



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**La Haule**

**Care Home Service**

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

**2 and 5 September 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 La Haule Care Home. It is situated off a quiet road in St Brelade and is a short drive from the beach front and St Aubin. The home was originally a domestic dwelling, which has been converted and adapted over the years. There are grounds to the front with parking and a small courtyard to the rear of the building, which provides a secure outdoor space. An enclosed garden and patio with tables and chairs is accessible from the ground floor for care receivers and their visitors to benefit from.

The home is divided into three units named Kingfisher, Kestrel and Nightingale, which all have a range of communal facilities laid out which includes lounges, dining areas and seating areas along the corridors. The majority of single bedrooms have en suite facilities and for those few bedrooms currently without such provisions, there are plans for them to be upgraded.

The home is managed by a Registered Manager, who is also a registered nurse and who is supported by a team of carers, housekeeping, catering, office, and administration staff.

A core objective as outlined in the Statement of Purpose is, “to provide person centred care for residents who have dementia in a restful tastefully decorated setting and we aim to support the individual to retain their independence and dignity as much as they are able, and to provide a happy, fun environment”.

Regulated Activity	Care home
Conditions of Registration	<p data-bbox="678 495 837 533"><u>Mandatory</u></p> <p data-bbox="678 562 1273 636">Type of care: Personal care and personal support</p> <p data-bbox="678 674 1145 712">Category of care: Dementia care</p> <p data-bbox="678 750 1241 788">Maximum number of care receivers: 58</p> <p data-bbox="678 826 1380 864">Age range of care receivers: 60 years and above</p> <p data-bbox="678 902 1358 976">Maximum number of care receivers that can be accommodated in the following rooms:</p> <p data-bbox="678 1014 1129 1050">Nightingale 2 – 32: One person</p> <p data-bbox="678 1055 1114 1090">Kingfisher 1 – 12: One person</p> <p data-bbox="678 1095 1066 1131">Kestrel 2 – 18: One person</p> <p data-bbox="678 1169 869 1207"><u>Discretionary</u></p> <p data-bbox="678 1245 1385 1341">Bedroom numbers 3, 4 and 5 in Kestrel unit must have ensuite toilet and wash hand basins provided by 1 October 2023.</p> <p data-bbox="678 1379 1358 1498">Bedroom numbers 1, 2, 6, 7 and 9 in Kingfisher unit must meet the minimum 12m<sup>2</sup> space standard by 1 October 2023.</p> <p data-bbox="678 1536 1385 1677">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 October 2023.</p> <p data-bbox="678 1715 1380 1968">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 April 2023.</p>

Dates of Inspection	2 and 5 September 2022
Times of Inspection	11:45am – 3:15pm and 1:15pm – 5:30pm
Type of Inspection	Unannounced on 2 September Announced on 5 September
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	48

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

Since the last inspection, which was completed on 16 December 2021, the Commission received two requests from the Provider to extend the discretionary conditions on the home’s registration. This related to increasing the timescales for the installation of the lift, upgrade of bedrooms and for the Registered Manager to complete the Level 5 Diploma. This was discussed on this inspection and an assurance provided that both discretionary conditions will be met within the identified date.

## **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.

Overall, the findings from this inspection found that the staff in the home were working to ensure that care receivers were provided with quality care and support and the aims and objectives of the home were met. Feedback from the majority of family members was complimentary of the competencies of the staff team and the care provided to their relatives.

Safe recruitment practices are in place for newly employed staff, and they are appropriately inducted and supervised in their role. Staff said that they feel well supported by the management team and their colleagues and highlighted that there are opportunities for ongoing learning and development.

The staffing levels meet the minimum Standards, although recruitment of new staff continues to prove challenging, and some job roles had been adjusted temporarily to allow fundamental aspects of care to be provided. Some family members had commented that the provision of social activities had been lacking of late. The home recognised this and have deliberately kept the home under occupancy until a full complement of staff is available.

Care receivers looked well-presented in respect of their physical appearance and family members felt that the standards of personal care and dignity provided to their relatives was good. Care records, medication administration records, incident records and clinical discussion records found that care staff were very clear about their responsibilities to protect care receivers, report changing needs and escalate concerns.

Staff embed the right to make choices and personalise support into their day-to-day practice and uphold the ethos of the home. There are no areas of improvement resulting from this inspection.

## INSPECTION PROCESS

This inspection was carried out over two separate visits, the first of which was unannounced and coincided with the Registered Manager's period of leave. The second visit was pre-arranged to meet with the Registered Manager.

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

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

---

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

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report, notification of incidents, and records pertaining to communications with the home since the last inspection was completed. Reference was also made to the findings of the food hygiene inspection, which was completed on 31 August 2022.

Whilst the Regulation Officer attempted to speak with a number of care receivers during the inspection, their ability to provide detailed feedback of their experiences was limited. For this reason, a number of relatives were contacted and asked their views on behalf of care receivers.

The Regulation Officer made contact with 14 relatives and spoke with 12 people. Some relatives were spoken with whilst they were in the home visiting and others were contacted by telephone after the inspection. A poster was displayed in the main entrance of the home, informing visitors that an inspection was underway, which invited people to share their views, if they wished.

The views of four health and social care professionals were also requested as part of the inspection process and one person provided a response.

During the inspection, records including medication records, care records, staffing rosters, training records, incident records and other clinical reports were examined. This inspection included a walk through the home and a sample of bedrooms were viewed. 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. The Registered Manager and Provider contacts has kept the Commission informed of relevant operational issues and reported notifiable events as they have arisen.

The Statement of Purpose (SoP), was reviewed as part of the pre inspection planning and found to remain relevant to the service provided and the inspection findings found that the aims and objectives are consistently met.

## **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.

The main door to enter and exit the home is locked at all times, which intends to provide a secure environment, and not to restrict care receivers movement. During the inspection visit, family members were observed freely entering the home, having been provided with the code to access the keypad lock. Family members that were spoken with were in support of having their loved ones cared for in a protected environment.

A number of care receivers have Significant Restriction of Liberty (SRoL) authorisations in place, which shows that formal processes have been followed to ensure that care receivers' placements in the home are lawful. The home maintains a register of all SRoL authorisations and also notifies the Commission of such occurrences.

The home is registered to care for up to 58 care receivers, although it has been intentionally operating at less than its maximum occupancy for some months. This is in relation to challenges in recruiting care staff, which has been widely noted across the care sector in general.

One unit in the home has closed temporarily until additional staff are recruited and staffing levels increase. This shows that the Provider has recognised that staffing pressures have impacted upon their ability to operate at maximum occupancy and have taken appropriate steps to turn down admissions until staffing levels can be increased. The Registered Manager shared the projected staffing complement that is needed in order to resume maximum occupancy.

Samples of duty rotas were examined which showed that the minimum staffing standards are met by day and night. Some relatives commented that the staffing compliment had reduced, and they felt that more staff were needed. The home is actively recruiting and had recruited some new staff with a view to starting once all recruitment checks had been obtained. An examination of staff personnel files showed that safe recruitment practices were adopted for newly recruited staff. All safer recruitment employment checks as referenced in the Standards had been met in advance of staff taking up employment.

The Registered Manager works full time in the home although on the first day of inspection, she was on planned leave and the Deputy Manager was managing the home during her absence. The Deputy Manager displayed good knowledge of care receivers' needs, had a good oversight of the home and was able to describe in detail various approaches to care and personalised care practices.

There are systems in place to monitor the quality and safety of care in the home which includes Provider representative visits, out of hour's manager visits and a wide range of auditing processes.

The Registered Manager maintains a daily presence in the home and assesses, monitors and reports on the health, safety and welfare of care receivers, including the quality of the environment. A daily report is completed collating these issues and a sample report was examined which showed the home to be meeting Standards as expected. A sample of the manager's out of hours visit report was also examined which evidenced that an unannounced visit took place during the early hours of the morning. This found that staff practices, the general environment and care provided to care receivers was in line with expected Standards.

There are a range of audits carried out to help identify areas for improvement, including medication audits which reviews the frequency and administration of certain medications which are prescribed to help with agitation. This is an area of good practice.



A food hygiene inspection was carried out the week prior to the inspection, by the Environmental Health Team, which found that the home has maintained its 5\* rating, which means that there is a very high standard of food safety management practices in place. The home was noted to be clean, tidy, and hygienic in appearance. Several family members referred to the standards of cleanliness in the home and one health and social care professional who visits on a regular basis, also told the Regulation Officer that the home is “always clean and really presentable”.

There are reporting systems in place which ensures that information, including accident and incidents are reported to the Registered Manager. The Registered Manager reviews all events that take place in the home and where necessary, completes a thorough review to analyse events where harm or a near miss event has occurred. The Provider has a comprehensive process for analysing events as a means of identifying failures and preventing future occurrences. An example root cause analysis report was reviewed, which showed that a wide ranging review was undertaken in response to one care receiver’s fall. This highlighted factors pertaining to their medical condition, which were likely to have contributed to the injury.

The home is compliant in notifying the Commission of events and incidents in the home as they occur. Testimony from family members and a review of a sample of care records highlighted that relatives are informed and notified of any fall events or changes in their relative’s health conditions also.

There were a number of Significant Restriction on Liberty (SRoL) authorisations in place and the Registered Manager and staff team are aware of their responsibilities under the Capacity and Self Determination (Jersey) Law 2016.

Entries in care receivers’ care records showed that the home aims for the least restrictive management options in relation to rights and freedoms. One example was in relation to the use of covert medication for one care receiver, which was medication specific and only used when all other options have been tried. The care plan showed that the decision to administer medication in this way had been made in conjunction with the GP and family.

Low beds and sensor mats were used where risk assessments had shown care receivers to be at risk of falling from bed, which were less restrictive alternatives to bed rails.

The home raised a safeguarding notification in April which resulted in the Registered Manager reviewing the circumstances that led to the alert being raised. The home was transparent in their review and findings and fully involved family members throughout. There have been no complaints raised with the home that have warranted formal investigation. Family members told the Regulation Officer that they felt assured that any issues would be addressed, if they had need to bring concerns to the home's attention. They spoke of the Registered Manager's availability and confidence in her abilities to manage the home safely.

Some family members described that a key aspect of the home's quality was the ability to keep their relatives safe and commented:

"I know they look after X's safety and I know what they're doing is in X's best interests"

"X is safe and that's the most important thing and when X moved in I was reassured straight away"

"I know X is safe there, but I'm allowed to go anytime and take X out for a walk or a drive"

There was a robust system of checking fire safety equipment and care receivers have personal emergency evacuation plans (PEEP) in place which identified evacuation methods for day and night times. All equipment in the home is routinely serviced and checked and water temperatures routinely sampled to reduce the likelihood of scalding.

## Care and support

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.

Initial assessments are completed prior to initial admission into the home, and also includes assessments following a period of hospitalisation. The Deputy Manager described a situation whereby she had visited one care receiver in hospital and liaised with hospital staff to ensure they were safe to return to the home.

The home's management ensure compliance with registration conditions and make arrangements for transfers to nursing care environments when peoples' needs can no longer be met. During the inspection, it was confirmed that arrangements had been made for one care receiver to transfer into nursing care and their family were fully involved with the arrangements. Care staff that were spoken with had a good understanding of the home's registration conditions and described factors that would necessitate someone needing nursing care provision.

Samples of care records were examined which provided clear direction about how care and support is delivered. The standard of care planning was good and described individual person-centred interventions to meet care receivers' assessed needs. Information relating to care receivers' previous life histories, family relationships and interests was contained within the records and evidenced that family members are involved in the care planning process, which ensures care is right for their relatives.

Staff were knowledgeable about care receivers' needs and preferences which was evident during several discussions with the Regulation Officer over the course of the inspection. Family members described the reassuring relationships their relatives had developed with the staff team. They also described having trust and confidence in the abilities of the staff team to care and support their relatives.

One health professional told the Regulation Officer, *"they know the residents so well, and I'm always amazed at how much they do know about their background, family*

*life and their preferences. They cope really well with the residents, they manage some really difficult situations, and I've heard them manage it really well, the residents always look well cared for and they seem to recognise and respond well to the carers".*

The care records showed that referrals are made to allied health professionals in a timely manner and family members are kept up to date with any changes in health conditions or events such as falls. This was confirmed by family members that were spoken with and one health professional who commented, *"the staff are really quick to refer to [name of service] and always give an update about the resident when you ask".*

Samples of medication administration records were examined, which showed clear accurate records to evidence safe medication management. All staff who administer medications have completed recognised training and their competency is rechecked annually. There are care plans in place which guide staff in the use of 'as required' medication to help when care receivers experience periods of distress, anxiety or pain for example. They make reference to non-verbal signs that may indicate medication is required, if distraction techniques and other preventative strategies have failed.

The Registered Manager audits the use of 'as required' medication as part of the ongoing schedule of audits in the home. During the inspection, an example of good practice was observed whereby the staff team had advocated on a care receiver's behalf about a recently prescribed medication. They were heard requesting written information be provided prior to the administration of the medication.

The staff team informed the Regulation Officer of the processes for sharing and recording relevant information which included DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) decisions.

One unit of the home has been closed temporarily because it is operating at below its maximum occupancy (with eight beds closed to admissions). In view of this, the communal areas in this unit are not being used and some relatives commented that

they felt the available lounges are more compacted and busier than usual. During a walk through the home, the Regulation Officer noted that there was an absence of signage indicating the names of the units in the home, which may be helpful for care receivers and visitors. This was discussed with the Registered Manager who acknowledged this may be helpful and had made plans to address this by the time the inspection had concluded.

Some relatives commented on the home's approach to maintaining good standards of personal care towards care receivers. Comments included:

"The carers do a wonderful job and we feel primarily that X is well looked after, there's no problems with the standard of care and X is always clean and dressed nicely".

"They keep X immaculate and he's very well cared for and the bedroom is always clean and tidy".

"The main thing I notice is that the residents are always clean and look tidy and the standards of care are good"

"La Haule is always lovely and clean and X is always dressed nicely"

"X's bathroom is always clean and you can see that it's been used, I think the girls take good care of keeping X well presented"

"the home is always clean and really presentable, as are the residents".

The Regulation Officer spoke at length with some family members and some described communication as one of the home's strengths and are always informed of any changes to their relative's condition. On the whole the majority were content with the standards of care provided to their relatives and they praised the efforts of the staff team in providing support to family members too. They said:

"I feel very lucky that X is here, they're very good and they let me know what is going on. X is content there as is always eager to return to the home when we've been out"

“The staff are very attentive and accommodating and we as a family feel X is well looked after”

“I’m really happy with things, I’d give them a big thumbs up. I feel everything is good and I’ll speak to them if I need to, but they always call me”

“It’s fantastic, I can trust the staff completely. I can call anytime and I’m never made to feel like I’m annoying, I know they genuinely care for X and they’re a great support to me too”

“We feel it’s a relaxed, calm home and it’s got a nice atmosphere. We know what they are doing for X is in her best interests and they always look out for X safety”

“The staff are really good and they’re great at keeping me updated, they are always forthcoming and very open”

“The standards of care are excellent, they ring me if there’s any problems and always ring after the Doctor’s been. I give them credit for always chasing things”

“I was looking for something special and La Haule has it. Pauline is not black and white with her decision making, she will make decisions based on each person which is a good strength. The staff are very respectful towards families”.

Two relatives told the Regulation Officer that they felt some aspects of care could be improved upon in relation to their relatives and they were advised to raise their concerns directly with the Registered Manager. Another relative said that they felt certain approaches to care are not consistently person centred and communication towards care receivers is not “always personable”.

The majority of relatives said that they had noted a reduction in the provision of social activities and outings lately and some felt that the level of stimulation could be improved upon, particularly at weekends. The Registered Manager explained that in view of staffing challenges, the home’s activity worker had temporarily been working in a care role capacity to support the staff team. This however is not a long term

arrangement, and it was reported that another staff member had been recruited to support with social activities and a plan is in place for the activity worker to return to their primary role.

## **Training**

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.

The home had a well-established staff team of senior carers, some of whom had worked in the home for many years. Since the last inspection, one of the senior care workers has been promoted to the Deputy Manager's position. The Deputy Manager was in charge of the home on the first day of inspection and helped to facilitate the inspection process and explained her responsibilities to lead the home during the Registered Manager's absence. Supernumerary hours are provided to allow the home's management team to have adequate oversight of the running of the home.

New care staff undergo a comprehensive induction which includes having to complete training in various subjects, which include dementia awareness. The type of dementia training provided to staff is appropriate to their role and includes guidance on strategies to be used to help alleviate stress or distress. The Provider has sourced a more detailed dementia training programme, which two staff members are to attend.

Thereafter, training is provided by a blend of practical and e-Learning depending upon the subject area. Fire safety training incorporates a simulated fire evacuation and all staff receive training in basic life support. Staff receive regular supervision and opportunities to meet with the home's management to undertake an appraisal of their role is also carried out. Where necessary, staff will receive additional training from health professionals for carrying out specialist tasks for example blood glucose monitoring.

The majority of relatives commented positively on the abilities of the care team and felt that they were skilled, knowledgeable, competent and well trained. One relative did not share this view however, and said that from their perspective, they felt that some staff required additional training in how to approach individuals living with

dementia. The views of a health professional who visits the home on a regular basis was that, the “senior care staff are very knowledgeable and professional and the Manager is a good teacher and gets what is needed for the residents”.

The staff team described an open, learning culture in the home and said that they were supported to perform their respective roles.



## **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.



Jersey Care Commission  
1<sup>st</sup> Floor, Capital House  
8 Church Street  
Jersey JE2 3NN

Tel: 01534 445801

Website: [www.carecommission.je](http://www.carecommission.je)

Enquiries: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)