



Jersey Care
Commission

INSPECTION REPORT

L'Hermitage Care Home

Care Home Service

**La Route De Beaumont
St Peter JE3 7HH**

20 October and 3 November 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 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 on 1 January 2019.

Regulated Activity	Care Home
Conditions of Registration	<u>Mandatory</u> Personal care can be provided to a maximum of 18 care receivers. Nursing care can be provided to a maximum of 24 care receivers. Category of care is Adult 60+ Age range is 60 years and above. The maximum number of persons to be accommodated in the following rooms: Rooms 1-42 is one person. <u>Discretionary</u> None
Dates of Inspection	20 October 2021 & 3 November 2021
Times of Inspection	14:00 – 15:30 & 09:35 – 16:15
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	38

Caring Homes Healthcare Group Ltd operates L'Hermitage Care Home and the Registered Manager is David Taylor.

Since the last inspection on 29 September 2020, the provider had engaged with the Commission over some specific issues relating to the Covid-19 pandemic arising in December. In accordance with Covid-19 (Regulation of Care – Standards and Requirements) (Jersey) Regulations 2020, the Commission received a notification from the home's Registered Manager on 21 December 2020. This related to some challenging circumstances relating to staffing levels and the safe and effective care of residents.

The Commission was advised at the time that, due to significant staffing shortages, the home was unable to comply with the condition on registration relating to the requirement to conduct the regulated activity in accordance with the Statement of Purpose. These conditions were therefore suspended for one month on the basis that it was proportionate and reasonable to do so in the context of the Covid-19 crisis.

The suspension of conditions commenced on 21 December 2020 and ended on 21 January 2021. The Registered Provider, following discussions with the Commission, confirmed that they would be able to manage staff shortages from within their existing workforce due to staff returning to work.

In addition, in January 2021, the Commission received an application to register David Taylor as the new manager of the care home. Registration was approved on the 11 May 2021 and there were no discretionary conditions applied to the registration.

A further variation request was submitted to the Commission on the 25 October 2021 from the Registered Manager to increase the number of nursing beds in the home to 24 and decrease the number of personal care / personal support beds to 18. The Registered Manager provided evidence of sufficient staffing to facilitate this change, which was due to an increase in demand and to reflect the needs of the service users. The Commission approved the variation request, and the register was updated to reflect the changes.

An updated copy of the service's Statement of Purpose was submitted to the Commission immediately prior to the second inspection visit to reflect the changes in management and the increase in nursing beds.

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 at the time of the inspection. There was evidence of a structured induction programme and formal supervision for staff.

There was evidence of both online learning and face-to-face training for staff, with the opportunity for both mandatory and service specific training. There is an independent trainer, a qualified nurse, who visits from the UK to assist with face-to-face training. During the pandemic, these visits were not possible but have been reinstated since September 2021.

Care receivers described that they felt well cared for and they expressed confidence in the abilities of the staff team to support them. The Regulation Officer observed respectful approaches to communication and care from staff to care receivers. The relative feedback provided further evidence of open communication with staff and the quality of care provision.

The staff work in teams on each floor of the care home and described feeling well supported by the Registered Manager and the Deputy Manager. Staff who were spoken with during the inspection, stated that there were systems in place to remind them when training was due to be updated and confirmed access to training within the organisation was good. There were policies in place to maintain competence, for example, a medication competence that staff complete as part of the induction programme and which is updated every six months thereafter.

The home environment was welcoming and lively on arrival. All of the relatives spoken with as part of the inspection process, commented positively on the welcoming environment and the greeting that they receive on arrival, not just from reception staff but all members of staff. The Registered Manager confirmed that refurbishment of the rooms would be carried out as required. The Regulation Officer undertook a physical inspection of the premises including the kitchen and laundry, communal areas, and a number of the residents' rooms.

The Registered Manager is responsible for another care home carried on by the same provider that is directly adjacent to L'Hermitage care home with a large shared car parking area between the two sites. The Registered Manager is based at L'Hermitage and is supported by an experienced Deputy Manager. In addition, there is a good level of governance and oversight of care provision to ensure consistent levels of care are provided.

INSPECTION PROCESS

This inspection was announced and was undertaken over two days on 20 October and 3 November 2021. Notice of the first inspection visit was given to the Registered Manager on the morning of the visit. However, due to the Registered Manager overseeing two care homes, the first visit incorporated some discussion with the Registered Manager and another Regulation Officer who was scheduled to inspect the associate home carried on by the same provider. This provided the opportunity to review how one manager managed the two services, with the expected oversight of care provision and support of staff working in two different care environments. At the first inspection visit, notice of one week was given regarding the follow up visit that was conducted by one Regulation Officer.

This inspection was undertaken in accordance with the home's infection prevention and control measures and 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 also referenced 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 established contact with four care receivers and six members of staff in addition to the Registered Manager and Deputy Manager. This contact was made by face-to-face conversations on the day of the inspection.

Further to the inspection visits, the Regulation Officer made contact with three relatives by phone on 10 November 2021.

During the inspection, records including staff training records and rotas, care records, recruitment records, monthly reports and audits were examined.

At the conclusion of the inspection, 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.

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

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."

The staff team is made up of the Registered Manager, the Deputy Manager, registered nurses, care assistants, activities co-ordinators, a receptionist, Human Resources (HR) staff, a maintenance person, and domestic, housekeeping, and catering staff.

The recruitment process was discussed with the Registered Manager who described the procedures adopted when new staff are recruited. An examination of a sample of four staff files confirmed a safe approach to recruitment. One reference was missing in one staff member's file; this was followed up with HR who were able to evidence receipt of this prior to the staff member commencing employment.

There was a discussion with the Registered Manager regarding DBS checks and of how delays of up to ten weeks in receiving these, can sometimes mean staff accept employment elsewhere. As a result, there had been a decision made by management to access a DBS quick check through a portal in order to try to accelerate this process. There was evidence of this type of check in one personnel file but there was also a copy of an enhanced DBS certificate dated prior to the start date of the staff member's employment.

A discussion with the Registered Manager and an examination of four weeks of staff rota provided evidence that the minimum staffing requirements for the home were being met. This did however mean that some staff were picking up additional shifts. At the time of inspection, the home was operating with between four and five beds closed due to staffing shortages. The staffing shortages are a reflection of what is happening elsewhere in the care sector in Jersey. The Registered Manager discussed that the shortage mainly related to Health Care Assistants (HCAs) but in terms of qualified nurses (RGNs), the home is currently one nurse over their complement. The Registered Manager is in discussion with HR regarding possible ways to tackle recruitment, including a pay review and looking at an increased number of licences. Engagement with the Registered Manager would be maintained outside of the inspection process for this matter.

The Deputy Manager described how the introduction of a twilight nurse to work from six o'clock until midnight had been a valuable addition to the night staff team, providing support at a particularly busy time of the day.

Feedback from care receivers and relatives was very positive regarding availability of staff and care provision. Staff were observed to respond promptly to care receivers' needs on the day of inspection.

There was evidence of a structured induction programme that included an introduction to the home, policies, and training. Evidence of staff training was available on a training log in both the manager's office and the staff room. One staff member discussed that online learning can be done at home in staff members' free time or there is a study room at the associate home which staff can either use before or after their shift finishes and that they would be reimbursed for their time. The Registered Manager also provided staff training statistics; the overall percentage was high, indicating that training requirements were mostly up to date. There was evidence of some service specific training in addition to mandatory training, for example 'This is My World' dementia awareness training. The Deputy Manager also spoke positively regarding the availability of funding for external training on request.

In addition to the face-to-face training offered by the visiting trainer and online training, there is also the provision of online seminars. During the time that the external trainer was unable to visit, basic life support (BLS) and emergency First Aid training was sourced from an external trainer in Jersey. The Deputy Manager discussed that some staff had also undertaken 'train the trainer' courses in 'This is My World' and 'train the trainer' courses in manual handling were due to be undertaken in January 2022.

There is regular supervision provided by the team leads working on each floor for the care staff and the Deputy Manager carries out the yearly appraisals for staff. The Department Heads carry out staff supervisions for their own department for example housekeeping.

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 into the care home following an assessment carried out by either the Registered Manager or the Deputy Manager. The assessment booklet is entitled 'Your Journey into the Home' and is completed in conjunction with care receivers.

Two of the care receivers spoken with during the inspection, confirmed the importance of this assessment in informing others of their preferences and needs but also of how they had felt 'listened to' by the staff member carrying out the assessment. One care receiver discussed how they had been consulted regarding their usual routine with respect to what time they get up and what time they usually went to bed. They confirmed that once they were living in the home that they were able to continue with their usual routine. This is seen as an area of good practice, as it promotes choice and flexibility of routine.

One relative also spoke positively regarding the assessment visit and how it enabled their relative to 'iron out any concerns' prior to moving into the home.

Another care receiver discussed the importance of being supported to be as independent and self-caring as possible. They did this by carrying out tasks such as making the bed or putting away their own laundry and attending to their own personal care.

A random sample of three care plans were reviewed during the inspection. The format of the care plans is hard copy plans organised in folders. It was positive to note that the organisation of the folders had improved from the previous inspection in September 2020. The folders were less bulky and now contained an index and dividers that aided navigation of the plans. The care plans are written in booklet format with the care need identified on the front. The care plans were person-centred and contained further evidence of personal preferences and promoting independence, for example encouraging residents with a diagnosis of cognitive decline / dementia to choose their own clothing and make up.

Daily updates were recorded in a separate folder to allow ease of access for all staff. A random sample of these were found to be up to date. All care plans are stored securely in locked cupboards. There was also evidence of a monthly review of the care plans in the folders. The Deputy Manager confirmed that these reviews are completed with care receivers where possible. There was also evidence of input from visiting healthcare professionals and the use of recognised risk assessment tools.

The Registered Manager discussed how there are plans to use electronic care plans in the future, through a system called patient centred software (PCS), which may also allow relatives to access these records.

The Regulation Officer spoke with several care receivers who spoke positively of the care and attention they received and were complimentary of the staff team. The following are examples of what was directly reported:

'The carers answer the bell straight away'

'You are able to make your room your own and no one will come in unless invited'

'We enjoy the activities and each week you get a copy of the planned activities for your room'

'Staff were very welcoming on arrival'

'I feel well looked after'

'Anything you need, you just have to ask'

Three family members provided feedback to the Regulation Officer also and commented;

'Nothing is too much trouble'

'The trust was there from the first day'

'Staff consistently offer high empathy'

'The minute I walked in, I just knew this was the right home'

'Staff will always ring straight away to inform you of anything'

One family member discussed how their relative always appeared clean and well cared for and of how staff took care of their relative's personal belongings. Another family member expressed a view that it was 'the staff not the building that really made the home'.

All of the family members spoken with during the inspection mentioned the 'warm welcome' at the home that they always received and of the good communication with staff. They also all commented positively regarding the Facebook page that had been set up during lockdown by the activity co-ordinator and described the daily updates and photographs on this page as invaluable and exceptional. This is seen as an area of good practice, as it provided information and reassurance to family members during the difficult period of lockdown. More recently, one family member described how they used pictures from the Facebook page as a conversation starter with their relative at visiting time.

The activities programme at L'Hermitage is varied and runs weekly, residents receive a copy of the weekly activity programme and it is displayed on the notice board on the second floor of the home. On the afternoon of the inspection, residents were enjoying listening to a singing duo in the downstairs lounge. There are also weekly minibus outings. The home is currently advertising for an additional activity co-ordinator to help support more one-to-one activities within the home and to assist at mealtimes.

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."

During the inspection, there was 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 supporting care receivers in their own rooms. Staff were also seen to respond promptly to call bell alarms.

Two key workers are assigned to each care receiver to oversee care. One family member discussed how the key worker for their relative would check in with them at visiting time regarding any queries / concerns. The key workers' names are written on a small board in each care receiver's room.

The Registered Manager discussed that it is policy to always have a nominated First Aider on duty; attention will be given to ensure all RGNs are nominated First Aiders thus ensuring that each shift is covered. A number of the RGNs are also fire marshals.

The RGNs are responsible for medication administration for those care receivers in receipt of nursing care and the senior carers for those provided with personal care. A Senior Pharmacist (Health and Community Services), undertook a medicines management inspection on behalf of the Commission on 14 October 2021. It is positive to note that there were no areas of concern following this inspection. In addition, the Caring Homes Medicine Management policies and procedures were found to be comprehensive and regularly updated.

The Deputy Manager discussed the nursing care tasks such as pressure ulcer care and catheter changes would be undertaken by nursing staff and with limited or no delegation of tasks to carers currently within the home. There was evidence in the care plans of collaborative working with other health care professionals for example the Speech and Language Service (SALT) and the District Nurses (DN).

The Regulation Officer observed adequate and appropriate equipment within the home and the maintenance person provided extensive evidence of the regular servicing of all equipment.

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, there is a bright and welcoming reception area for care receivers and all visitors to benefit from. The home was found to be clean and well maintained.

Housekeeping staff were observed carrying out their tasks throughout the building including the laundry area. This working environment is away from communal areas and is well organised, with a clear progression through the laundry with dirty linen entering at one end and clean laundry leaving at the other. There is a separate room for ironing and sorting of residents' clothing. Clothing or linen is transferred to clean trolleys for moving within the home. The housekeeping team consists of two housekeepers and nine cleaners with delegated tasks that may incorporate activity in the associate home overseen by the head of housekeeping. The Regulation Officer was provided with evidence of the daily and weekly cleaning schedules that included a daily deep clean of one of the bedrooms. Dirty linen is appropriately sorted into coloured laundry bags by staff prior to being taken in a trolley to the laundry.

The kitchen area was also viewed and found to be clean and well organised. The kitchen staff comprises of five chefs and four kitchen porters working between the two associated homes. The chef commented that there was a rolling menu every six weeks that incorporates mainly fresh produce. There were clear records of daily food, fridge, and food delivery temperature checks. A weekly cleaning schedule is

situated for ease of reference in the kitchen. The chef was pleased to report that the kitchen had recently been refurbished. A residents' survey highlighted that the residents' favourite meals were roast dinners and fish, and as a result both of these were on the menu twice weekly. It was clarified that if residents did not want what was on the menu, then they could have something of their own choice. One of the chefs always attends the residents' meetings in order to get feedback from residents regarding menu choices / concerns.

There was evidence of good maintenance throughout the home; maintenance records were found to be clear, comprehensive, and up to date. The Jersey Fire Service had recently carried out an inspection in November 2021 and it was positive to note that some minor repairs to a small number of fire doors had been carried out immediately. There was also evidence of regular fire alarm tests and drills for both day and night staff.

The Regulation Officer also viewed a number of care receivers' rooms during inspection and found these to be well maintained with good evidence of personalisation.

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 Registered Manager supervises the heads of department within the home and is accountable to the Head Office. There is on call provision for staff by either the Registered Manager or the Deputy Manager for staff. Staff spoken with during inspection, were clear of their responsibilities and of the escalation procedure. One member of housekeeping staff confirmed to the Regulation Officer that she would escalate any concerns regarding a resident's well-being immediately to nursing staff.

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

Notifications to the Commission regarding incidents within the home were discussed with the Deputy Manager. An overview of the notifiable events as recorded in the Standards was undertaken with them to check that all such events were being notified to the Commission. The Regulation Officer was satisfied that the Deputy Manager had a good understanding regarding the reporting of all notifiable incidents.

It was also positive to note evidence of good internal audit to safeguard care for care receivers. These included a weekly medication audit, pressure ulcer / wound audit 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 monthly reports for July, August, and September 2021. The monthly reports cover a number of areas including staffing,

medication, and documentation. Staffing had been identified as an area for concern in August but with the outcome that new staff were waiting to start. Care plans for two care receivers are reviewed each month with relevant actions. The well-being of care receivers and the hospitality of the home are also included. The report concludes with clear actions and progress plans.

The heads of department also complete a monthly audit, which the Registered Manager reviews to sense check, and follow up if required. In addition, an overall review of the monthly audits is completed and stored electronically and shared with the provider.

Historically there had been regular formal meetings for relatives that were suspended during the pandemic. The Registered Manager had introduced a more informal 'meet the team' gathering to provide opportunity for feedback from relatives with one meeting having taken place thus far in 2021. A few of the relatives spoken with during inspection had welcomed these meetings as a chance to meet staff and other relatives.

Feedback can also be given via complaints or compliments, information on how to make a complaint is included in the welcome pack for residents. The Deputy Manager confirmed that there had been no formal complaints since the previous inspection, only informal complaints that had been resolved easily within an appropriate period. There is also a 'We Value Your Opinion' booklet which is available at reception.

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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