



**Jersey Care
Commission**

INSPECTION REPORT

Beaumont Villa Care Home

**Rue de Craslin
St Peter
JE3 7HQ**

Care Home Service

23 & 27 June 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

Beaumont Villa is 24-bed care home located within the grounds of L'Hermitage Gardens Retirement Village in St Peter. The home is near to some local shops, a supermarket and restaurants. There are beaches and cafes within close proximity.

The home has some design features which help to minimise confusion or distraction for the care receiver group, who are living with dementia. These include easy access to enclosed outdoor areas from some of the home's communal areas and bedrooms. The outdoor areas have level access decking and well-maintained gardens. The home provides personal care to care receivers who are living with dementia aged 60 and above.

Registered Provider	Caring Homes Healthcare Group
Registered Manager	David Taylor
Regulated Activity	Care Home for Adults
Conditions of Registration Mandatory and discretionary	Maximum number of people who may receive personal care - 24 Age range – 60 and above Dementia Care
Dates of Inspection	23 & 27 June 2022
Times of Inspection	7.45 am – 1 pm & 1 pm - 2.15 pm
Type of Inspection	23 June unannounced, 27 June announced
Number of areas for improvement	Two

At the time of this inspection, there were 19 care receivers accommodated in the care home.

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.

An unannounced routine inspection commenced at 7.45 am, this provided an opportunity for the Regulation Officer to observe some of the approaches taken to support care receivers living with dementia, with reference to best practice and person-centred care. In this regard, it was notable how care staff adopted a positive and considerate approach to individuals and with a non-institutionalised routine being very apparent at this early part of the day. The atmosphere, approach and activity levels of care staff promoted a very calm and relaxed therapeutic environment for care receivers to benefit from throughout the inspection visit.

A preceding unannounced routine medication inspection undertaken by the Senior Community Pharmacist on the 26 May 2022 was noted by the Regulation Officer as part of the pre-inspection review. This confirmed best practice approaches being followed for medication management. Reference to a number of files and maintenance logs demonstrated that the home also has a robust system for ensuring that the health and safety of all care receivers and staff is promoted.

There was one area for improvement relating to a fixture in the garden which appeared to be damaged and needing replacement. Similarly, the homes general decoration and appearance appeared worn and in need of some refurbishment, although it was acknowledged that investment had been made to some of the external areas in the past few years. Nonetheless, this was an additional area for improvement.

A review of the approaches in promoting best practice for dementia care was undertaken from discussions with care staff, senior carers, the Deputy Manager, the Registered Manager, and also the Regional Manager whose visit coincided with one of the inspection visits. It was well evidenced from these discussions and from a review of relevant materials including the training log, that the Provider's Dementia

Strategy and associated projects such as Dementia Ambassadors (persons identified within the staff team), represented a proactive and dynamic approach to training and development for the whole staff team in best supporting care receivers living with dementia.

Staffing levels were noted to be adequate although the Registered Manager had previously engaged with the Regulator about staffing issues and remains vigilant and proactive in managing resident numbers. This specifically relates to the progressing of new referrals in the context of ongoing challenges relating to recruitment. The difficulties relating to recruitment remain an issue of concern that could otherwise compromise the expected ratio of staff needed to support all care receivers living with dementia in the home. Therefore, this ongoing approach and position taken by the Registered Manager was viewed positively.

Discussions with the Deputy Manager recorded the positive working relationships which were in place within the team and that roles and responsibilities were appropriately delegated and overseen by the Registered Manager. The positive observations of the approaches in delivering care in practice were further endorsed from feedback received from a number of relatives and also from one healthcare professional.

INSPECTION PROCESS

An unannounced routine pharmacy inspection was undertaken by a Senior Pharmacist on behalf of the Jersey Care Commission prior to this inspection, with positive findings recorded. This was noted as part of the Regulation Officer's pre-inspection review and planning alongside other information retained on file such as notification of incidents submitted in the previous six months. All other communication initiated by the home with the Commission since the last inspection (which was undertaken 20, 28 October and 2 November 2021), were also

considered and noted from the last inspection report. There were no areas for improvement identified during that inspection.

The inspection visit was unannounced on the first day and was prearranged for the second to coincide with a planned visit of Caring Homes' Regional Manager, as part of their routine oversight and review of the service with the Registered Manager and the staff team. This meeting provided a good opportunity to explore and further clarify some of the initiatives and investment which the Provider has been making in dementia care (training), as had previously been presented to the Commission following the last inspection, by the Provider's Senior Care Services & Commissioning Director.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**
- **Dementia care approaches**

The Regulation Officer sought the views of some care receivers currently using the service although this was limited as a result of the degree of cognitive impairment affecting some care receivers. However, some discreet observed practice of care staff and the presentation of care receivers at these times was utilised as a further focus of this inspection process. Five relatives or significant others, ten members of staff including the Registered Manager, Deputy Manager, Senior Carers, carers (including one recently recruited), catering staff, ancillary staff and administration staff were invited to provide any feedback about how the home operates.

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

Supporting information was also requested of two healthcare professionals who were noted to have some recent engagement with the home. Additional feedback provided in the documents recorded as “Beaumont Villa Relatives Compliments from Surveys, Comments and Social Media” also provided positive testimony and a source of further enquiry for the Regulation Officer.

During the inspection, records including policies, six care records, incidents and other documentation relating to both care receivers and the home environment was reviewed. The inspection included an examination of communal areas, and specific attention was given to the decoration on both floors, including areas of restricted access within the home and external areas. These restrictions were as would be expected with the category of care for which the service was registered. Reference was also made as to how the home processes and monitors any Significant Restriction of Liberty (SROL) authorisations to meet best practice.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager about the findings. This report sets out our findings and includes areas of good practice identified during the inspection.

INSPECTION FINDINGS

At the last inspection, which had been undertaken over three days, there were no areas for improvement. Reference was made to the contents of that report and noted no changes had occurred relating to how the home operates to support care receivers living with dementia. It was clearly evidenced that well-established routines and ways of working were in place. These were well understood by all staff, and it was evident that the daily routine operation of the home was well organised by shift leaders and/or the Deputy Manager with appropriate oversight by the Registered Manager.

Systems of good governance are embedded into how the home operates which promotes a comprehensive approach to measuring and monitoring the quality of care provided. Feedback from relatives provided good evidence that the home maintains good standards. One relative had commented that: *“I think Beaumont Villa is a very good dementia unit. My Xxx has lived there for nearly two and a half years. The carers support staff/management are all wonderful even the domestics all do an amazing job!”*

From observed practice over the course of the first day of the inspection, the Regulation Officer was able to observe best practice interventions in support of care receivers living with dementia. Interventions noted included appropriate use of reality orientation, but mainly a validation of any comments or enquiries made by care receivers. Carers were noted to convey information in different styles to match the tone or conversation as initiated by care receivers experiencing different levels of disorientation or memory impairment i.e., very poor short-term memory. Person-centredness was clearly evident in the communication strategies which were utilised. This ethos was very positively conveyed by care staff to the Regulation Officer when they spoke about their role and responsibilities to support individuals.

Information provided by one of the newest members of the team provided positive testimony of the support and induction they had received to date with dementia care being a clear focus of their own interest in the role. This was further evidenced by the attention which is given to promoting best practice through having some staff identified through specific training to be “Dementia Ambassadors” including the Deputy Manager.

The duty rosters reviewed provided confirmation of the home being adequately staffed with reference to the Standards and minimum staff ratios to care receiver numbers. It was discussed with the management team of the need to both monitor and review the staffing numbers on an ongoing basis, and particularly when the changed needs of one individual can potentially place undue stress on the team within one shift or patterns of shifts. It was apparent that the Registered Manager has been proactive in managing the current bed state to ensure that any limited staff resources remain manageable and can safely meet the needs of all care receivers.

There were no concerns in respect of this during the inspection. It was noted from general observations of care receivers' presentations on both of the accommodation floors that there was a varying level of dependency in respect of personal care and support needs. In this matter, it was also noted that the transfer of care receivers to a nursing care environment has been progressed in a timely manner when this has been required. This is an example of best practice.

Care needs were adequately recorded within the records which are retained. No concerns were noted regarding the quality of these records, six of which were reviewed during the inspection. However, the Registered Manager advised of an intended transfer of all records to electronic format in the near future. It is anticipated that this will further enhance the quality of care records and care planning principles which are already in place and followed.

Feedback provided by relatives and visiting Healthcare Professionals reinforced the general positive findings which the Regulation Officer observed during the inspection visit and which was evidenced by comments such as those recorded below:

"Brilliant, I have seen vast improvement in Xxx in the past year [since admission to the home], Tania, I can't remember her name [Social Activity Co-Ordinator] and everyone, all very good, the home is always clean and tidy"

"They were all really accommodating for Xxx birthday, made a real effort and provided a buffet for the Queens jubilee celebration, the Chef and food is excellent"

"Great home, people really good, if anything happens like a fall they will contact me"

"Absolutely find there, reacts very well to the staff"

"Care is brilliant, all the girls [staff] are good, Xxx can be a little awkward and doesn't like too many things in the room so the staff work around that. Good communication with staff and they will contact me if needed at any time"

“I visit this Care Home almost daily and always find the staff are very welcoming and friendly and always very helpful, professional and knowledgeable regarding the clients. The clients are very well looked after and cared for and each one has a good rapport with the Carers. Carers continue to provide excellent care, professionalism and understanding in very difficult situations. The Home is always very clean and tidy and the cleaners are always busy”.

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.

Attention was given to the policies and procedures which were in place to ensure that the home environment and any equipment used when supporting care receivers is appropriately maintained and that checks are routinely carried out. A discussion and a review of relevant maintenance logs and equipment demonstrated that a robust and comprehensive approach to checks on equipment and the environment was upheld. This ensures that a safe working environment is maintained for staff with a comfortable and pleasant home environment for all care receivers and their visitors to enjoy.

These checks were also noted from review of the kitchen facilities and the procedures which were in place for that part of the service. All were found to be in good order. Similarly, the staff working in the laundry area confirmed that all equipment and systems were in good working order, which was also apparent from the inspection. Particular focus was given to aspects of safety which are expected to be provided in a specialist dementia care environment. The care environment had in-built restricted access points (both internally and externally), which help to protect and promote best practice for those living with dementia. In practice, this incorporates the use of internal baffle locks (keycode access), restrictions to areas such as the kitchen or other areas where inherent unavoidable risks may otherwise be apparent, including the stairwells.

Externally, the home has some generous garden space which care receivers may have relatively unrestricted access to based on individual presentations and risk assessments. These areas are also freely accessible to visitors to enable them to spend time with their loved ones, with use of appropriate systems to exit, with signage in place for reference about how to operate and maintain security and safety for the care receivers.

There appears to be a well-balanced approach in promoting a homely environment within the necessary restrictions which are well managed and maintained. However, it was noted by the Regulation Officer on entering and exiting one of the garden gates, that there was some damage and potential system failure due to a post fitting requiring urgent repair. This was conveyed to the management team for immediate attention and is an area for improvement.

Within the ways of working in the home, it was noted how staff are deployed over the two main floors which accommodate bedrooms, dining facilities and access to outdoor areas, including large decking areas from first floor and garden from the ground floor. From both observations and discussions with staff members, it was confirmed that there were good working practices ensuring adequate cover to meet the care needs of all care receivers. This is maintained by the appropriate allocation of roles and responsibilities on each shift. The staff were all observed to be carrying out their individual roles and responsibilities competently and confidently and with good levels of communication demonstrated. It was apparent that attention was given to ensuring that individual care needs were being adequately met in both a proactive and reactive way as required.

There is a well-established on-call system in place to enable senior care staff to contact the senior management team out of hours if untoward incidents or issues of concern arise. Notification of incidents submitted to the Commission also evidenced the expected levels of scrutiny and recording were in place. Contacts on file as made by the management team to the Commission when advice or direct information sharing and consultation were needed, were clearly evident. This provided good evidence of openness and transparency.

Safe recruitment practices were clarified with the Registered Manager who confirmed their direct involvement in all aspects of this process, including sight of Disclosure and Barring Service criminal record checks and references.

The routine medication inspection undertaken by the Senior Community Pharmacist recorded general findings for safe and effective systems relating to safe storage, process, administration, and disposal. Best practice approaches were in place in respect of the administration of covert medication.

The proactive engagement which the management team had initiated with the Community Infection Control Nurse (CICN) was noted. This was intended to clarify the policy and procedures which were necessary to safely manage the ongoing challenges from the pandemic and to minimise any potential harm to vulnerable care receivers.

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>

Positive testimonies were received that reflected kind, compassionate and respectful care. This was also well demonstrated and evidenced from the focus of observed practice which was carried out by the Regulation Officer as part of this inspection. The approaches and communication skills used to support care receivers living with dementia, were noted as being respectful, demonstratively compassionate in nature and intended to ensure that the self-esteem of the person was promoted in care delivery.

Both an experienced care worker and a relatively new and less experienced care worker each conveyed their views and values of what they believed good dementia care was. The perspectives they shared with the Regulation Officer were ones which reflected positively on them as individual staff members and which also

indicated a very strong culture of care and support for those living with dementia, which the Provider and management team evidently promoted and encouraged. In addition, this also evidenced by the content and style of some care plans reviewed. These similarly demonstrated the same approach and philosophy of care which is in place to meet this Standard.

The quality assurance practices and reports form part of the governance arrangements which the Provider has in place. These are embedded in practice through the management structures. There were no issues of concern for the assessment and monitoring of care needs which was well evidenced from a review of the care records, audits and internal reviews and inspections which are carried out routinely. The focus on dementia care needs was demonstrated and evidenced by some of the tools which the Deputy Manager and also Regional Manager utilise regularly. These tools have a clear aim and objective to tease out how care delivery through carers interventions/interactions is consistently undertaken in a way that respects rights, individuality, and beliefs in a person-centred way.

In addition to the focus on interventions by care staff, there is also a focus on the physical environment. It is intended that it promotes an individual's sense of personhood and autonomy. This was evidenced in a sample of rooms visited where it was apparent that efforts had been taken to enable care receivers to personalise their rooms with items such as furniture, fixtures, and fittings.

It was however noted from a review of the general interior of the home across all floors, including some of the staff areas, that there was evidence of some wear and tear. This did not promote the most homely environment in some areas. The Regulation Officer had noted the possible need for redecoration at the previous inspection. However, at that point, due to the restrictions which were in place and the limited availability of external companies, it was acknowledged that this would be a challenging area to address. On this occasion, it was more evident that some remedial work was required in relation to specific decorative and functional aspects of the building. This included practical and important issues including the need to replace door numbers or signage where these were absent. In some instances, writing in marker pen was being used as a temporary measure. The utility for any

helpful signage to orientate care receivers living with dementia to their rooms cannot be understated as a general therapeutic aid.

In addition to the above, some general redecoration was indicated for all areas as bedrooms and corridors where paintwork was worn, or wallpaper had tears or was peeling. Also, attention needed to be given to the presentation of the staff area which, at the time of the inspection, did not appear either inviting or comfortable. The need for some attention to a general refurbishment of the home is made as an area for improvement. It was also noted that some of the bed linen appeared worn and faded. This should also be attended to.

In some care homes, care receivers or their visitors might raise concerns regarding the home environment. It is less likely that this would happen in this service due to the limited 'voice' of care receivers, combined with the limited footfall of visitors for a prolonged period.

The home has in place a number of Significant Restriction on Liberty (SROL) authorisations in place. It was apparent that the necessary attention to ensuring transparency and engagement with healthcare professionals such as GPs or pharmacists is incorporated in any decision about, for example, the use of covert medication.

Social activities are provided and incorporated within one-to-one scenarios or small group outings. The home has access to a mini bus which is shared with an associate home. From discussions and observations made during the inspection, it was clear as to the approach which is taken to provide stimulating and relaxing activities in support of care receivers, and which respects their choices and preferences (as expressed by the care receivers or established from information obtained from family).

Training

The Standards always outline that there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.

The training log and approach to mandatory training is well established and was reviewed with the Deputy Manager. It was noted that there were clear systems of oversight and audit of all training needs, overseen by the management team. Where gaps or failures to complete any mandatory training are noted these are escalated to the Registered Manager and which may also be picked up by the monthly independent quality assurance audit which is undertaken. There was good evidence of the expected training and development needs for all staff being adequately in place to meet the Standard.

Further to general training needs, reference was made as part of this inspection to the Provider's Dementia Strategy. This had been presented to the Commission since the previous inspection as a courtesy. The essence of training delivered to staff incorporates an approach that has "My World" principles. The delivery of personalised care is at the heart of this approach.

Additional training and accreditation incorporated within this strategy is anticipated. The appointment of Dementia Ambassadors, whose role will involve providing leadership in the delivering of dementia care, was noted. In practice, this will involve the modelling of best practice interventions and interactions as well as the informal monitoring and evaluation of care by peers with direct and immediate feedback provided as part of this process. Three members of the team including the Deputy Manager have been identified for this role. It is anticipated that this project will further enhance the training and development of all staff to provide a high standard of dementia care. The Regulation Officer noted the comprehensive approach which has been set out in this strategy and that it will include the ongoing use of a variety of audit tools to be used in-house and as part of the organisational quality assurance framework for all training needs.

The home accommodates personal care and support needs only. Senior care staff are therefore qualified at RQF level 3 to administer medications. There is an annual and “when needed” competency assessment which is used and overseen by the Deputy Manager or Registered Nurse/Registered Manager as or when necessary.

IMPROVEMENT PLAN

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

<p>Area for Improvement 1</p> <p>Ref: Standard 4.6, 7.1</p> <p>To be completed by: within 6 months of inspection date</p>	<p>The Provider must ensure that the home is maintained to a standard which promotes a sense of homeliness, with appropriate décor. Specific attention needs to be given to the areas set out below:</p> <ul style="list-style-type: none"> • Schedule of works for painting and re-decorating of all bedrooms, corridor and communal areas is indicated • Replacement of missing signage (room numbers) for bedrooms and/or alternative orientation aides to be provided • Replacement of bedding and linen is indicated • Refurbishment of staff restroom facilities
	<p>Response by registered provider:</p> <p>There is an ongoing programme of re-furbishment at the home. Funds have been included in 2022-23 capital spend plans and further funds will be provided in coming years.</p> <p>Additional bedding and linen has been ordered. Delivery is awaited.</p> <p>Issues with both signage and the staff room are expected to be resolved by 31 October 2022.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 7.1, 7.3</p> <p>To be completed by: with immediate effect</p>	<p>The repairing or replacement of unstable gate post to promote and maintain a safe and secure garden perimeter is required</p>
	<p>Response by registered provider:</p> <p>A contractor has been appointed. The garden post will be replaced by 12 August 2022</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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