



**Jersey Care
Commission**

INSPECTION REPORT

L'Hermitage Care Home

Care Home Service

**La Route de Beaumont
St Peter
JE3 7HH**

17 and 23 August 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 L'Hermitage Care Home. The service is situated in the parish of St Peter and is near to the Provider's other home, Beaumont Villa. The home is a two-storey purpose-built premise and is situated within the grounds of L'Hermitage Gardens Retirement Village.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, nursing care Category of care: Adult 60+ Maximum number of care receivers: 42 Maximum number in receipt of personal care: 16 maximum number in receipt of nursing care: 26 Age range of care receivers: 60 years and above Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1 – 42, one person.

	<u>Discretionary</u> None
Dates of Inspection	17 and 23 August 2022
Times of Inspection	07:55 – 15:40, 14:00 – 17:10
Type of Inspection	Unannounced and announced
Number of areas for improvement	Three
Number of care receivers accommodated on the day of the inspection	36

Caring Homes Healthcare Group Ltd operates L'Hermitage Care Home and the Registered Manager is David Taylor.

An updated copy of the service's Statement of Purpose was submitted following the last inspection in November 2021.

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 Regulation Officer undertook a tour of the premises as part of the inspection; the home was clean and free from clutter, but the home and furnishings were observed to be in need of general refurbishment. Refurbishment of the home was mentioned at the last inspection in November 2021 and there was an assurance that this would be undertaken in 2022. Therefore, this will be an area for improvement and is highlighted further under the heading of 'safety'.

This inspection also included a review of the home's fire procedures and checks; this is discussed further under the heading of 'safety'. The date of the last recorded fire drill for staff was in November 2021. This does not meet the requirements of every six months for day staff and every three months for night staff and this is an area for improvement.

Care plans are currently in hard copy and stored in folders. The home is currently in the process of transferring across to an electronic care plan system called Patient Care System (PCS). A random sample of four care plans were reviewed as part of the inspection process, the plans were slightly difficult to navigate due to the sheer volume of information but contained all relevant information.

Feedback from care receivers was generally positive concerning both the home itself and the care that they received. However, there was feedback from multiple sources concerning staffing shortages within the home and that these shortages were at times affecting care delivery. This is an area for improvement and is discussed further under the heading of 'care and support'.

There was evidence of safe recruitment practices in place and ongoing access to training, supervision and appraisal. There was also a clear induction process for both agency and permanent staff.

INSPECTION PROCESS

The first inspection visit was unannounced on 17 August 2022 and was completed with an announced second visit on the 23 August 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**

¹ 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 of the information held by the Commission about this service was reviewed, including the previous inspection report, correspondence, and notifications to the Commission.

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 established contact with five care receivers and four relatives. The contact with care receivers was face-to-face on the day of the first inspection visit and contact with the relatives was made by phone. The Regulation Officer also spoke with eight members of staff in addition to the Regional Manager, Deputy Manager and the Registered Manager.

The views of two health professionals were also sought as part of the inspection process. One health professional had provided feedback at the time of writing the report.

A poster providing contact details of how to contact the Regulation Officer was left in the home for reference by care receivers, visitors and staff encouraging them to contact the Commission to provide any feedback as part of the inspection process.

During the inspection, records including policies, care records, staff personnel files and duty rotas were examined. The inspection included a tour of the premises including both the communal areas outside and within the home. The Regulation Officer was also able to spend time talking with care receivers in their own rooms and observing staff at the handover and the morning meeting.

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. Where areas for improvement have been identified, these are described in the report and an improvement plan is attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, no areas for improvement were identified that required any follow up on this visit.

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 arrival to the home, staff were observed in the communal areas without a surgical mask and during staff handover. The Regulation Officer was able to observe staff handover at 8am for the Registered Nurses (RGNs).

Shortly after arrival, the Registered Manager explained to the Regulation Officer a recent change to company policy that directed if the air temperature went above twenty-five degrees (staff were undertaking daily temperature checks), that staff were not required to wear facemasks unless delivering personal care and/or were in close contact with care receivers. The Regulation Officer was asked to wear a mask whilst chatting with care receivers in their bedrooms. This would also apply to visitors chatting to residents in their rooms.

There was evidence of safe recruitment practices within the home from a discussion with the management team, a review of four staff personnel files and the Recruitment and Selection Policy (2019).

The Deputy Manager discussed that all the home's policies were online except for the Fire and the Recruitment and Selection policies. The Regulation Officer reviewed the Infection Control Policy and the Recruitment and Selection policies as part of the inspection process. The Infection Control Policy was under review at the time of the inspection but did include local government (Jersey) guidance.

The Regulation Officer undertook a tour of the premises; the home and furnishings were observed to be in need of general refurbishment. The carpets in particular were showing wear and tear and the patio doors to the rear of the ground floor dining room were in need of repair, as was a window on the first floor. This refurbishment had been planned for 2022; it was discussed with the Regional Manager and the Registered Manager at this inspection. This will be an area for improvement and specific attention needs to be given to drafting a schedule of works for the decoration, replacement of carpets and any repairs that need to be done.

Monthly reports are generated by the Regional Manager who visits monthly to undertake these. A sample of the three most recent reports were given to the Regulation Officer for review as part of the inspection process. The reports were found to generate actions and to provide an overview of care provided.

The inspection also included a review of the home's fire procedures and checks. The Regulation Officer was able to speak briefly with the maintenance person for the home. There was evidence of regular checks within the home to protect the safety of care receivers and staff, with the exception of fire drills. A review of the fire log identified that there had been no fire drills undertaken for staff since November 2021. This does not meet the Jersey Fire and Rescue requirements and is an area for improvement with immediate effect. The Jersey Fire and Rescue Fire Precautions Log book has a requirement of fire drills every six months for day staff and every three months for night staff.

Medications were stored securely within the home; the Regulation Officer undertook a brief overview of medication administration and storage within the home. Controlled drugs (CDs) are stored securely in a locked cupboard within another locked cupboard and a random check of two controlled drug medications confirmed that the running total in the controlled drug register tallied with the medication. A review of the drug trolley containing the medications for the care receivers in the top floor of the home evidenced appropriate storage of medications by room number. The Regulation Officer reviewed the Medication Administration Record (MAR) charts for the top floor residents, these were reviewed in isolation not in conjunction with the medications.

The MAR charts were generally up to date with appropriate signatures and contained appropriate additional information such as blood sugar monitoring sheets. The medication trolleys were stored securely within the home and there was appropriate storage of sharps containers in keeping with the Standards and the community infection control policy.

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.

The Regulation Officer attended the Registered Nurse handover at 8am for the ground floor of the home on the day of the first inspection visit. The care workers (HCAs) have a separate handover. The handover was a brief overview of any changes that had occurred overnight with the care needs of the care receivers.

As part of the inspection process, the Deputy Manager completed a care needs analysis, which explored the levels and types of dependency present within the home. This questionnaire highlighted the high levels of support required by the majority of care receivers within the home, in particular in relation to mobility and nursing care needs.

This was reviewed in conjunction with staffing rotas for the home, the Regulation Officer was provided with four weeks of duty rota. The duty rota provided evidence of staffing levels that were below the desired staffing levels in the service's Statement of Purpose and on occasion below the desired minimum staffing levels in the Standards. The service's Statement of Purpose details staffing levels as five care workers and one RGN per floor of the home in the morning and four care workers and one RGN in the afternoon. Also, the Statement of Purpose indicates that there will be four to five care workers and one RGN per night.

Standard 3.9 clearly states that *'the Registered Person will ensure that the care service is staffed at all times at or above the minimum level specified in the Statement of Purpose and in accordance with minimum staffing levels detailed in Appendix 5'*. This would mean a minimum of six care workers and two RGNs during the day and a minimum of three care workers and one RGN at night.

Staffing was discussed with the Registered Manager at the end of the inspection visits and the Registered Manager discussed the decision to close to admissions to the home to try to reduce pressure on staff. There were six empty beds at the time of both inspection visits. The Registered Manager discussed the difficulties in staff recruitment and retention that are reflected elsewhere in the care sector in Jersey currently and an increased dependency on agency staff. There is also a limit to the number of agency staff that can be employed at any one time because of limited staff accommodation. The home benefits from a small amount of staff accommodation within the grounds. There had been a staff meeting the evening prior to the first inspection visit to discuss the staffing issues and look at ways of tackling them. The Registered Manager also discussed a recent pay review and increase for non-qualified staff. It is recognised that there were some vacancies in the home and the Registered Manager confirmed, during the inspection process, that the home's occupancy levels would remain below the maximum until the staffing complement is increased. The Registered Manager was conducting an interview on the afternoon of the first inspection visit.

However, the Regulation Officer received feedback from multiple sources during the inspection process of staffing shortages having an impact on the care needs of some care receivers. Examples of this included that, on occasions, there were insufficient staff to hoist care receivers out of bed and that personal care needs were not being attended because of insufficient time / staffing, for example hair washing and ensuring adequate hydration. A concern of this nature had also been reported to the Commission prior to the inspection visit. There was no evidence of this on the days of the inspection visits but on the first visit, the response time to answer call bells was noted to be prolonged at times.

There was evidence of staffing levels having fallen short of the minimum Standards and outside of the Statement of Purpose on the following dates;

Date	Time	Number of staff
16 July 2022	07:45 – 19:45	1 RGN and 7 care workers.
20 July 2022	17:36 – 19:45	1 RGN and 9 care workers.
23 July 2022	19:45 – 07:45	1 RGN and 2 care workers.
29 July 2022	19:45 – 07:45	1 RGN and 2 care workers.
8 August 2022	09:00 – 19:45	2 RGNs and 5 care workers.
9 August 2022	07:45 – 19:45	2 RGNs and 5 care workers.
10 August 2022	23:00 – 07:45	1 RGN and 2 care workers.
11 August 2022	07:45 – 19:45	2 RGNs and 5 care workers.

The Commission accepts that staffing challenges exist throughout the care sector, and it was positive to note the measures that the management team had in place to respond to these challenges. However, it was apparent that on occasions, staffing levels had not been sufficient to ensure that all care needs could be consistently met within a timeframe that is tolerable. The Registered Provider and the Registered Manager have a responsibility to ensure that the home is adequately staffed at all times in accordance with the Standards. In addition, that the Commission must be notified of any persistent difficulties associated with staffing, particularly where these begin to compromise the provision of care. It was discussed with the Registered Manager that the Commission had not been notified of these recent staffing challenges.

This is an area for improvement, and it is an additional expectation that a staffing strategy be developed to detail the plans, which the service has in place to demonstrate that the number and skill mix of staff meets the Standards. This must correspond with the current needs of care receivers, and the size and layout of the home.

Despite the concerns relating to staffing, it is important to note that feedback from care receivers was generally positive. The following are examples of what was directly reported:

'I enjoy going to the dining room for lunch where I can chat with other residents'

'I like the home and the staff, staff will come when I ring my bell'

'I enjoy the activities, especially the bingo'

'I am able to get up when I want and enjoy sitting up late watching television'

One relative commented:

'xxxxxx is improving since moving into the home, the assessment process and transition into the home was fab'

The majority of relatives commented on the staffing shortages within the home. Although they were generally happy with the staff and the care provided, there were examples of care needs not being attended to on occasions due to staffing shortages. There was also feedback that communication between the home and relatives could be improved upon and that the Registered Manager was not sufficiently visible within the home to residents and/or relatives. This feedback was discussed with the Registered Manager at the end of the inspection, and it was acknowledged that this was probably due to time constraints and other responsibilities.

There was feedback from a number of care receivers and relatives that the food within the home could be improved. Feedback included lack of choice, food frequently being returned to the kitchen and 'hard vegetables'. This feedback was also shared with the Registered Manager.

A sample of four care plans were reviewed as part of the inspection process. The home is currently in the process of moving across to an electronic system entitled Patient Care System (PCS). This new system was being trialled at the time of the inspection. The Deputy Manager was able to show this system to the Regulation Officer on her phone and commented positively that it could be seen if something is missed. All of the hard copy care plans are in the process of being transferred across. The Regulation Officer discussed if this would be an opportunity to reduce some of the content of the plans, but the Registered Manager confirmed that due to internal paperwork and the requirements of the Standards that all of the current paperwork would be required to be transferred across.

The plans were found to be detailed with evidence of regular monthly review. The plans also contained pre-admission assessments that are completed with care receivers prior to admission to the home. There was also evidence of appropriate risk assessments, for example a falls risk assessment and records of any visits by health professionals. It was also positive to note that the Regulation Officer was able to triangulate incident notifications to the Commission with what was recorded in a particular care receiver's plan. Feedback from a visiting health professional on the day of the first inspection visit was positive concerning communication with staff and that care receivers appeared to have appropriate equipment in place such as floor sensors for those at risk of falls.

The Regulation Officer was able to talk with one of the team of three activity coordinators employed by the home. They described the activities as being 'resident led' with some repetition of activities on certain days, for example bingo every Thursday.

Unfortunately, outings in the minibus were not happening at the time of the inspection, due to staff shortages; if an activity co-ordinator is driving the minibus then an additional staff member is required to provide support within the bus. A few of the residents spoke of their enjoyment of the activities within the home.

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.

Staff training is recorded on a training matrix, which is on display in the staff room on the ground floor and is stored electronically. The Regional Manager's report for August 2022 reported the training percentages as 84% for mandatory training and 67% for home specific. The Deputy Manager advised the Regulation Officer that there are plans in place for provider's training team to visit and support with training needs in August and September 2022.

Where gaps or failures to complete any mandatory training are noted, these are escalated to the Registered Manager, and which may be picked up by the monthly independent quality report that is undertaken. Examples of service specific training that is provided is the provider's dementia specific training entitled 'This is my world' and clinical skills training for the registered nurses.

Senior care workers qualified at Regulation Qualifications Framework (RQF) Level 3 and the registered nurses administer medications within the home. Care workers without an RQF Level 3 are not involved in medication administration. Staff have five supervised medication rounds before being signed off as competent and their competency is reviewed every six months.

The Deputy Manager explained to the Regulation Officer that the registered nurses for their team carry out supervision three to four times a year. There are also midway and annual appraisals for each staff member. There is a clear induction process for both permanent and agency staff.

A member of agency staff spoke positively of the induction process that they had received within the home compared with other homes in the UK. Another bank member of staff described to the Regulation Officer the training and shadow shifts that had been part of their induction.

A number of the staff discussed the staff shortages and increased staff turnover within the home, one staff member reported that this meant that there were less care workers (HCAs) generally, but also less experienced/senior care workers within the team. This has meant that staff were becoming tired; this was highlighted in the Regional Manager's report for August. One member of staff also commented that care was being prioritised over everything else at present, for example paperwork and supervision/appraisals.

Despite this, the majority of staff spoke positively of the staff teams within the home and of being well supported by the Deputy Manager and Registered Manager. One staff member spoke of their enjoyment of the job and the humour that they shared with care receivers on a day-to-day basis.

There are regular staff surveys, the last one was completed in April 2022 and at the time of writing this report, and the Regional Manager was still awaiting the outcome.

IMPROVEMENT PLAN

There were three 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 12.3</p> <p>To be completed by: with immediate effect.</p>	<p>The Registered Provider must ensure that regular fire drills are carried out with all staff in accordance with the statutory regulations and requirements set by the States of Jersey Fire and Rescue Service</p> <hr/> <p>Response by registered provider:</p> <p>Fire drills are now conducted in line with both statutory regulation and with advice from JFRS.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 7.1</p> <p>To be completed by: within six months of inspection date.</p>	<p>The Registered Provider must ensure that the accommodation is well maintained and decorated. 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 decorating, replacement of carpets and repair or replacement of the window and patio doors. <hr/> <p>Response by registered provider:</p> <p>The patio door is now repaired. There is an ongoing programme of painting, decorating and the replacement of soft furnishings.</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 3.9, Appendix 5 (Care Home Standards)</p> <p>To be completed by: with immediate effect.</p>	<p>The Registered Provider must ensure that the home is staffed at all times in accordance with minimum staffing levels detailed in the Standards and Statement of Purpose. The Commission should be notified of any ongoing staffing shortages/ concerns.</p> <hr/> <p>Response by registered provider:</p> <p>The Commission will be aware of the staffing pressures upon all care providers. The home currently has 456 vacant care hours. Pay rates have been increased in 2022 and will be reviewed again.</p>

	<p>We are seeking a meeting with the Jersey government to discuss greater flexibility to bring new workers to the island.</p> <p>Care assistant agency is used, where available, but there is not always sufficient capacity to fill all rota shortfalls.</p> <p>It is the company's view that safe care is delivered at all times. The home will only admit new residents if it is safe to do so.</p> <p>The home will advise the commission of shifts where minimum staffing levels cannot be achieved.</p>
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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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