



Jersey Care
Commission

INSPECTION REPORT

Lavender Villa

Care Home Service

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

28 April 2022

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity 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	<u>Mandatory</u> Type of care: personal care, personal support. Category of care: Adult 60+ Maximum number of care receivers: 20 Maximum number in receipt of personal care / personal support: 20 Age range of care receivers: over 60 Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1-21 (no 13) – one person. <u>Discretionary</u>

	As the Registered Manager Gio Buesnel must either provide formal confirmation from an appropriate educational source that her academic qualifications have equivalence to QCF Level 5 Diploma in Leadership in Health and Social Care Module or obtain this specific qualification by 4 December 2022.
Dates of Inspection	28 April 2022
Times of Inspection	10:30 – 16:45
Type of Inspection	Unannounced
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	19

LV Care Group operates Lavender Villa and the Registered Manager is Gio Buesnel.

The discretionary condition on the service's registration was discussed with the Registered Manager who was confident that the Level 5 Diploma would be completed within the required timeline or indeed was aiming for an earlier completion date of August 2022.

Since the last inspection on 5 and 11 May 2021, there has been no progress to the planned extension of twenty-two nursing beds. This was also discussed at the time of the inspection. The Registered Manager commented that they were not aware of any plans to recommence the work at present and confirmed that once an update was available that the Commission would be notified.

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 first part of the inspection was a medication inspection undertaken by the Senior Community Pharmacist, with the Regulation Officer in attendance. It was positive to note that there were no areas of concern and that policies and paperwork pertaining to medication administration were comprehensive and up to date.

A review of a sample of the home's policies and procedures from the procedure folder provided further evidence of detailed policies with clear ratification and review dates. This also included a review of the home's fire procedures and checks; this is discussed further under the heading of 'safety'.

There was also evidence of safe recruitment practices, induction and supervision of staff from discussion with the Registered Manager, staff members and a review of staff personnel files.

It was positive to note that the assessment process prior to admission to the home is comprehensive and ensures that the service can meet the assessed needs of the care receiver. There is evidence of person-centred assessments and care within the home, following a review of a random sample of five care plans and following discussions with a health professional and care receivers. Feedback received from care receivers and relatives as part of the inspection reported a 'homely and family atmosphere' within the home.

Activities within the home are organised by a part-time activity co-ordinator, all the care receivers spoken with during inspection commented positively regarding their enjoyment of these.

Staffing levels were adequate on the day of the inspection and four weeks of duty rota was provided to the Regulation Officer for review immediately after inspection. This is highlighted further under the heading of 'care and support'.

There was a blended approach to training with both e-learning and classroom / face-to-face, however, most of the provision was online with the exception of First Aid, Manual Handling and Basic Life Support (BLS). Both statutory and mandatory training requirements were up to date.

INSPECTION PROCESS

This inspection was unannounced and was completed on 28 April 2022.

The Care Home Standards were referenced throughout the inspection.¹ This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report.

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 four care receivers, one relative and three staff members in addition to the Registered Manager on the day of the inspection.

The views of three health professional were also sought as part of the inspection process. At the time of writing the report, one professional had provided feedback to the Regulation Officer.

Further to the inspection visit, one relative was contacted initially by email and then by a follow up phone call by the Regulation Officer, in addition a further two relatives were contacted by phone.

During the inspection, records including policies, care records, monthly reports and staff personnel files were examined. The Regulation Officer was able to spend some time in the communal areas of the home and chatting face to face with residents in their bedrooms and lounge area.

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

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, one area for improvement was identified and the Registered Provider setting out how this area would be addressed submitted an improvement plan to the Commission.

The improvement plan was discussed during this inspection, and it was positive to note that all the improvements had been made. This means that there was evidence of a reinstated sluice room on the ground floor, appropriate laundry bags and trolleys on both floors of the home, and safe storage of sharps containers.

Safety

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.

On the morning of the inspection visit, a Senior Community Pharmacist carried out a medication inspection with the Regulation Officer in attendance. The findings from the inspection were positive with no areas for concern. The medicines were appropriately stored, administered and recorded within the home.

The medication policy was reviewed as evidence; this was comprehensive, in date and had a review date of April 2023. There was also a copy of the NICE Managing medicines in care homes policy (2014), which provides best practice advice, as is a recommendation of the Standards.

The Registered Manager explained when a care receiver commences a new medication this information is shared with all staff responsible for medication administration, to ensure that staff are aware of both the medication and its intended

use. To support this knowledge, the package insert (medication leaflet) for each drug in use within the home is stored within a folder on the top of the drug trolley for ease of access for all staff and as an aide-memoire. This provides an up-to-date medicines reference source for staff and is an example of best practice.

The Regulation Officer reviewed the fire policy (2019) as evidence. In addition, the Personal Emergency Evacuation Plans (PEEPs) for the five residents whose care plans had been selected for review were examined. Each of these residents had a bedroom dependency / fire evacuation care plan that was both detailed and easy to follow. The PEEPs were one example in the care plans of appropriate risk assessment and management.

The Registered Manager also confirmed that a copy of the PEEPs for each resident and building plans are kept at the entrance to the home for ease of reference for the fire service in the event of fire.

Fire drills are conducted regularly for both day and night staff and the Registered Manager provided evidence of the fire log immediately after inspection. The Registered Manager confirmed that, a fire certificate had been successfully issued following the annual inspection by the fire service. There are a minimum of two staff members overnight and the Registered Manager is on-call.

There had only been one member of staff recruited to the service since the last inspection. The Regulation Officer reviewed this staff member's personnel file and found that all the necessary safe recruitment checks had been carried out prior to the start date of the new employee.

The home environment was welcoming and homely. The Registered Manager discussed that the lounge area needed some redecoration, but that this was pending because of the possible extension. The corridors were tidy, with no obstructions or clutter. There was evidence of personalisation of care receivers' rooms with their own items. Two of the relatives spoken with immediately after the inspection, commented on the importance of personalisation of their family members' room in assisting them to settle into the home.

Although the home did not have need of many pieces of equipment, it has a lift, a Stannah stair lift, two assisted baths, and two wheelchairs. Approved contractors in Jersey service the equipment regularly.

There was evidence of appropriate and timely notification of incidents to the Commission and recent notifications were mapped across with care plan records to confirm appropriate recording of events and subsequent outcomes / actions.

A registered nurse (Compliance Officer) usually visits the home on a monthly basis on behalf of the Provider to monitor the quality and safety of the service. They do this by reviewing the Standards and compliance with the Regulations. However, the Compliance Officer had been seconded to a different position at another care home carried on by the same provider. As a result, the Registered Manager and the Deputy Manager had undertaken the monthly reports since the beginning of the year with oversight by senior management.

The Regulation Officer reviewed the monthly reports for February and March 2022. There was evidence of actions identified in the February report, having been achieved by the following month. The reports focused on a different Standard each month for review. The first report focused on the home's environment and the second, on medication management. In the latter report, the findings were similar to the medication inspection that was carried out at the time of inspection, with no areas for concern. In the absence of the Compliance Officer, the Clinical Director for the Provider had provided oversight of the reports.

Care and support

<p>The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.</p>

Care receivers are admitted into the home following an assessment, which is usually carried out, by the Registered Manager or Deputy Manager. Prior to the assessment process, the Registered Manager reviews the medical summary provided for any

potential care receiver to ensure the appropriateness of the referral for the home, in accordance with the home's Statement of Purpose and categories of care.

The assessment and care plans within the home are stored electronically, with the exception of care receivers who are admitted to the home on a trial or temporary basis. The care plans of those care receivers are stored in a hard copy format in a folder. A random sample of five care plans were reviewed at the time of inspection, four electronic plans and one in hard copy.

The care plans were detailed, and personalisation was evident within the plans, which recorded care receivers' wishes, and preferences. This provided a good example of person-centred care. There were appropriate risk assessments and plans for care needs for example in relation to behaviour changes. There was also evidence of regular review dates and updates to care plans when appropriate.

It was discussed with the Registered Manager that the life histories section could perhaps be more enhanced. This would be of particular benefit in circumstances where care receivers have a diagnosis of dementia, as the existence of detailed life histories would be likely to better facilitate future interactions and discussions between those residents and staff.

There was also evidence of collaborative working within the care plans and from feedback from a health professional. One health professional commented on the open and positive working relationship with the Registered Manager and staff.

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 care is good and I am treated with respect'

'I am happy here, most staff good'

'I like to come down and enjoy the activities'

'The food is terrific'

'The staff are excellent, do anything for you'

Feedback from relatives was also positive and the following are examples of what was directly reported:

'Communication with staff is good, I am kept well informed'

'The home does activities well and the food is good'

'xxxxx' is treated with respect'

'The staff are absolutely brilliant'

'Knowing that xxxxx is being cared for at the home provides reassurance'

The feedback concerning the meals within the home from both care receivers and relatives was also generally good. The Registered Manager confirmed that following a recent environmental health / food hygiene assessment in March 2022, that the home had been awarded five stars, with only one requirement regarding the kitchen door. It was the opinion of one relative that fluids ought to be encouraged for care receivers more frequently throughout the day. This was fed back to the Registered Manager who provided reassurance that this was happening on an ongoing basis.

The Registered Manager provided the Regulation Officer with four weeks of duty rota at the inspection visit. Although the home had been affected by Covid-19 sickness in the weeks immediately prior to the inspection visit, staffing levels within the home remained sufficient to meet the Standards, although may have been slightly less than the desired staffing levels set out in the Statement of Purpose. There are currently no vacancies within the home with one staff member just about to complete their induction and another just about to start. The majority of the staff team are

Regulated Qualifications Framework (RQF) Level 2 or 3 or working towards Level 2 or 3.

There is a part-time activity co-ordinator employed by the home, who works in the afternoon. Without exception, the care receivers spoken with at the time of inspection spoke positively of their engagement and enjoyment of the activities within the home. Recent examples of this had been 'bunny making' for Easter and butterfly window decorations. The home also has a minibus that undertakes a weekly outing for residents, there is currently a map of Jersey up in the lounge area to allow for planning of possible routes over the summer. The Registered Manager provided the Regulation Officer with a copy of the Transport of Service Users policy (2021) to review as evidence.

One of the health professionals commented positively that 'there always seemed to be some sort of activity going on whenever they visited the home' and how 'care receivers are supported to join in if they want or the home will explore other one-to-one activities'.

The Registered Manager discussed how instead of the regular resident meetings that communication between the staff and residents was being undertaken more informally due to the size of the home but on a more frequent basis. This would usually happen in the dining area and allowed for sharing of information on a more immediate basis.

Training

<p>The Standards outline that, at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.</p>
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The statutory and mandatory training requirements for the home were discussed with the Registered Manager; there was a blended approach to education with both online learning and face-to-face training. As mentioned in the summary, most of the provision was online with the exception of First Aid, Manual Handling and Basic Life Support (BLS). Both statutory and mandatory training requirements were up to date.

The Registered Manager can access a training log on the electronic system for all staff, the Registered Manager checks this log monthly and runs a report if required to monitor the training status of the staff team, the system itself does not provide direct alerts when training is due.

The quality of the online training was discussed with the Registered Manager and it was positive to note that the Registered Manager recognised the importance of 'having conversations around training' to check that learning has been achieved. Staff competency is assessed both during and after induction, in areas such as medication administration, to ensure the safety of care receivers.

The Provider operates its own online training academy that provides numerous training opportunities that all staff can access. It also provides opportunity for service specific or more specialist training for example dementia care or pressure area care. One staff member commented that the quality of both the online provision and the face-to-face training was good. They described how they were encouraged during the face-to-face training to ask questions and participate. Another staff member discussed how they had completed their RQF Level 3 training online and how they had found this difficult, as they had missed the classroom participation and peer-to-peer support.

The Registered Manager carries out regular staff supervision every three months or sooner if required. All staff also have an annual appraisal; the Clinical Director carries out the Registered Manager's appraisal. The Registered Manager also meets monthly with the other managers from the care homes carried on by the same provider, this meeting will be in person again rather than virtual from next month. Supervision and appraisal records are kept in each staff member's personnel file.

There is a clear staff induction process that involves shadow shifts for new staff, an induction book and policy. At the time of the inspection, the most recent recruit was just about to complete their shadow shifts and induction process.

Each of the staff spoken with also discussed the staffing shortages, which are affecting the care sector at the current time, and although staff morale within the home was generally good, one staff member acknowledged that staff sometimes feel fatigued. It was, however, positive to note that there were no staff vacancies at the time of inspection with one staff member waiting to start, which would then mean a full complement of staff. In addition, staff spoken with on the day of the inspection commented positively about the staff team at Lavender Villa, describing it as being 'like a family'. The team are supportive of one another but also receive good support from both the Registered Manager and the Deputy Manager.

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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