



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**La Haule Care Home**

**La Route De L'Isle  
St Brelade  
JE3 8BF**

**16 December 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 La Haule Care Home. The home was originally a domestic dwelling which has been extended and adapted over the years and is situated in St Brelade. The home's registration conditions allow personal care and personal support to be provided to people who are living with dementia and who are over 60 years of age. The home's aims and objectives according to the Statement of Purpose is to "support individuals to retain their independence and dignity, and to provide a happy, fun environment where they can get the most from their lives".

There are a variety of sitting rooms and dining rooms around the home which provide opportunities for rest and recreation. There is also a large, well maintained enclosed garden that is easily accessible to care receivers and an enclosed courtyard. The majority of bedrooms have en suite facilities and for those bedrooms currently without such provisions, there are plans for them to be upgraded.

The service became registered with the Commission on 1 October 2019 but had been subject to regulatory inspections under the previous law. This is the third inspection since registration in 2019.

Regulated Activity	Care Home
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care and personal support  Category of care: Dementia care  Maximum number of care receivers: 58</p> <p>Age range of care receivers: 60 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>Nightingale rooms 2 – 32 one person  Kingfisher rooms 1 – 12 one person  Kestrel rooms 2 – 18 one person</p> <p><u>Discretionary</u></p> <p>The Registered Manager must either provide formal confirmation from an appropriate educational source that their academic qualifications have equivalence to QCF Level 5 Diploma in Leadership in Health and Social Care Module or obtain this specific qualification by 1<sup>st</sup> October 2022.</p> <p>Bedroom numbers 3, 4 and 5 in Kestrel unit must have en suite toilet and wash hand basins provided by 1<sup>st</sup> October 2022.</p> <p>Bedroom numbers 1, 2, 6, 7 and 9 in Kingfisher unit must meet the minimum 12m<sup>2</sup> space standard by 1<sup>st</sup> October 2022.</p> <p>The chair lift which serves the ground to first floor in Kingfisher must be replaced with a passenger lift which will facilitate resident independence by 1<sup>st</sup> October 2022.</p>
Date of Inspection	16 December 2021
Time of Inspection	10.50am – 6pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	46

The Care Home is operated by Silver Springs Limited, and the Registered Manager is Pauline Safe.

The discretionary conditions on the service's registration was discussed with both the Registered Manager and Regional Director, who provided an update regarding the plans for refurbishing the areas that require improvement.

Since the last inspection on 9 December 2020, the Registered Manager and Provider representative have kept the Commission informed about relevant operational and regulatory issues.

## **SUMMARY OF INSPECTION FINDINGS**

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

The findings from this inspection confirmed that Standards are met in the key areas of focus on this occasion. There was evidence to confirm that all new staff employed in the home are recruited safely and provided with training to equip them with the knowledge and skills relevant to their role. There is a competent team of care staff. The staffing levels are consistent and the minimum staffing standards were met at the time of the inspection. Care staff receive a good level of support from the management team and there are policies and procedures in place to guide staff in their roles. In addition to mandatory training subjects, care staff receive in depth training in respect of the principles of providing dementia care which is embedded into daily practice. Medications are managed safely in the home.

Care receivers' choices and independence are promoted and there were positive, warm, humorous, respectful interactions observed during the inspection. Relatives stated they were always made to feel welcome and described the communication between the home and themselves as one of the home's strengths. They described the management team as approachable if there is a need to discuss any issues of

concern, and they have confidence in the staff team's ability to care for their relatives.

Care receivers' care and support needs are assessed and documented in their care plans, which are reviewed regularly. Care staff have a comprehensive understanding of on-going care needs and the records contained detailed information relating to specific requirements and health care needs.

There are good working relationships with external health care professionals and these professionals expressed confidence regarding the home's ability to provide appropriate care and support to care receivers. There is an emphasis placed on individualisation and person-centred care which maximises care receivers' physical and emotional well-being.

The environment is homely, spacious, warm and welcoming and suited to care receivers' needs. There are plans to improve some areas of the home which will enhance aspects of the environment and be of benefit to care receivers.

There are good oversight and governance arrangements within the home and the Provider Representative is accessible and visits the home regularly. There are regular checks in place to help ensure care receivers and their families are happy with the quality of care and support. There are no areas for improvement identified from this inspection.

## **INSPECTION PROCESS**

This inspection was announced and was completed on 16 December 2021. The Registered Manager was given less than 24 hours' notice of the inspection and this was to ensure that she would be available during the visit and to confirm the home's infection and prevention arrangements.

The Regulation Officer visited the home on 23 June 2021 to take part in a safeguarding outcome meeting, which related to a safeguarding alert that the home had raised.

An unannounced medicines inspection was carried out on 5 August 2021, by a Senior Pharmacist employed by Health and Community Services.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

The Regulation Officer focused 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.

The inspection visit commenced in the morning and started with a discussion with the Registered Manager and Deputy Manager which included information relating to the care and support provided to care receivers and the ethos of care that is promoted. The Regulation Officer spent time in the communal areas of the home listening to and observing the quality of staff interactions and care practices.

Four senior care assistants and two care assistants were spoken with, which established their awareness and understanding of care receivers' needs and the care and support provided. Two relatives, who were visiting at the time of inspection, were also spoken with to allow them the opportunity to share their views. The Regulation Officer also established contact with three relatives by telephone, after the visit.

A poster was also displayed in the home, informing visitors that an inspection was underway, which invited people to share their views, if they wished.

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

Four health and social care professionals were contacted after the inspection, as part of the inspection process, and a response was received from two people. During the inspection, records including care records, staff rosters, personnel files, staff handbook, minutes from staff meetings, sample menus and activity schedules were examined. This inspection included a tour of the premises.

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.

## 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 home is managed by the Registered Manager, who is a registered nurse and has been in post since early 2018. She is supported in her role by the Deputy Manager, who has completed a Level 5 Diploma in Leadership in Health and Social Care since the last inspection. Staff, relatives and health professionals described the management team as being open and responsive, and always available for any need.

Samples of personnel files for staff who were recruited this year were examined which showed that there is a safe approach to recruitment and evidenced that all necessary checks are obtained in advance of staff starting work. There are currently a number of vacancies for care staff and the home is actively recruiting for these positions to be filled.

All new staff go through an induction process, which includes working alongside a more experienced staff member in a supernumerary capacity for a minimum of two weeks and completing essential training relevant to the role. An examination of the personnel folder for care staff who were recently recruited evidenced completed induction records, supervision records and end of probationary period review correspondence.

The care staff that were spoken with during the inspection told the Regulation Officer that they had worked in the home between two and fifteen years' duration. They all described happiness in their work and of feeling valued by the home's management.

All staff are provided with training opportunities and records are maintained. Care staff told the Regulation Officer that they are encouraged and supported to reach their potential and are encouraged to obtain additional qualifications and training in order to benefit care receivers that they support. They said that they felt that they had the right skills and knowledge to support care receivers through their dementia journey and were able to apply learning from training undertaken into practice.

The majority of care staff have completed a Level 2 vocational award in health and social care and, in addition, nine care staff have a Level 3 qualification. An examination of the training records showed that staff are provided with training in areas including, moving and handling, First Aid, infection prevention and control, food safety and falls prevention. One health professional commented that "there appears to be good leadership and training for carers".

All staff who administer medication have completed accredited Level 3 vocational training. One staff member described the process they had gone through in order to be deemed competent to administer medication and clearly recognised the responsibilities and need for training that is required for this task.

Dementia specific training is also provided to care staff which includes external verification of their ability to apply theoretical learning into practice. The Deputy Manager has a vocational assessor qualification and is able to support and assess



staff working towards the achievement of a qualification. An example of one staff member's work folder was reviewed which showed that they were learning about topics such as safeguarding and protection in care settings, person-centred approaches to care, communication and interactions with individuals living with dementia and meeting personal care needs.

Fire safety training is provided through various methods including e-Learning, practical scenario-based emergency situations in response to the sounding of fire alarms and simulation relating to horizontal evacuation. All staff participate in this training and it is scheduled and carried out in accordance with fire safety requirements.

Samples of actual and planned staff rosters were examined which showed that there is consistency in the staffing levels and were found to meet the minimum Standards, reflecting what is outlined in the Statement of Purpose. On average, the ratio of care staff to care receivers by day is 1:5 and overnight is 1:8. The Deputy Manager is also recorded on the staff roster, although they work in a supernumerary capacity. The rosters take account of the skill mix of staff to meet the needs of care receivers. During the inspection visit, there were senior care staff who had many years' experience working in the home and had also completed Level 3 vocational training.

The home had a recent episode of Covid-19, which meant that the staff team was depleted as a significant number of staff were required to isolate in line with public health guidance. The Registered Manager, Deputy and staff team described the efforts the remaining staff team went to in order to manage the situation to continue to care and support care receivers. The staff team worked really hard and were extremely flexible in changing their working patterns, working additional hours and undertaking additional roles in response to the situation to keep care receivers safe.

One health professional told the Regulation Officer that they were "very impressed with the way the home managed the outbreak" and that the "home did incredibly well considering the complexities of the residents they have". One relative also made comment that, "they seem to be on things very quickly and with Covid, they were

really quick in responding and quick to shut down to the point that nobody else developed Covid”.

Five relatives that spoke with the Regulation Officer, commented on the substantial support provided by the staff team and expressed confidence in their abilities to care for their relatives.

### **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.”

The Regulation Officer was able to observe and listen to some interactions, care practices and communications between staff and care receivers throughout the course of the afternoon. It was evident that a personalised approach to care is promoted and that care receivers are treated with respect and compassion. The home is committed to delivering meaningful activities and there is a weekly schedule of varied and innovative activities provided and during the inspection the Regulation Officer observed a ‘zumba’ class which was being facilitated by a fitness instructor.

The Regulation Officer observed the positive effect this had on care receivers who were participating and it was clear to see that people were having fun, singing loudly, joining in with the music, dancing and laughing and the choice of music was age appropriate. In other areas of the home, a calmer and quieter atmosphere was noted, and other care receivers were joining in with things that were appropriate for them.

There was evidence that care receivers are supported to maintain relationships and family members are welcomed and supported to be involved in their relative’s care if they wish. Care receivers are also supported to connect with the community and maintain some ordinariness, and there was evidence that staff support visits to the pub to have lunches and drinks.

Care staff that were spoken with described to the Regulation Officer the ways in which they respond to changes in care receivers' presentation or health, which included contacting relevant health care professionals. They spoke of applying learning from their training into every day practice and provided examples of how they validate people's feelings when they are distressed, disorientated or confused. Staff provided examples of how they responded to care receivers in this type of situation which included responding sensitively to distress, acknowledging their feelings, talking about pleasant memories in an attempt to acknowledge their distress. Staff described this approach as one of the most sensitive ways of dealing with someone's confusion.

The Registered Manager explained that pre-admission assessments are completed prior to admission and depending upon the outcome of the assessment, the home may decline admission if it is considered that the home cannot meet assessed needs. Where care receivers' physical health or dementia symptoms deteriorate, appropriate action will be taken to transfer their care to other care establishments.

Care receivers are enabled to exercise choice and have their needs and preferences taken into account and provided for. An example provided related to one care receiver who requested to have soup for their breakfast on the morning of the inspection. Staff recognised that this was in line with the care receiver's choice at that time, so had arranged for soup to be made. Other examples included care receivers having a shower or bath or food and drink if they are awake during the night. Two family members commented that the routines of the home are flexible and accommodating and afford their relatives freedom and choice in many aspects of their lives, with one relative commenting, "the staff work around [name's] needs, rather than asking [name] to fit in with the routine of the home".

There are arrangements in place to safeguard care receivers and the Provider's safeguarding training includes details of the responsibilities of staff in reporting concerns and of the appropriate steps to be taken should concerns arise. Staff spoken with, confirmed that they were familiar with the processes in place and that there are no barriers to reporting concerns. The home raised a safeguarding alert with relevant external agencies including the Commission, in May 2021, in response

to allegations of poor practice. The home took immediate and appropriate action at the time and were open and transparent with investigating the allegations and communicating with relevant family members. The team handbook provides details of the Provider's whistleblowing arrangements.

The home submits notifications to the Commission, when necessary, which includes notifications about authorised Significant Restrictions on Liberty (SRoL). The home maintains a register which details care receivers' details, duration of SRoL and details when requests for reassessment have been submitted to the Legislation Team.

Accident and incident records are submitted to the Commission and where necessary, the Registered Manager also provides supplementary documentation which identifies recording and learning from incidents where harm has occurred. Samples of care records were examined which showed that they are based upon assessed needs, are person-centred, sufficiently detailed to guide care and are outcome-focussed. The records evidenced that staff are proactive in seeking input from health care professionals in response to changing needs and that families are kept informed and updated about their relative's health and wellbeing. Whilst the plans made reference to care receivers' dementia symptoms, they took account of the ways in which they can contribute to their care, be involved in making decisions and in maintaining their independence. Some care records are kept in care receivers' bedrooms which included food and fluid charts, oral hygiene records, moving and handling assessments and personal emergency evacuation plans (PEEPs) to guide staff on evacuation in the event of a fire.

It was difficult to ascertain care receivers' lived experiences, due to the extent of their dementia. Therefore, the Regulation Officer spoke with five relatives who offered their views as to how they find the home and staff in supporting their loved ones. The following comments were made:

"We've never had any issues with the care [name] receives, we feel the standards of care are very good. We visit at all times of the day and [name] is always clean and well looked after and we think [name] is happy. The room is always kept spotless and [name] is cared for very well".

“On the whole they care for [name] very well. The staff keep me updated and I feel very involved in [name’s] care and they let me know about any changes in health or anything else. They’ve been really flexible with visiting. [Name] seems to recognise the home and the ladies that look after him, and never has any reservations about returning when we’ve been out. I’ve never seen anything of concern”

“The place is spotless, the food is great and you get support with anything. They’re very knowledgeable and I’ve seen how the staff react to agitation and they are always professional and they know what to do when people are agitated and upset. They’re very kind, and they always give you their time and they’re a good help and support, not only to [name] but to me too. I’m always kept informed of what is going on and I feel confident that the staff have the abilities to recognise changes in [name] dementia and make sure [name] is still cared for”.

“The staff have been wonderful, they’ve helped me so much and they’re supporting me to cope. They knew what to do to help [name] agitation”.

“We’re very happy and feel happy that [name] is here. The staff are fantastic and all very welcoming and you never feel or see anything untoward. The staff keep us well informed about what’s going on and we love the character of the home. We can come and go as we please and they keep [name] lovely and always keep hair, nails and clothes lovely. We always see that the staff are very attentive, they’re great. The environment is lovely and there’s always plenty of tea and food. We can ask them anything and they always know what’s happening”.

One health professional stated, “(during) the times I have attended the home, staff have responded and engaged with clients in a respectful and calm manner”.

## **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.”

The Regulation Officer spoke with six care staff throughout the inspection and they all described, in detail, the ways in which they provide care and support to care receivers. This included examples of their care requirements, personal preferences and choices relating to personal care, life histories and family relationships. From these discussions, the Regulation Officer concluded that the staff team were attentive and knew care receivers’ needs well. Family members described to the Regulation Officer that they felt care of a good standard was provided to their relatives and that they were kept updated regarding changes in their relative’s health and care. Samples of care records also showed that in response to care receivers’ changing health or well-being, relevant health and social care professionals are notified by staff.

In conversations with staff, they were clear about their roles and of what was expected of them, and they demonstrated responsibility for the care and support provided to care receivers. Staff are provided with the Provider’s team handbook which provides information in relation to the philosophy of care promoted, expected conduct and working practices. In addition, all staff are provided with a job description relevant to their roles which was evidenced from a review of a sample of staff files. Staff told the Regulation Officer that they are provided with practical face to face First Aid training and training relating to the prevention and management of falls. One health care professional commented that the approach to falls prevention in the home is well managed with aids and monitoring.

The Senior Pharmacist employed by Health and Community Services carried out an unannounced pharmacy inspection on 5 August 2021 and the outcome was communicated to both the Regulation Officer and the Registered Manager. The findings of the inspection demonstrated that safe practice was upheld regarding the management of medicines in the home.

Information provided by one health care professional confirmed that there are positive working relationships between both services and that the staff team understand care receivers' needs well and cater for their individual needs. They commented that the team are proactive in seeking professional advice when necessary and they have been keen to complete relevant training in order to be assessed as competent when carrying out delegated nursing tasks.

### **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."

The discretionary conditions that were applied on registration, on 1 October 2019, under Article 12 (2)(b) on the Law<sup>2</sup>, requires certain alterations to be made to the premises. This includes providing en suite toilets and sinks in three bedrooms, improving the size of five bedrooms to meet the minimum space standard and replacing a chair lift with a passenger lift by 1 October 2022. This was discussed with the Registered Manager and Regional Director, who advised of the plans to improve these areas. The Provider has given a commitment to carrying out these works and by doing so, expects to lose four bedrooms, thereby decreasing the home's overall capacity.

Upon arrival to the home, the Regulation Officer was met by a staff member, who ensured that appropriate Covid-19 screening checks were carried out for all visitors to the home. During the course of the inspection, there was evidence of effective infection prevention and control practices in place and that visiting was facilitated, with relatives observed spending time with their loved ones. Part of the management plan in response to the Covid-19 occurrence included some care receivers being accommodated in one designated area within the home to prevent the risk of onward transmission. This, along with other infection prevention

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<sup>2</sup> Regulation of Care (Jersey) law 2014

practices, was effective as no other cases of Covid-19 were identified. This also allowed care receivers the freedom to move around in one designated area.

The home was found to be very well presented and communal areas were homely, pleasantly furnished, accessible and visibly clean and hygienic in appearance.

Feedback from some relatives and one health care professional was complimentary about the environment and included comments including;

“the atmosphere is homely and does not appear chaotic” [from a health professional]

“the environment is lovely, its suitable for [name] and we love the character of the place” [from a relative]

“the home environment is calming, [name] recognises it as their own home” [from a relative]

“[Name’s] room is always kept spotless” [from a relative]

The Regulation Officer spent time in the communal areas across the home and noted the variation in activity levels between these areas, in that some areas were livelier and others quieter. Some care receivers were observed freely moving around the home and others were participating in activities with the support of care staff. It was apparent that the activities provided were tailored to care receivers’ capabilities and some were observed taking part in a lively exercise programme, whilst others were sitting in a calmer environment. The Regulation Officer observed good humoured and respectful interactions between care staff, and they were seen to be supporting care receivers to have fun.

Samples of bedrooms were viewed which were personalised with family photographs and other personal keepsakes. The home was decorated with Christmas decorations which were noted to be stimulating and of interest to care receivers.

The main door to enter and exit the home is locked for safety reasons and fire exit doors alarmed in order that staff can be alerted if care receivers should try and leave the home unaccompanied.



## Management of services

Reference was made to Standard 11 of the Care Home Standards which states:  
“The care service will be well managed.”

There is a well-defined management structure in place, which consists of the Registered Manager, Deputy Manager and Regional Director, who is the local Provider representative. There are on-call arrangements for staff to contact the management team, outside of hours. The home’s registration conditions allow for a maximum of fifty-eight care receivers to be accommodated. However, the Registered Manager and Regional Director have decided to operate at a maximum of fifty care receivers until additional staff are recruited into the staff team.

The home’s public liability insurance certificate was displayed in the entrance to the home. Equipment including electrical appliances, passenger lifts and beds are routinely serviced and serving records maintained.

There are systems in place that support the day to day running of the home including staff meetings, governance meetings, daily Manager ‘walk about’ reports and monthly Provider representative reviews to oversee and discuss the routine operation of the home. Samples of these records were examined which showed that care receivers’ care and welfare was discussed at regular intervals and made sure that the service is operating safely and in accordance with the Regulations and Standards.

Family members spoken with, told the Regulation Officer that they would speak to the management team, or any of the staff team if they had any concerns or complaints. There were no active complaints at the time of inspection

## **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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