



**Jersey Care
Commission**

INSPECTION REPORT

La Haule

Care Home Service

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

24, 30 March and 3 April 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 on the inspection of La Haule Care Home. It is situated off a quiet road in St Brelade, a short drive from the beachfront 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 are 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, including lounges, dining areas and seating areas along the corridors. The majority of single bedrooms have en suite facilities. The Registered Provider plans to install a passenger lift and upgrade several bedrooms to be equipped with en suite facilities.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: Personal care and personal support Category of care: Dementia care

	<p>Maximum number of care receivers: 58</p> <p>Age range of care receivers: 60 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>Nightingale 2-32 One person Kingfisher 1-12 One person Kestrel 2-18 One person</p> <p><u>Discretionary</u></p> <p>Bedroom numbers 3, 4 and 5 in Kestrel unit must have ensuite toilet and wash hand basins provided by 1 October 2023.</p> <p>Bedroom numbers 1, 2, 6, 7 and 9 in Kingfisher unit must meet the minimum 12m² space standard by 1 October 2023.</p> <p>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>
Dates of Inspection	25, 30 March and 3 April 2023
Times of Inspection	1pm – 4pm 1pm – 6pm 7.20pm – 9pm
Type of Inspection	Unannounced on 25 March Unannounced on 30 March Announced on 3 April
Number of areas for improvement	One
Number of care receivers accommodated on the day of the inspection	43 (2 care receivers in hospital totalling 41 during the inspection)

Silver Springs Limited operates the Care Home. Since the last inspection, which was completed on September 5, 2021, the Commission received notification of the absence of the Registered Manager in February 2023. This notification included details of the Registered Provider's arrangements to ensure the service had a suitable interim management plan. A permanent manager has been appointed, and an application to become the Registered Manager is expected to be submitted to the Commission in the coming weeks.

The discretionary condition on the service's registration was discussed with the Interim Manager, who provided an update on the plans and progress made with the planning and facilitation of such works since the previous inspection.

An updated copy of the service's Statement of Purpose was received. This was submitted following a change in the home's management.

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.

Relatives described the home provided a homely, warm atmosphere and that they had built positive relationships with the staff team. Families said the communication on behalf of the home was excellent, and that made them feel well-informed, reassured, and confident about the care of their loved ones. Family members spoke confidently of the recently appointed Manager and felt confident in her abilities and of the home's level of transparency.

Care receivers' health and well-being needs were met, and the home worked effectively with external health and social care professionals to make timely access to advice and treatment evident. Personal plans were kept current and included a comprehensive level of detail about individual needs and preferences.

The Provider's management team were able to demonstrate that they have an appropriate degree of overview of the service, and that adequate governance arrangements were in place. Staff and families were confident that any concerns would be handled appropriately and escalated where necessary. The home has notified relevant agencies concerning safeguarding concerns that had been identified.

The staffing levels meet the minimum Standards according to the number of care receivers living in the home. Staff recruitment remains ongoing and is an area of focus for the home. The activity programme is also to be strengthened as the home

has recognised the shortfalls in providing activities of late due to staffing challenges. A new activities coordinator has recently been appointed. The dementia training programme is also being developed and enhanced from May to include face-to-face training for staff.

There is one area for improvement resulting from this inspection, referring to the details of safeguarding training provided.

INSPECTION PROCESS

This inspection totalled three separate visits to the home at various times of the day which allowed the Regulation Officer the opportunity to observe practice and daily life in the home. The first two visits were unannounced, which meant that the home was not made aware of the inspection in advance of it taking place. The final visit was pre-arranged with the appointed manager as it took place during the evening.

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**

Before our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report. Safeguarding concerns brought to the Commission's attention, including meetings that the Regulation Officer attended and discussed with the management team, were also reviewed as part of the pre-inspection planning.

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

The Regulation Officer attempted to seek the views of care receivers living in the home. This proved challenging on account of the care receivers' needs. In order to ensure that the views of care receivers were fully considered, the Regulation Officer contacted seven relatives, who each provided feedback. Two posters were displayed in the home, advising visitors that an inspection was in progress and that feedback about the quality of care would be welcome.

The views of several health and social care professionals were also requested as part of the inspection process and two people provided a response.

The Interim Manager, the newly appointed Manager, and fifteen staff members working in a variety of roles were spoken with during the inspection.

Care records, medication administration records, staff files, training records, staffing rosters, governance reports, and minutes of relative meetings were examined during the inspection. This inspection included a walk round of the home, allowing observations in the communal areas and several bedrooms viewed.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Interim Manager and the appointed 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.

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 Provider had a clear management structure in place to identify the lines of authority and responsibility. The previous Registered Manager left their position in January 2023, and the newly appointed permanent Manager took over. The newly appointed Manager, who is a registered nurse, is responsible for the home's day-to-day management and was present during both unannounced inspection visits. The management structure includes a Deputy Manager and a team of care assistants, activity, catering, domestic and administrative staff. The Interim Manager, who is also the Provider organisation's Regional Director, has sufficient oversight of the home and ensures it is appropriately monitored.

The home was registered for 58 beds with 43 care receivers on the first day of inspection. The challenges with recruiting staff had resulted in several beds being deliberately left vacant. The bed occupancy level has deliberately been kept under maximum occupancy, which is attributed to ongoing recruitment difficulties, which have been reported widely across the care sector in general. This has resulted in the Provider not having sufficient staffing to operate at total capacity. Some gaps in staffing were identified; however, the Manager confirmed that recruitment was continuing, and a total of four care staff and an additional activity worker had recently been recruited.

An update was provided regarding the planning application that had been submitted regarding the improvements to be made in the home. The Manager described how

the work would be managed to cause the least amount of disruption for care receivers.

To date, in 2023, two relatives and care receiver meetings have been arranged and minutes confirmed good attendance. Feedback, on the whole, was positive. The minutes showed that the home had recognised that there had been an insufficiency with the provision of activities and that this would be an area of focus to be addressed.

A range of governance and quality audits and reports were made available, which found that clinical and operational audits had been completed regularly. There was evidence that regular team meetings have taken place and the minutes of these meetings were examined. The records showed weekly clinical review meetings where staff discussed various topics relating to care receivers' health conditions and showed that risks were identified and mitigated in areas such as medication management, nutrition, and hydration, fall events, and measures taken to reduce the risk of choking. A sample of minutes from the monthly clinical and care governance meetings demonstrated actions had been identified from information collected through monitoring systems such as audits to monitor the safety and appropriateness of care provided.

The management team also undertakes out of hours visits to the home to monitor standards and care practices. The Manager highlighted that as a consequence of a recent night visit, they had identified an aspect of practice that needed to be improved and confirmed that this had been addressed with the staff team.

The home's leadership and management effectively ensured that Regulations and Standards were met. The governance and oversight arrangements were adequate and ensured that care was provided in line with the Statement of Purpose.

Feedback from relatives and the Regulation Officer's experience throughout the inspection process confirmed that the home Manager maintains a daily presence in the home and knows care receivers and their needs well. Family members described seeing the Manager regularly in the home and expressed confidence in

their abilities. The Manager also conducts visits to the home out of hours as part of the approach to quality monitoring.

There was an induction programme in place which all new staff were required to complete. The induction and training records for four care staff who were recruited within the last three months were examined. A discussion with these staff confirmed their induction into the home had been friendly and positive, and they had been made to feel welcome by their colleagues. The induction programme was reviewed and discussed with staff who had recently started in their roles, which included mandatory training and other areas to support provision of care of individuals living with dementia. Staff described that training in fire safety, safeguarding, moving and handling and dementia was prioritised.

Before the inspection, the home, through its quality monitoring processes, had identified that some staff needed manual handling training and had implemented a plan to address this.

Safeguarding training provided for staff is based upon the Provider's safeguarding policy which is not specific to local procedures and based on English systems. Whilst there are no concerns associated with staff members' knowledge and understanding of safeguarding process, it is not appropriate for training or policy to be aligned to the UK. These need to become directly associated with Jersey policy and process. Accordingly, this is an area for improvement.

Dementia training is mainly provided by e-Learning, and staff were varied in their views about the value of this type of learning. Some said they favoured this learning style; others commented that they preferred interactive, face-to-face learning for group discussions. This was discussed with Manager, who had recognised that face to face learning has additional benefits. At the time that the inspection concluded, the Manager was able to provide details about the new dementia training programme to be launched in May. Staff described the importance of providing care receivers with person-centred support that respected their individual pace, routines, and choices and which fully ensured that each care receiver is considered as a unique individual.

During conversations with staff, they had a detailed understanding of practice that would be considered a restraint. They said the use of high-low beds is the least restrictive option for ensuring safety. Some family members told the Regulation Officer that they had witnessed the staff members' reactions when responding to care receivers who were experiencing distress. Their comments included the following;

"I'm really observant when I visit and I watch staff interact with different characters and see them being really respectful, calm and gentle."

"I've seen how they handle situations and distress and I've seen some really caring moments and there's real affectionate care from the carers. It's very genuine and not put on."

One health and social care professional commented on the home's ability to provide person-centred care and provided two examples where the home focused on supporting individuals based on their needs and wishes and took account of the impact of moving into care upon family members.

In addition to mandatory training, several staff have completed a Level 2 and 3 vocational training award, and some of the team described that they were either working towards those qualifications or waiting for a start date.

Staff spoke of supervision and an open-door policy to the management team that they had taken advantage of. All staff said they felt included and listened to and were confident in raising any issues of concern directly with management. Some staff provided examples of when they had approached the management team with work-related issues and described how they felt they had been appropriately addressed.

Where the Interim Manager had taken necessary disciplinary action, they had provided information to the Regulation Officer outside of the inspection process.

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 joined in and listened to the shift handover about care receivers from the day to the night team. It was heard to be factual, detailed, and descriptive about care receivers' welfare and well-being and demonstrated that the team understood their needs well. Within the conversations, staff were heard discussing issues relating to GP visits, changes in physical abilities, nutritional and hydration needs, bowel function, and varied approaches to relieving agitation and distress. The staff team appeared focused on providing good care and showed good teamwork and a well-coordinated approach to planning and delivering support.

A sample of six care receivers' care records was reviewed, which found a detailed, comprehensive assessment of their health, personal and social care needs. Care plans were updated as required, and the care interventions that staff must complete were clearly described. Entries in care records showed family members were informed of significant issues, which was confirmed by family members who praised the efforts of the staff team to keep them informed and involved in their relative's life and care.

The records showed that care receivers' medical and health needs were met and reviewed by GPs, district nurses, social workers, specialist nurses, and the mental health team. One health and social care professional commented; "the staff seemed keen to learn and there was obvious willingness to learn and do the right thing, they ensured the safety and dignity for the patient seen, and kept me informed of what was happening in the home". Another professional said "the Manager and staff team were great, communications were very good and the team were willing to listen and my dealings with the home have all been very positive".

Adequate provision is made to refer care receivers to nursing care when their condition and health needs deteriorate; the staff team explained their understanding of what type of care can be safely provided in the home. They said handling

equipment was available for emergencies; however, it is rarely used as this would indicate nursing care requirements. Staff explained that currently, there were no residents whose mobility had deteriorated to the extent that they required using a hoist to transfer.

The bedrooms were personalised with photographs and personal belongings. One care receiver was keen to show the Regulation Officer their bedroom, initiated conversations, and appeared stimulated by their possessions. Care receivers were observed mobilising independently, some using walking aids and others mobilising independently. Staff were seen to be helping care receivers transfer from armchairs to wheelchairs. Visitors were observed calling throughout the day and said they were satisfied with the visiting arrangements in place.

The Regulation Officer spent time in the communal lounges and observed practice and interactions and whilst obtaining direct feedback from care receivers was difficult, due to living with dementia, on the whole they appeared to be content and their safety monitored by staff. One health and social care professional formed a favourable opinion of one care receiver's contentment in the home and told the Regulation Officer, "X looked happy, made reference to her room, and indicated through her behaviour that she was settled."

The atmosphere during all three visits was calm and tranquil, and staff presence was noted in the communal areas. Care receivers were observed moving around the home as they wished and using the lift between floors. The communal lounges were observed to be well-used during all inspection visits.

Some family members and one health and social care professional suggested that the communal lounges' seating arrangements could be better arranged to create more space between the chairs. They suggested they would welcome facilities to make themselves hot drinks and have one of the unused lounges dedicated to a family visiting area. This was communicated to the Manager for their consideration.

Families' feedback was highly complementary regarding the standards of care and support provided to their relatives. They explained that one of the home's strengths

was the trust they had in the abilities of staff, the open communication, and feeling reassured and confident that their relatives were well looked after. The following comments were provided to the Regulation Officer;

“Right from the beginning it felt ideal and I’m really pleased X is here. X always looks clean and well cared for with nice hair and nail varnish. They always call with information and I feel there is real affection and care given from the carers.”

“Overall the home is beautifully presented, the staff are lovely and very cooperative and they always keep me updated. We’ve got a great rapport with the Manager and the carers. We’ve got no concerns and we think X is really happy there. The staff are really kind and we think it’s a well-run dedicated home.”

“They’re all approachable, they listen and we feel confident with the Manager in charge. Overall the care is very very good and we feel staff do their best, they try hard and seem caring and genuinely interested in the residents. There’s a compassionate, caring, nice feel in the home and I’m always welcomed.”

“I’ve been more than happy with the care X has been receiving and the way they also look after me as a relative. I can see X is always clean and well dressed and her hair and nails are well looked after by the carers and this also applies to the other residents I have come into contact with. It is a compassionate team working in a well-managed home, the staff are always welcoming and I always get a wave and a how are you from carers that may not be in X’s unit.”

“The home is always spotless, clean and welcoming and I feel lucky to have X in La Haule. The change in managers went very smoothly, you do tend to worry about changes but I have no problem with the new team and it was good that we had a welcome meeting.”

“I’ve got no concerns at all, I go many times in the week and the staff update me all the time, if there’s anything more significant they will call and let me know. I’ve got nothing bad to say, the girls are amazing and incredible. If I’m in the room with X and

I ring the bell within a minute someone will come and see X. The staff are bubbly, energetic and very gentle. I genuinely feel X is really well cared for.”

“La Haule offers outstanding care, X is really happy at La Haule and they look after him very well. They all do a fantastic job at La Haule and act with the most professionalism, honesty and transparency”

A lengthy discussion occurred with one relative in the home at the time of the inspection. They described how they had visited the home before their relative moved in, immediately formed an initial positive impression, found the staff very kind, and were reassured that their relative would be well looked after. They described that since their relative moved into the home, they have confidence in the staff's abilities and felt their relative is safe. They said, "I have no concerns about leaving X here and I know it was a good move.”

Relatives collectively identified that the activities provided had been lacking of late and had not been as varied as they would have hoped for. The management team recognised this deficit and described at the outset of the inspection the plan to improve this aspect of care and support. An additional staff member to focus on activities had recently been recruited and was spoken with during the inspection. Family members said they hoped that more opportunities for engagement in the community and outdoor activities could be promoted. One family member suggested ways their relative may support household activities in the home, which was communicated to the Manager for their consideration.

One relative commented that their relative's oral hygiene needed more attention, and that staff often advised their relative to sit down when attempting to walk. This was relayed to the Manager, who agreed to address this.

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.

Staff recruitment is ongoing and balanced with the Provider's decision to keep the home at a lower occupancy level until the full staffing complement is achieved. Samples of staff personnel files for newly recruited staff found that they all contained the necessary safe recruitment documents as required by the Standards.

Samples of staffing rosters were also examined, which found that staffing levels were sufficient and in line with the Standards. The staffing complement during the night-time inspection was one carer less than planned; however, the ratio of staff to care receivers were still in line with the Standards. The Manager described staffing challenges reflected across the care sector in general. Still, she ensured that the staffing levels were continually assessed to ensure that care receivers were kept well and safe. The home is continuing with active recruitment.

During all three inspection visits, the home was clean and well-maintained. A discussion with housekeeping staff confirmed cleaning schedules were in place to ensure safe standards of cleanliness and hygiene were maintained. The home completes audits regarding environmental cleanliness. The most recent outcome showed it was clean and free from odours, and appropriate standards of cleanliness and hygiene were maintained. The home has engaged with the Community Infection Control Nurse where necessary, and recent correspondence showed they were content with the approach to infection prevention taken by the home.

There were no obvious trip hazards noted throughout the home. There is a secure entry and exit system, and families were observed coming into the home having been provided with the code to access. Sensor lighting was noted outdoors during the hours of darkness. Arrangements were in place to ensure regular maintenance, checks, and repairs of equipment were carried out promptly.

The home maintains a register of care receivers with Significant Restrictions of Liberty (SRoL) authorisations in place. This shows that formal processes have been followed for care receivers who cannot consent to live in the home. The home notifies the Commission of such occurrences and submits additional information about other notifiable events. Care receiver records showed the home upholds its duty of candour and informs relatives of incidents and events when they occur. Staff were knowledgeable about practices that may be considered restrictive and unlawful and provided examples to the Regulation Officer.

The Regulation Officer sampled all care receivers' medication administration records (MAR) pre-printed by the pharmacy. They were accurately and consistently recorded over the preceding 25-day period, with staff signatures and codes to evidence the administration of medications. The frequency of 'as required' drugs were also reviewed, which showed that there were limited occasions that these were used to help with care receiver agitation and distress. One care receiver had been administered this medication more frequently, following the prescriber's directions and their care records evidenced detailed discussions with the GP, family, and mental health team.

Staff said a limited number of care receivers received their medications covertly, and records showed that this had been done in consultation with relevant health professionals. Care plans associated with the individual's lack of capacity and covert medication administration were in place. The Manager also provided samples of weekly medication audits that are undertaken. The most recent outcome showed a safe approach to medication management.

Staff were asked about the Provider's policies and procedures on using personal mobile telephones and social media as part of this inspection. They described the Provider's expectations as had been described by the management and had an understanding of privacy, dignity, confidentiality, and consent. Staff said they had access to a camera in the home to take photographs of wounds or skin changes, for example.

Details about the Provider's whistle-blowing processes were displayed in a prominent place, and staff could demonstrate that they knew how to access this and raise concerns within and outside the home. Staff consistently told the Regulation Officer they would not hesitate to bring problems directly to the home's management team and expressed confidence that their concerns would be taken seriously. Some staff provided examples of occasions when they had brought issues to the Manager's attention and described how they had been addressed.

Family members also told the Regulation Officer they felt the management team was approachable. During the inspection, relatives were observed having detailed conversations with the Manager about their relatives. One family member described how the home were helping to facilitate their relative's placement change. Family meetings are planned for and provide additional opportunities for relatives to provide feedback, but relatives said they could approach the staff team at any time to discuss issues.

The home has been transparent with the Commission in demonstrating that relevant processes had been followed regarding disciplinary matters that have been dealt with.

Since the last inspection, the home has demonstrated a commitment to safeguarding and promoting the welfare of care receivers. Where the home and external sources have raised safeguarding concerns, the home has engaged fully with the safeguarding process and demonstrated transparency with family members and other key agencies. The home's management has cooperated fully with investigations at all times. It was evident through discussions with staff that they were knowledgeable about identifying and reporting safeguarding concerns.

IMPROVEMENT PLAN

There was one area 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 4.1</p> <p>To be completed by: 2 months from the date of inspection (3 June 2023).</p>	<p>The Registered Provider must ensure that the home's policy and staff training on safeguarding is in line with the Jersey Safeguarding Partnership Board Multi-Agency Procedures.</p>
	<p>Response of Registered Provider:</p> <p>While the Company has a comprehensive Safeguarding of vulnerable adults training programme we do accept that this is not completely tailored to the requirements of Jersey policies and procedures. The RM on receipt of the draft Inspection report has contacted the Safe Guard Partnership Board to arrange training for the home to support the teams in the understanding of local legislation.</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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je