



**Jersey Care
Commission**

INSPECTION REPORT

L'Hermitage Care Home

Care Home Service

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

29 January 2023

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 the Provider's other home, Beaumont Villa. The home is a two-storey purpose-built premise and is located 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

Date of Inspection	29 January 2023
Times of Inspection	18:50 – 21:35
Type of Inspection	Unannounced
Number of areas for improvement	Seven
Number of care receivers accommodated on the day of the inspection	32

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

Since the last inspection on 17 and 23 August 2022, the Commission was notified in November 2022 of a formal complaint that had been raised with both the Registered Manager and the Registered Provider (Caring Homes Healthcare Group Ltd in November 2022) from whom the complainant had received no response. Despite following the complaints process, the complaint was not resolved until the Commission took up the complaint on behalf of the complainant in December 2022.

On 29 December 2022, the Commission was informed by email of problems with the hot water supply at the home. On 30 December 2022, a notification was sent to inform the Commission that the lift to the first floor was out of service. The Registered Manager advised the Commission on 29 December 2022 that care receivers whose hot water supply had been affected could either use one of the communal bathrooms or a shower in one of the vacant rooms within the home which had a hot water supply. The Registered Manager advised that the issue was not causing serious problems and that all care receivers in the home were able to access a bath or shower. The Commission was given assurance that the parts had been ordered to resolve the problem, and there was a predicted timeline for completion of the work of four weeks, meaning the end of January 2023.

The Commission subsequently received two concerns in January 2023 about limited or no hot water supply and poor staffing levels at night in the home. As a result, an unannounced, focused inspection took place on 29 January 2023 to review these concerns.

After the inspection, on 8 February 2023, the Provider was sent a proposal letter to impose registration conditions. This was to suspend admissions to the home until the Commission was satisfied that concerns had been addressed.

The service's Statement of Purpose was reviewed as part of the inspection process. It was out of date regarding the number of nursing care beds / personal support beds within the home and staffing levels within the home. This is an area for improvement.

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 Officers noted that the home still showed signs of wear and tear, and it was difficult to see which areas had been refurbished since the previous inspection. The Provider's response to the last inspection report indicated that there was a schedule of works for painting and decorating, replacement of carpets. However, at the time of the inspection, no progress had been made. Therefore, this remains an area for improvement. In addition to this, the Regulation Officers noted several maintenance issues during the inspection. These are listed further under the heading of 'management of the service.'

The first floor lift had recently been non-operational for at least one month, leaving nineteen care receivers unable to use any of the communal areas on the ground floor or have access to the external areas of the home or wider community / activities. This is the second time within eight to nine months that the lift has been broken. The Registered Manager had indicated in email correspondence with the Commission on 3 January 2023 that a stair lift was being considered. It is an area for improvement that an alternative provision for access to the first floor is installed to meet Standard 7 (Appendix 10, 9).

The Regional Manager undertakes a monthly quality assurance report on behalf of the Provider, the Regulation Officer was provided with copies of the report for October, December 2022, and January 2023. The matter of the hot water supply problem was identified in the December 2022 monthly report, and the author commented that there might be complaints from relatives concerning this. However, there was no mention of any urgent actions and or risk assessments or the other maintenance issues within the home. It was evidenced by feedback from care receivers at inspection as to the impact that the fluctuating hot water supply was having on the comfort and their quality of life. Furthermore, that an alternative solution or second opinion to the hot water supply problems should have been sought earlier from either the Registered Manager and / or the Provider. Therefore, the management and oversight of the service is an area of improvement (Standard 12). A lack of a consistent hot water supply within the home (for all care receivers) is also an area for improvement with immediate effect. Following the inspection, the Commission imposed a discretionary condition to suspend admissions to the home until this was resolved.

Feedback from care receivers regarding the care they received was generally good and most care receivers spoke highly of the care staff. However, most care receivers and staff commented on staffing shortages within the home. Staff commented how this was at times affecting care delivery especially in relation to care receivers who required two members of staff for settling / repositioning. Staffing is an area for improvement and is highlighted further under the heading of 'choice and safety'.

At the time of the inspection, it was apparent that the ability of care receivers to have all their personal care needs met consistently within the home was being compromised on account of the inconsistent access to hot water. The communal bathroom downstairs, which might otherwise have been used to meet such needs, was not accessible as it was full of equipment and was being used as a storage room. The service was advised to reinstate the bathroom with immediate effect. This is an area for improvement.

As highlighted under the heading of inspection findings, an up to date Statement of Purpose is also an area for improvement.

INSPECTION PROCESS

This inspection was unannounced and was completed on 29 January 2023 by two Regulation Officers. The timing of the inspection at 18:50 was to facilitate a review of staffing at night and gather feedback from both care receivers and staff, at a time when staff changeover would be happening. The Registered Manager was not present at the time of the visit and feedback was provided to the Registered Manager in person following completion of the inspection process.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Management of the service**
- **Care and support**
- **Choice and safety**

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

The Regulation Officers sought the views of the people who use the service and spoke with staff.

The Regulation Officers established contact with seven care receivers and six staff members, this contact was face to face at the time of the inspection visit.

During the inspection, the Regulation Officers conducted a brief tour of the premises. As this was a focused inspection, the Regulation Officers reviewed both the communal bathrooms and the ensuite facilities of care receivers with respect to ease of accessibility and hot water supply.

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

The Regulation Officers checked the hot water temperature in seven care receivers' bathrooms and the communal bathroom on the first floor.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Nurse (RN) in charge at the time of the inspection.

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, three areas for improvement were identified and an improvement plan was submitted to the Commission by the Registered Provider setting out how these areas would be addressed.

The improvement plan was reviewed during this inspection, and insufficient progress had been made to address one of the areas for improvement. Specifically, the Registered Provider had not met the Standards in relation to commencing a scheduled plan of refurbishment of the home. This will remain an area for improvement and kept under review by the Commission. At the time of writing this inspection report, a brief outline of a schedule of works had been submitted to the Commission with a timeline for completion of work by the end of May 2023.

There had been a further area for improvement in meeting minimum staffing requirements. A sample of staffing rotas examined during the inspection process showed that generally the minimum staffing levels meet the minimum Standards in respect of nurses and care staff. However, this was not reflected in the feedback that the Regulation Officers received from the majority of staff and some care receivers, who commented that they felt the staffing levels were not appropriate to meet the needs of all care receivers.

Staff commented about the care needs of care receivers (such as end of life care) and care receivers with a diagnosis of dementia / cognitive decline. Also, of the need for staff to work in pairs, for example for turning care receivers at night. Qualified nursing staff (RN's) also had to work as health care assistants (HCA's), which took them away from doing medications or other tasks required to be carried out by qualified staff. The home's staffing levels are not in accordance with its Statement of Purpose. This will remain an area for improvement and is highlighted further under the heading of 'safety'.

Management of the service

The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size and complexity of the service.

The Registered Manager and the Deputy Manager lead the staff team at the care home; an organisational management structure is also in place, so that the Regional Manager and the Provider provide support to the Registered Manager and maintain oversight of service delivery.

On 29 December 2022, the Commission received an email from the Registered Manager advising of problems with the hot water supply in the home, although feedback from the inspection process confirmed problems had been recorded since at least mid-December. At that time, the Commission was advised that all care receivers could access hot water for hygiene needs through communal bathrooms or showers in vacant rooms that did have hot water.

The timeline was given of three weeks for ordering parts and one week to fit these parts, which meant completion of the work to resolve these problems would be by the end of January 2023.

The ground floor bathroom opposite bedroom one was checked during the inspection (the only communal facility on the ground floor), which was packed with two shredding dustbins, a zimmer frame, a standing hoist, a mobile hoist, a commode, a portable single bed and other equipment which was placed directly

around the bath and the shower area. It was not realistic to consider that this bathroom was functional or operational, as it was clearly a storage facility. One staff member commented that it had 'probably been like that for about a year'. This contradicted the information in the correspondence to the Commission that care receivers had access to communal bathroom facilities. This is an area for improvement with immediate effect to reinstate the bathroom, and the Commission was advised that the bathroom had been cleared in the days immediately following the inspection.

It is noted that by the time the inspection was carried out on 29 January 2023, the care receivers within the home had been living with a fluctuating water supply for at least six weeks and possibly longer. Care receivers clearly described to the Regulation Officers the impact this was having on their comfort and quality of life, and which is highlighted further under the heading of 'care and support'. It is disappointing to note that although the hot water supply problems were highlighted in the quality assurance monthly reports for December 2022 and January 2023, there did not appear to be clear actions in relation to escalating these concerns and seeking a second opinion / alternative facilities team to rectify the problems. It appears to be the case that this option was only explored after it was raised by both the Commission and then by the Environmental Health Inspectors who visited the home on 2 February 2023 following a referral from the Commission. This an area for improvement with immediate effect.

The findings from the environmental health inspectors also confirmed that appropriate checks were being carried out on the water within the home to ensure that there was no greater risk of legionella due to the hot water supply problems.

There was evidence that oversight of some practices and environmental issues within the home were inadequate. For example, several general maintenance issues within the home were unsafe and had not been fixed within a reasonable timeframe. In addition, the care staff were transporting hot water boiled from a kettle to provide personal hygiene to care receivers without an adequate risk assessment being in place. This posed a risk to both staff and care receivers. When asked about this practice immediately after the inspection, the Registered Manager stated that it was

not happening, although the Regulation Officers were advised by the majority of staff and care receivers that it was routine practice.

There was also feedback from care receivers about the lack of visibility and availability of the Registered Manager within the home. Therefore, the management of the service will be an area of improvement in relation to Standard 12.

Examples of environmental issues are listed below:

- missing lightbulb in bedroom 40
- alleged broken heater in bedroom 40
- hole in the plaster for the hoist charging unit in bedroom 40
- Lift had been out of order for a period of four weeks, which had a demonstrable negative impact on the residents on the first floor. Staff had to carry hot food upstairs and visitors also had to use the stairs. This is highlighted further under the heading of 'choice and safety'.
- One resident's raised toilet seat had broken and been temporarily repaired with tape, which she found to be uncomfortable and represented a risk of infection / skin damage. There were also issues with water collecting in the rubber surround underneath one of the legs of the toilet seat raiser. This was an additional infection control risk.
- Shower head broken in one of the ensuite bathrooms.

The Regulation Officers were advised that there were two maintenance persons employed within the home; therefore, it is unclear why these issues were not being addressed in a timely manner. In addition, it was noted that these issues had not been highlighted in the quality monthly reporting, (the home had been signed off as 'clean and well maintained' in the reports for October and December 2022, and the November report had not been carried out). One care receiver commented to the Regulation Officers, 'they never mend anything here'.

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.

It was positive to note that feedback about the care provided within the home was generally good. One care receiver commented, 'the staff are good at looking after you, they pamper you', and another stated, 'I love it, the staff are nice'.

However, the negative impact of the fluctuating hot water supply on the comfort of care receivers and their resulting quality of life was clearly articulated to the Regulation Officers. Below are examples of what was directly reported to the Regulation Officers:

'The hot water has been off for weeks'.

"We're getting cold water on and off. Cannot have a shower like normal. It is not good when you want a hair wash, sometimes you just have to let it go. It's not the same having a bowl, it's not like it's the whole week but you're not always guaranteed hot water".

"Being given hot water in a jug is antiquated".

"The hot water has been dreadful, started at the beginning of December. They've got to replace the pipes and it's a long job. It's consistently like that and they've tried to repair it. I've had a shower early morning but then it's consistently cold later in the day. I had to be washed and cleaned up after I used the toilet and (staff member) had to wash me with freezing water after the toilet. It's like the Occupation".

"Had a warm shower this morning, but the temperature is hit and miss and it's been like that for a few weeks".

'The water situation is terrible, having a shower in cold water'.

Staff also described an inconsistency in the supply of hot water and said that there were maintenance men in the building trying to establish how to rectify the problem. They said they sometimes had to rely on taking boiled water from the kitchen to offer residents a bowl of hot water for washing. One staff member confirmed to the Regulation Officers how they were testing the temperature of the water but that it was unclear whether there was a risk assessment in place regarding transporting the boiled water within the home. The Regulation Officers checked the communal bathroom on the first floor, which was found to be accessible, and the taps confirmed hot water was available. The Regulation Officers also checked the hot water supply in each ensuite bathroom of the care receivers with whom they spoke. The majority of ensuite bathrooms had a hot water supply on the evening of the inspection, although in Room 15 the water supply was found to be lukewarm. However, staff and residents confirmed that the main problems were in the morning when there was the biggest demand for the hot water.

The care receivers also commented to the Regulation Officers about the negative impact that the lift being out of commission for around one month had on themselves, and their families. One care receiver commented about missing being able to get out with their family. Another spoke of having missed an important family occasion; how they had purchased a new outfit for the occasion and had ultimately been unable to go.

A further comment was made regarding the additional work this meant for staff having to carry meals up and down stairs and of increased difficulty for visiting relatives who might wish to use the lift. As it is the second time within 8-9 months that the lift has broken, (although it had been repaired at the time of inspection), an alternative future provision will be an area for improvement.

Staff also demonstrated the new electronic care plans to the Regulation Officers at handover time. At the time of the last inspection, the electronic plans were just being introduced. One staff member demonstrated how easy it was to use / navigate the new plans.

Choice and safety

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. People will be supported, enabled and empowered to be as independent and autonomous as practicable. People's rights will be supported and protected.

On arrival at the home, the main entrance to the home was open. The Regulation Officers walked into the reception area, signed the visitors' book and after walking around the ground floor unit and into the communal lounge, they could not find any staff to speak with. It is estimated that the Regulation Officers would have been in the home for around five minutes before finding staff members (who had been in a care receiver's bedroom). After this, the Regulation Officers introduced themselves and asked to speak with Nurse in Charge. The Regulation Officer discussed in feedback with the Registered Manager that the security of the home requires further review / consideration.

The unannounced, focused inspection was undertaken in the evening, commencing just before 19:00. It was explained to staff on arrival at the home that the Regulation Officers were following up on concerns that had been brought to the Commission's attention, which related to staffing levels and the hot water supply. One staff member said that 'staffing was short at times and they struggled for staff mostly on nights'. The staff explained that the home was closed to admissions, the last admission was on 11.1.23, and the one before was on 14.12.22.

Staff commented that the Registered Manager had tried to recruit staff by offering an enhanced pay rate but still struggled with recruitment. Another member of staff said that 'lots of residents need two staff for repositioning, handling, and that one person was in receipt of end of life care' and therefore required significant input relating to support and intervention. They discussed that it was difficult to do much of the work alone and that they often had to wait for Registered Nurse (RN) to finish the medication round to get help with providing care. Care receivers also commented to the Regulation Officer that 'the home was always short of staff'.

On the night of the inspection, there were two RN's and three HCA's on duty. It was noted that the handover is conducted on each floor and is separate between RN's

and Healthcare assistants (HCA). The outgoing HCA's hand over to incoming HCA's and the same applies for RN's. The rationale for this is unclear and may need further consideration. It was also unclear from the duty rota whether there is an allocated / protected handover period within the shift pattern.

The duty rota was reviewed for December 2022 and January to the end of February 2023. There had been recruitment of three RN's since the last inspection.

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 that there must be a minimum of six care workers and two RNs during the day and a minimum of three care workers and one RN at night. However, this is a minimum requirement and the Standards state that, 'higher levels of staffing will be expected in certain areas'. Higher staffing levels may be required depending on the care needs of care receivers. There was evidence of high dependency in terms of moving and handling and the cognition of care receivers. There was also evidence from a review of the rotas and staff feedback of several occasions where two Registered Nurses (RN) and two care workers were on shift overnight.

This would mean that there would be only one carer per floor of the home and would necessitate the RN working as a care worker and an RN to provide care.

There were also three occasions on the duty rota for February where one RN and two carers were on duty, which fell below the minimum requirements. Therefore, staffing will remain an area for improvement.

IMPROVEMENT PLAN

There were seven 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 7 Appendix 10 (32) (Care Home Standards)</p> <p>To be completed by: with immediate effect</p>	<p>The Registered Provider must ensure that care receivers have access to assisted toilet and washing facilities. The ground floor assisted bathroom (which was being used as a storage area), must be reinstated immediately.</p>
	<p>Response of Registered Provider:</p> <p>The assisted toilet and washing facilities on the ground floor were brought back into commission by 10 February 2023 and remain in use and accessible.</p>

<p>Area for Improvement 2</p> <p>Ref: Regulation 18, (3), (e)</p> <p>To be completed by: with immediate effect</p>	<p>The Registered Provider must ensure that care receivers have adequate access to a hot water supply in their own rooms.</p> <p>The Commission will keep a resolution of the hot water supply problems under review, with weekly updates from the provider.</p>
	<p>Response of Registered Provider:</p> <p>Aria Care was assured that our hot water supply had been restored on the 10th March 2023 to all bedrooms. On the 16th March 2023, after running the system without incident for a week, Aria Care informed the JCC of our confidence that the hot water supply concern had been permanently addressed, however, we continue to monitor daily at present to ensure un-interrupt hot water is available in all bedrooms.</p> <p>Many issues regarding water supply related to a misdiagnosis of issues by the previous operator's plumbing and heating contractor. A different contractor is now supporting the home.</p>

<p>Area for Improvement 3</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 refurbishment of the home and any outstanding general maintenance issues.</p> <ul style="list-style-type: none"> • A schedule of works to be submitted to the Commission immediately after inspection.
	<p>Response by registered provider:</p> <p>Aria Healthcare has operated the home since 1 December 2022 and it is our intention to invest in the home. A refurbishment plan was shared with the Commission on 17 February 2023. It is expected that all works will be completed no later than 31 May 2023.</p>

<p>Area for Improvement 4</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 in accordance with the care needs / dependency levels of care receivers.</p>
	<p>Response by registered provider:</p> <p>99.3% of all rostered nursing and care shifts were worked in February, 389/392 rostered shifts. Shifts not worked were due to very late notice sickness. At 21 March, the home is fully compliant re care staffing in March 2023.</p> <p>All care home operators in Jersey face staffing challenges. However, we continue to take a proactive stance to support compliance.</p> <p>Care assistant pay will increase by 9.1% on 1 April 2023 and we have secured the exclusive services of three full time agency Care Assistants.</p>

<p>Area for Improvement 5</p> <p>Ref: Standard 1</p>	<p>The Statement of Purpose must be regularly reviewed and updated.</p> <p>The Commission must be provided with an updated copy.</p>
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To be completed by: within 3 months from the date of inspection (29 April 2023).	Response by registered provider: The Statement of Purpose was updated and sent to the Commission on 13 March 2023.
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Area for Improvement 6 Ref: Appendix 10 (9) Care Home Standards	In the event that the lift is non-operational, the Registered Provider must ensure that there is provision in place to prevent care receivers' liberty from being in any way restricted or compromised.
To be completed by: within 6 months from the date of inspection (29 July 2023).	Response by registered provider: We are in the process of purchasing a stair climbing machine which will support care receivers in the event of any lift malfunction. We have also obtained, what we believe to be, essential spare parts from KONE, the lift manufacturer. These should support more timely repairs in future.

Area for Improvement 7 Ref: Regulation 5 (2)	The Registered Manager must lead and manage the regulated activity in a way that is consistent with the Statement of Purpose.
To be completed by: with immediate effect.	Response by registered provider: Aria Care and the Registered Manager accept that some recent performance, within the home were not fully aligned with the role specific commitment set out within the Statement of Purpose. In a meeting with the JCC the reasons for some of the failings in producing records of activities were explained, but included significant factors like the focus on recruitment & retention of colleagues working in Jersey, the management of the and the environmental challenge, caused by the hot water challenge. We have committed to improving this aspect of our approach and delivery of services/management in accordance with our statement of purpose commitments.

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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