HR department. Since the last inspection in July 2020, a part-time administrative assistant had been recruited to work within the home.

The training matrix confirmed that staff training was mostly up to date for 2021, with the exception of some face-to-face training that had been scheduled for July 2021.

Most of the staff training had been online during the pandemic; the home has access to a training academy that is carried on by the provider group. The registered manager commented on the 'good quality' of the online training but did discuss that there is not the same opportunity for staff interaction and peer-to-peer learning. The registered manager and deputy manager had just completed 'train the trainer' courses in Basic Life Support (BLS) and Moving and Handling, so that they can now train the rest of the staff within the home. The practice development nurse and health care assistant based at the academy can also provide support in person if required.

There is a regular email sent from the academy to all staff in the provider group and staff can sign up for any required training or anything of interest. One staff member commented to the Regulation Officer that she enjoyed receiving this email and would regularly subscribe to training. In addition to mandatory training, courses relating to areas including dementia care and the management of sepsis are offered.

It was evident from discussions with staff and a review of both the appraisal log and staff supervision records in the personnel files, that regular staff supervision is provided. The registered manager and deputy manager undertake supervision every three months and appraisals take place annually. The Director of the provider group undertook the registered manager's appraisal in 2020.

During the inspection, there was also evidence of an adequate number of staff on duty to meet the needs of care receivers. Staff were observed throughout the home in communal areas and the bedrooms. Staff were also seen to respond promptly to call bell alarms.

Approaches to care and welfare of care receivers

Reference was made to Standard 5 of the Care Home Standards which states: "You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences."

Care receivers are admitted to the home following a pre-admission assessment; these are carried out by the registered manager using the pre-admission form and may involve discussions with the other professionals such as the social worker. Temporary care plans are written from the pre-admission assessment and reviewed with the care receiver shortly after admission.

At the time of the last inspection on 7 July 2020, the registered manager was undertaking a review of all care plans. The registered manager had identified that the care plans although adequate in content, were lacking in personalisation. At the time of this inspection, this review had been completed.

The Regulation Officer reviewed a sample of six care plans. The care plans are stored electronically and were noted to be clear, comprehensive and easy to navigate. A finding of this inspection was that there was strong evidence of personalised care planning which included details of every aspect of daily care / activities. An example of this was a plan regarding personal hygiene / bathing which included very specific preferences such as the temperature of the room, which toiletries to use and in which order. This detail meant that anyone who was not familiar with the residents would be able to use these plans to provide person-centred care with ease. This is a significant improvement in the quality of the care plans since the previous inspection.

Further evidence that care plans are regularly discussed and reviewed with care receivers was provided in the 'discussed with' section in the care plan, which records the content of such discussions and the date at which they took place. Although this happened in practice previously, there is now an opportunity to record this in the plan.

There were records of regular updates in the daily records of the plans each shift or more frequently if required by staff, and review dates were clearly identified.

The review system for care plans had recently been updated. It had been the case that a number of residents' plans would be due for review at the same time, for example at the end of the month. This was creating unnecessary pressure upon the staff to complete these at the same time. The home has improved its methodology and now adopts a 'resident of the day' approach, where the care plans for one care receiver are reviewed in full each day.

The kind and compassionate care that the staff provide in their interactions and interventions was noted from observed practice. There was evidence of the fostering of good relationships with care receivers. This was easily recognisable by the positive rapport and good humour seen between staff and those whom they were supporting. One care receiver commented to the Regulation Officer how much they enjoyed this 'lively interaction' with staff and how staff were always 'cheerful and joking'.

The Regulation Officer received positive feedback from care receivers about how much they liked the home and the staff. One care receiver commented 'I am well looked after and have no complaints'.

Relatives, who were contacted, provided some further confirmation of their positive interactions with staff and of the quality of care provided.

'There is good communication and a beautiful atmosphere'

'The team are absolutely fantastic, helpful, caring and listen'.

'Good communication' and 'a good team'

'The home is well run' and 'xxxx loves the food'

'Would not hesitate to give the manager a call about anything'.

'Magnificent'

It was positive to note that, without exception, good communication was a key theme in the feedback from relatives. This had proved especially important during lockdown at the end of 2020 and at the beginning of 2021, when a number of the care receivers (whose relatives were spoken with), had moved into the home. One relative described what a difficult time this had been for both the resident and themselves. They also commented on how the continued communication and reassurance between the registered manager, staff and themselves had made such a difference during this time.

Other common feedback was regarding how 'in tune' the manager and staff at the home are with the care receivers' care needs and how relatives are kept informed and alerted to any changes. It was discussed how this had brought about positive change in relation to residents' care needs.

Staff competence relating to categories of care provided

Reference was made to Standard 6 of the Care Home Standards which states: "Your care will be provided with consistency by competent care and support workers who have the necessary training and qualifications to meet your needs."

A discussion with the manager and a review of the staff rota and training matrix, confirmed that there is an appropriate skill mix of staff on duty within the home at any given time. The deputy manager described a good working relationship with the registered manager and the teams of carers within the home. Staff members, who were spoken with by the Regulation Officer, also expressed their satisfaction with the shift patterns and team working.

The manager confirmed that the majority of health care assistants working within the home are trained in RQF Level 2 or above. Therefore, the home is meeting the requirement of the Standards that 50% of care workers on duty at any given time should be trained to RQF Level 2 or above.

Staff also commented on the training opportunities within the home, with access to both face-to-face and online training. In addition to the mandatory and service-specific training, training is also provided in medication competency.

One family member commented positively with respect to staff competency and provided an example of how a slight deterioration in their relative's condition was raised early by staff and referred on appropriately.

Staff competence is also kept under review through the supervision process within the home.

Care home environment

Reference was made to Standard 7 of the Care Home Standards which states: "The environment will enhance your quality of life and the accommodation will be a pleasant place to live or stay."

On arrival at the home on the first inspection date (5 May 2021), the inspection was conducted in accordance with the Government of Jersey's guidance and the home's infection control measures. These included the wearing of an appropriate mask, hand sanitizing and visitors log. A temperature check was not undertaken on the first visit but it was positive to note on the second visit that this was undertaken as per the home's policy and the Regulation Officer witnessed other visitors being screened appropriately. It was also noted throughout the first visit, that some staff members' masks were incorrectly fitted at times, therefore not affording maximum protection to staff and residents. This was brought to the attention of the registered manager during the inspection.

The home was found to be clean and generally well maintained. The Regulation Officer was able to undertake a thorough review of the premises, spending time in the kitchen and laundry areas as well as in communal areas and in some of the residents' bedrooms. The manager discussed that, although the home is awaiting the planned extension, rooms are still being redecorated and carpets replaced as required. The Regulation Officer observed one bedroom where there was evidence of wear and tear of the carpet; however, this had not been replaced at the care receiver's request. The Regulation Officer was satisfied that while a replacement was indicated, there were no hazards associated with the carpet not being replaced, at the request of the resident.

The laundry area was found to be small and extremely cluttered, although it contained the necessary washer / dryer equipment. There were two housekeeping staff working in that area and throughout the home on the day of inspection.

The Regulation Officer observed the use of red alginate bags to collect and transport residents' laundry from the bedrooms to the laundry room. The intended use for these bags is to contain soiled linen to prevent the need for housekeeping staff to handle contaminated garments or linen. The bags are designed with an alginate seam, which when in a wash, dissolves releasing the contaminated garments into

the machine. These bags are, therefore, an essential component of the home's infection control measures.

The registered manager advised that the bags were used to keep care receivers' laundry together. It was confirmed that the usual practice within the home is for these bags to be transported in linen trolleys to the laundry room. However, the Regulation Officer observed staff members, at times, carrying red bags by hand along the corridor to the laundry room.

The Regulation Officer asked the manager how the housekeeping staff would be able to distinguish between soiled and unsoiled linen if all linen arrives in the same colour bag. It was discussed that staff would verbally alert housekeeping staff to any soiled linen. The Regulation Officer observed that there was a potential for confusion and possible risk in this practice. The manager agreed to review this system after inspection.

There is a sluice room on the ground floor, which is not currently in use as such, although the sluice machine is still in place. The registered manager discussed plans to remove the sluice machine in the future. The Regulation Officer discussed with the registered manager the plans in place to manage waste in respect of a resident on the ground floor. It was explained that this rarely happens in practice, but that such waste would need to be disposed of in the sluice upstairs. It was discussed with the manager that the recommended guidance from the Standards and infection control would be to have a separate sluice on each floor of the home.

In addition, the sluice room on the ground floor is currently being used as a clean storage area. It was discussed that this again is not ideal and has the potential for confusion. It was encouraging to note at the time of the second inspection visit, that the maintenance person was in the home putting up shelves for additional storage within the home so that the sluice room could be cleared / reinstated.

A sharps bin on the floor of one of the main corridors was also brought to the manager's attention as a potential hazard / infection control risk. This is contrary to local and national infection control guidance that stipulates that sharps containers should be located in a safe position, at an appropriate height and out of reach of children / the public. On the day of the second visit, it was noted that the sharps bin had been moved to a more appropriate location.

It was discussed with the registered manager at the end of the first inspection visit, that infection control within the home had been identified as an area for improvement because of the issues identified above. The registered manager discussed that she had previously been in touch with the Community Infection Control Nurse Specialist regarding an infection control audit of the home. It was agreed that this would be useful moving forward.

Lack of storage throughout the home was also evident, with wheelchairs and other equipment in the ground floor television lounge. The hairdressing room was also being used for storage at the time of the inspection. This was partly due to the home's storage room being cleared in advance of the extension, although now

reinstated, there is still equipment to be moved back in. At the time of the second visit, the hairdressing room had been reinstated.

Time was spent in the kitchen with the chef, who discussed how they try and cater to personal choice. A number of template menus were reviewed and reflected a range of meals prepared from mainly fresh produce. The provision of choice of meals was well evidenced during the inspection as it was noted that several care receivers were having an evening meal of their own choice, as they preferred something different to the planned menu choice.

The kitchen appeared clean and well maintained. The chef provided evidence of daily records of; cooked food temperature checks, fridge and freezer temperature checks and deliveries. An examination of equipment service records showed that the kitchen equipment was overdue for a service; the registered manager confirmed that an urgent request had been sent to the appropriate company.

The registered manager discussed how a booth had been built with sliding doors on to the conservatory to facilitate visiting during the pandemic. In practice, the booth had not been required but was demonstrative of the creative approach adopted by the home in seeking to facilitate visiting.

Management of services

Reference was made to Standard 11 of the Care Home Standards which states: "The care service will be well managed."
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There is a clear management structure both within the home and within the provider group. The recent appointment of a clinical director for the provider group means that there is an additional tier in the management structure and escalation process. The managers from each of the homes carried on by the same provider meet regularly to provide each other with support and updates. The registered manager also endeavours to meet regularly with the staff and residents.

There was evidence of internal audit to ensure that the care provided at the home is consistent in its quality and in promoting the safety of care receivers. These included a monthly medication and infection control audit. The provider has a nominated individual who is a registered nurse who visits the home on a monthly basis to monitor the quality and safety of the service by reviewing Standards and compliance with Regulations. The Regulation Officer reviewed a sample of these reports since the end of 2020. A recent mealtime experience audit had been carried out because of Standard 8 being the focus of one of the monthly reports (Standard 8 states that 'your meals will be varied, healthy and tasty and will be based around your preferences and requirements'). The monthly reports were found to be detailed with clear conclusions and actions. The observations from this inspection concerning infection control and storage should be expected to be an area of focus for forthcoming quality monitoring visits to the home.

A Senior Pharmacist (Health and Community Services), undertook a medicines management inspection on behalf of the Commission on 1 April 2021. It is positive that no areas for concern were identified.

Care receivers' personal belongings are now recorded on admission to ensure safe storage and as a safeguard in the case of transfer / discharge. The registered manager discussed the policy for the safekeeping of valuables with the Regulation Officer and the policy for gift declaration and procedure.

A review of maintenance schedules throughout the home and the fire log / drill schedule provided further assurance of the safety of care receivers and staff within the home. This included evidence of the recent servicing of equipment throughout the home such as the lifts, profiling beds and wheelchairs.

IMPROVEMENT PLAN

There was one area for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Regulation:12 (2a)</p> <p>To be completed by: with immediate effect</p>	<p>The registered provider must have appropriate systems in place to protect care receivers, workers and other persons from exposure to health care-associated infections and suitable arrangements must be in place for the handling and disposal of general and clinical waste.</p>
	<p>Response by registered provider:</p> <p>With regards to the one area identified for improvement, we have reinstated the sluice room downstairs, conforming to the recommended guidance to have a separate sluice room on each floor.</p> <p>Another laundry trolley has been purchased for the first floor with the three coloured bags and red alginate bags are now only being used for soiled laundry and linen.</p> <p>Community IPAC Sister attended at Lavender Villa on the 24th May 2021 and undertook a full Care Home Audit, no area in the Home was below the standard to be compliant and Lavender Villa received an overall score of 94%</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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