



**Jersey Care
Commission**

Summary Report

Beaumont Villa Care Home

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

Care Home Service

23 & 27 June 2022

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.

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>

The full report can be accessed from [here](#).