



**Jersey Care
Commission**

INSPECTION REPORT

**Beaumont Villa
Care Home Service**

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

23 February & 3 March 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 Beaumont Villa Care Home. The service is situated in the parish of St Peter and located within the grounds of L'Hermitage Gardens Retirement Village. Beaumont Villa is a 24-bed care home providing specialist dementia care.

The home provides care for residents aged 60 and above, living with a range of dementia conditions. The aim of the home is to provide an environment that is dementia friendly with features that help to minimise confusion and distraction and which aid care receivers' ability to continue to live in comfort. The home has attractive garden areas that are easily accessible for the care receivers. The interior incorporates communal dining and sitting rooms and individual private bedrooms with ensuite facilities for each resident.

The home is overdue renovation works to improve the condition of the building interior; this was an area of improvement from the previous inspection. A scope of work has been submitted to the Commission. No redecorating work has been undertaken to date.

Regulated Activity	Care home for Adults
Conditions of Registration	<u>Mandatory</u> Type of care: Personal Care Category of care: Dementia care Maximum number of care receivers: 24 Maximum number in receipt of personal care: 24 Age range of care receivers: 60 years and above
Dates of Inspection	23 February & 3 March 2023
Times of Inspection	09:30-12:10 & 09:45-12:45
Type of Inspection	Announced
Number of areas for improvement	Four
Number of care receivers accommodated on the day of the inspection	20

The care home is operated by Aria Care Ltd. And the Registered Manager is David Taylor.

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 of the inspection were positive. The Registered Manager, Deputy Manager, and the staff team engaged fully in the inspection process.

Feedback from staff members and the relatives of care receivers was predominantly positive about the home. Comments will be evidenced throughout the report.

Feedback was sought from professionals working in partnership with the home, this feedback was mixed, and suggestions for improvements were made.

It was noted at the previous inspection that the home's general decoration and appearance needed refurbishment; this would include improvements to signage. This is an area of improvement.

No redecorating work has been undertaken to date. This will continue to be an area of improvement.

On the first day of the inspection, the Registered Manager informed the Regulation Officers of two internal maintenance problems. One fire door was not operating correctly, had been wedged closed and the lift had broken down.

The Regulation Officers were reassured that the lift being out of operation did not compromise care receivers' access to all communal areas of the home. Other routes of access were being utilised to allow movement throughout the building however, this did present an inconvenience to the residents and staff.

The Regulation Officers recognised that the two internal maintenance problems had not been notified to the Commission, and in addition, several applications for Significant Restriction of Liberty orders (SroL), had also not been notified. The notification process to the Commission has been made an area of improvement.

There is 85% compliance with mandatory training across the home staff team. There is management oversight of the training requirements and protected time is given to staff to achieve this.

It was observed that the staff training matrix was mixed with the staff from L'Hermitage, the sister home of Beaumont Villa. This made management oversight of the training more problematic and confused the overall percentage of compliance. This was noted by the Registered Manager, and they have agreed to separate the matrix going forward, this will not be made an area of improvement.

The home uses both online and face-to-face training. There are members of staff who are able to facilitate specialist training, a good example of this is the Dementia specific 'Living in my world' training. This is City and Guilds accredited and is mandatory for all staff. There are three tiers to the training: bronze, silver, and gold; staff members are all at different levels of the training.

Pre-admission assessments are undertaken by the Deputy Manager, who is supported by other staff members in this process. Assessments take place with the care receiver, who is involved as much as possible. Those close to the care receiver such as friends and relatives are consulted as appropriate. Case notes are reviewed, and a full medical history is sourced from the person's GP.

There is a new electronic care planning system in place. The care plans are updated regularly and identify health, social and personal needs. The care receivers' stage of dementia is clarified on the plan, and their personal likes and dislikes are recorded. This supports new members of staff in understanding the care receiver's individual needs.

Staff are provided with medication training to meet the requirements of safe medication administration and storage. The training is sourced from the General Hospital or Boots online. The Deputy Manager undertakes competency assessments, and this is supported by other senior staff members.

There were several examples of robust, safe systems of working practices within the home. This includes medication practices, accident and incident reporting, risk management, and recruitment practices.

It was acknowledged that regular staff supervision had not been a priority during the height of the pandemic. This is now resolving, and the Deputy Manager is recommencing quarterly supervision for staff members.

There are appropriate policies and procedures in place for the home which support safe care and best practice. However, it was noted by the Regulation Officers that the policies are generic, provided by 'Caring Homes', the previous owners of

Beaumont Villa. This is a UK-based company, and it was evident that some of the policies relate to UK practice and law, which is not relevant to practice in Jersey. It is important that the policies and guidance are relevant to Jersey practice. The Regulation Officers recommended that the home ensures that their suite of policies contains information that is relevant to working in Jersey, this is an area of improvement.

The Registered Manager reported that staff recruitment continues to be challenging. This is reflected across the care sector. The duty rotas covering an eight-week period provided confirmation that the home is adequately staffed with staff-to-care receiver ratios meeting the required Standard. It was noted that at the time of the inspection, there were 20 residents.

Although the home has the capacity to accommodate 24 people, it was confirmed that a decision had been taken not to admit new residents. This is associated with pressures associated with the recruitment and retention of staff.

The home operates a complaints process. The home endeavours to resolve complaints and concerns promptly, to avoid escalation. There is a policy that supports the escalation of a problem if this is necessary.

The last three-monthly quality assurance reports were provided to the Regulation Officers. The reports were for both Beaumont Villas and the sister home L'Hermitage, it was not clear which home was being referred to throughout the report.

The reports needed more detail and feedback from staff and relatives needed to be evident in the report. It was also unclear who had completed the report; this was clarified by the Registered Manager who confirmed that the reports are completed by a member of the 'Aria' team, (the new provider of Beaumont Villa).

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the Registered Manager three days prior to the first visit. This was to ensure that the Registered Manager would be available during the visit.

Notification of the second day of the inspection was given on the first day. The inspection was completed on 23 & 24 February 2023. The first day of the inspection was attended by the Regulation Officer and the Deputy Chief Inspector from the Commission. The second day was attended only by the Regulation Officer. The Registered Manager was accompanied by the regional manager from Aria Care and the Deputy Manager facilitated the inspection on both days.

The Care Home Standards were referenced throughout the inspection.[\[1\]](#)

This inspection focussed on the following lines of inquiry:

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

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed. This included the previous inspection report, notifications, safeguarding inquiries, and the last three-monthly quality assurance reports.

During the inspection, the regulation officers sought the views of four people who use the service; the potential for this was limited due to their diagnosis of dementia and this affecting their cognitive ability. However, the Regulation Officers was able to observe staff and care receiver interactions during the visit, and this also informed the inspection process. The inspection was facilitated by the Registered Manager and the Deputy Manager. The Regulation Officers spoke directly to two senior carers and two carers to receive their feedback at the time of the inspection.

Contact was established with three relatives of care receivers; this contact was made by telephone.

The views of three professionals were also obtained as part of the inspection process.

During the inspection, records including policies, five care records, staff rotas, and a staff training matrix were examined.

This inspection included a tour of the premises.

At the conclusion of the inspection, the Regulation Officers provided feedback to the Registered Manager and Deputy Manager about the inspection findings. Written feedback was provided four days later, outlining the areas of improvement.

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.

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

INSPECTION FINDINGS

At the last inspection, two 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 discussed during this inspection, and it was positive to note that one of the two areas of improvement had been resolved. This means that the unstable gate post has been replaced and the garden perimeter made safe and secure for the residents.

It was concerning to note that there has been insufficient progress made to address the second area for improvement. This means that the schedule of work to improve the home conditions by addressing maintenance and I has not been achieved to date. A scope of works for redecorating has been submitted to the Commission, however, no redecorating work has been undertaken. The Registered Manager has reported that there is a plan to fully renovate the property, and this will include redecoration. The Registered Manager confirmed the completion date of the renovation work is 31 May 2023.

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 home has had difficulties with recruitment and retention of staff. It is acknowledged that this is a challenge across the care sector in Jersey. The Registered Manager highlighted incentives the organisation has considered to improve recruitment, such as introducing a joining and retention bonus scheme. Efforts have been made to attract care staff from overseas, including the UK and elsewhere.

In respect of the area for improvement associated with enhancements to the interior decoration of the home, no redecorating work has yet to be undertaken to date. The scope of works has been submitted to the Commission. However, the refurbishment is not in progress. The Registered Manager explained that, following the change in company ownership, there is a plan to fully renovate the property, and this will include redecoration. An intended completion date of the renovation work is in the second quarter of the year, the Regulation Officers noted that this provides a tight timescale. This continues to be an area of improvement.

New signage will be a component of the refurbishment, this will have a continued emphasis on being supportive towards the orientation of the care receivers with their dementia diagnosis in mind. The Registered Manager explained that the new signage is expected to be bespoke, person-centred, and dementia appropriate. Care receivers' bedroom doors will be personalised but not necessarily with their photograph and name, as they are currently.

The Regulation Officers queried as to whether the refurbishment would be disruptive for the existing care receivers. The Registered Manager explained that it would be difficult for there not to be some disruption, but they would endeavour to make this as minimal as possible by formulating a plan to manage the disruption.

Staff appraisals are completed by Deputy Manager twice a year. This is an opportunity for staff members to think about and explore their professional development learning needs, review their role within the organisation, explore any areas of improvement, and celebrate areas of good practice. One staff team member commented that there is, "a lot of support for care staff provided by the management team, and the quality of the training was high."

The provision of regular staff supervision is a requirement of the Standards. It was acknowledged by the Deputy Manager that quarterly supervision had lapsed during the height of the pandemic and has been slow to recommence. Reassurance was given by the Deputy Manager that structured staff supervision has recently recommenced and would be undertaken for each staff member four times per year. The supervision is given protected time, takes place in a private area, and is recorded on a supervision template stored in staff members' employment files. The Regulation Officers viewed four supervision records that had been completed recently. A staff member reported that their supervision "was back on track" after being on hold during the height of the pandemic.

There is a two-week induction programme for new members of the care team, and mandatory training is incorporated into this. A competency framework is in place associated with the delivery of the programme. This requires sign-off from the

Deputy Manager or a senior care worker before the staff member can work without supervision.

The service provides a comprehensive set of policies relating to the business and care delivered. Policies are introduced to staff members during their induction, and throughout their employment when they may need highlighting for certain practices. New policies are introduced through team meetings, supervision or shared with staff members through work email correspondence. The Regulation Officers were able to view a selection of the policies held by the home, which were available online. It was noted that the policies are generic to the organisation 'Caring Homes' which is a UK-based company. Many of the policies relate to UK practice, particularly in areas regarding legislation and safeguarding. Some of the UK information is not relevant to practice in Jersey as it does not relate to Jersey laws. An example of this is the Capacity and Determination information, which relates to Deprivation of Liberty Safeguards (DoLS), this is not relevant to working in Jersey (as Significant Restriction on Liberty (SroL) is used in Jersey practice as an alternative). The home's policies need to be relevant to Jersey practice. This is an area of improvement.

The home operates a complaints process, and a policy is in place for this. There is a clear pathway associated with reporting. In general, the home endeavours to resolve concerns and complaints promptly. The Deputy Manager addresses any complaints in the first instance, there are means of escalating concerns to the Registered Manager and a Regional Manager if necessary. The care receivers and their relatives are made aware of the procedure for making a complaint or raising concerns during the initial contract agreement with the care receiver. Two relatives of care receivers confirmed during feedback with the Regulation Officers that they were made aware of the complaint's procedure, and they reported that they had been provided with written information regarding this.

Before the inspection, the Regulation Officers requested the previous three months of quality assurance reports completed for the service. The reports were reviewed prior to the inspection. The report was for both Beaumont Villa and its sister home

L'Hermitage, and the findings were not set out separately. This made it challenging to identify which home each statement in the report was referring to. The report was confusing and lacked detail.

Beaumont Villa requires its own separate monthly report. This would provide clear oversight and prevent confusion as to which home the report is referring to. This is an area of improvement.

Notifications to the Commission were reviewed before the inspection. Several notifications had been received in 2022. However, information received during the inspection highlighted that there were several more SroLs in place that the Commission had not been notified of. Notifications must be submitted to the Commission within 48 hours of the event. This is an area of improvement.

Feedback received from professionals highlighted that the Deputy Manager was responsive in taking on board recommendations for the care receivers, actively seek advice if needed, are present for discussions, and are a visible presence in the home.

Care and support

<p>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.</p>

Pre-admission assessments are undertaken by either the Registered Manager or Deputy Manager.

The assessments take place with the care receiver in their home setting, they are involved as much as possible depending on their capacity. Next of kin and relevant relatives, are included in the assessment process to ensure a comprehensive understanding of the person is gathered. A full medical history is sourced from the General Practitioner (GP), and there is liaison with the care receiver's social worker.

In the process of receiving feedback, it was noted that comments regarding the focus and engagement of the care receivers' families were common. A member of the care team shared that there is an emphasis on engaging and communicating with family members about their relative receiving the care. Two relatives strengthened this view when confirming that they were happy with the updates they receive from the home about the care receivers. In contrast to this, professional feedback suggested that the home could improve communication with families and that they had experienced a lack of "transparency" with family members which led to confusion of the situation.

The home uses both online and face-to-face training. The training matrix was reviewed, and the Registered Manager clarified that 85% compliance with mandatory training had been achieved across the staff team. Supernumerary time is made available for this. Some internal trainers are qualified to deliver some areas of essential learning for the team such as dementia training and moving and handling.

Dementia care training is a clear focus for the staff team. An internal trainer delivers the dementia-specific 'Living in my world' training. This is City and Guilds accredited and is mandatory for all staff. The training is provided across three levels: bronze, silver, and gold. Personalised care is at the forefront of this training approach.

The staff were observed to follow good working practices, with appropriate allocation of roles and responsibilities for the two floors of the home. Good levels of communication were seen. The Regulation Officers spoke with three care staff members during the inspection. They agreed that the staff team communicated well, that the managers were approachable and supportive and that their suggestions and ideas are regarded positively. One member of staff stated that they "feel really well supported" in their role.

All care staff are trained at Qualifications and Credit Framework (QCF) level 2 or 3. Senior care staff are qualified at level 3 and are trained in the administration of medications. The daily staff rota details which carers are level 2 or 3 and who have medication training.

The home uses an electronic recording system, and all care staff have access to this on mobile electronic devices. A senior care assistant provided the Regulation Officers with a detailed tour of the system. Each care record provided a detailed biography of the care receivers, including their personal likes and dislikes, medications, any diagnosis, dementia status, and routines. The care assistant informed us that this is a new recording system for the home and information for each care receiver continues to be transferred onto the system and is 'work in progress'. It is anticipated that once staff become familiar and competent in using the system, it will save time and be more accurate than paper records. Staff members are encouraged to log all of their interactions with care receivers into the system. The Deputy Manager reported that the care plans are reviewed monthly.

The reviewed care plans demonstrated that the staff members have a thorough understanding of the care receivers' needs. Equally, the detailed information provided assists new members of the team in understanding the needs of the care receivers.

The home has an onsite laundry that is well-managed and runs efficiently. There is also an onsite kitchen which has a dedicated catering team that provides all of the daily meals and snacks required for the care receivers. There is a daily menu choice catering to individual needs. There is clear signage giving directions to the dining room, and the daily menu is displayed in a picture format for the benefit of all care receivers.

Feedback from relatives of the care receivers was positive about the food provided and the choices available.

The home benefits from having its own activities coordinators who work across both homes. This support is provided six days a week. The Regulation Officers were advised that the activities provided are stimulating and relaxing, which support the needs of the care receivers while considering their choices and preferences. The activities incorporate small group outings, and the home has access to a minibus to facilitate this.

It was noted from professional feedback that there is at times “a lack of social stimulation”, and that the activities provided were not always conducive to the stage of dementia for the care receivers.

Feedback from relatives was positive, about the care their loved ones are receiving at Beaumont Villa. One relative commented that their parent had been moved to different homes and they had seen a positive difference in presentation since living at Beaumont Villa. They reported that they can visit whenever they want, receive up-to-date information, and have nothing but positive things to say about their relative’s care.

Another relative reported that they were “extremely happy” with their father’s care and that the staff were “so attentive” to his needs. They commented that the staff are “kind” and very supportive.

Choice and safety

<p>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.</p>

The home benefits from an outside patio/balcony area. There are raised beds to enable care receivers to be involved in planting vegetables and flowers. The safety and wellbeing of care receivers is considered when utilising the outdoor areas. It was noted that there had been little outdoor use of the areas due to the seasonal changes making them less safe and attractive. There was reassurance given that the outside areas are well-utilised in the Spring and Summer months.

The Regulation Officers were supported by a member of the care team, to look at the medication storage and processes used by the home. There were detailed personal profile information sheets held for each care receiver. This included a photograph of them, allergies/sensitivities, medication prescribed, the reason for the medication, and possible side effects. The administration of any medicines was recorded and

signed on a Medication Administration Record (MAR) chart. The MAR sheets are updated by the pharmacist every six months. The medication station was clean, tidy, and well organised, supporting ease of use and safe administration practice. The Registered Manager completes a monthly audit of the medication and there is an additional external audit every twelve weeks. This is an area of good practice.

The Registered Manager advised that there can be delays in sourcing reassessments from outside professionals when a care receiver's needs change. At the time of the inspection, one care receiver had been assessed as needing nursing care. The home is not registered to provide this and there is a waiting list for nursing beds across the island. In the interim period, external nursing input is being sourced. This is not an ideal situation for the care receiver or the home, however, this is beyond the control of the care home.

The Deputy Manager confirmed that there are often challenges with communication with the care receivers due to their diagnosis. The staff utilises dementia tools to engage in communication, they also gather information from relatives to support their understanding of the likes and dislikes of the care receivers.

The home can accommodate 24 residents. At the time of the inspection, there were 20 residents, the Registered Manager confirmed that a decision has been taken not to admit new residents to take the number beyond 20. The numbers have been reduced in relation to staff shortages and ongoing pressures associated with recruitment and retention. It was evident that the Registered Manager has taken due consideration in managing the current bed state. This ensured that the compromised staff resources remained manageable and supported the maintenance of standards and the safety of care receivers.

One professional who attends the home commented that there is sometimes "limited staff on shift" which can be a challenge. However, they also commented that the team remains 'very dedicated to meeting care receivers' needs.

The duty rotas were reviewed and confirmed that the home was adequately staffed in line with the Standards. The daily staff team comprises the Duty Manager, care

workers, senior care workers, and an activities coordinator. Additionally, the home employs its own chefs, kitchen porters, and housekeepers. The kitchen and domestic staff are utilised across both homes, which gives the benefit of cover if there is any unplanned absence.

Beaumont Villa is a residential home and employs no nursing staff. The home is next to its sister home L'Hermitage, which has nursing staff. Whilst these staff cannot provide nursing interventions at Beaumont Villa, they are available to provide informal advice if needed. If such support is required, the home would source this from appropriate agencies.

The Regulation Officers looked at five recruitment files and was satisfied that the management team follows safe recruitment procedures. Disclosure and Barring Service (DBS) checks are followed, and two professional references are sourced before employment is commenced.

The home issue a relative feedback survey to relatives of the care receivers twice a year. However, the number of responses is limited, and the management team is looking at other methods of capturing feedback.

The Deputy Manager reported that staff often receive informal verbal feedback comments from relatives when they are visiting, and it was recognised that capturing this in writing would be helpful.

The Regulation Officers attempted to engage four care receivers to give feedback on their care experiences. Due to their impaired cognition, only one care receiver could share that they felt well cared for and enjoyed the food.

IMPROVEMENT PLAN

There were four 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 7.1, 7.2</p> <p>To be completed: Within 6 months of the inspection.</p>	<p>The home is overdue for a plan to undergo a full refurbishment, including redecoration and improvement to signage. Additionally, there is a delay in resolving essential maintenance issues; these being a fire door that is not operating properly and the lift being out of use.</p>
	<p>Response of Registered Provider:</p> <p>The lift was repaired and returned to use on 28 February 2023. The lift has operated without incident since.</p> <p>All fire doors at Beaumont Villa are operating properly.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 12.2</p> <p>To be completed: With immediate effect.</p>	<p>Monthly quality assurance reports are to be separate from L'Hermitage. A single report based only on Beaumont Villas, with clear information provided.</p>
	<p>Response of Registered Provider:</p> <p>The Regional Director now completes separate monthly provider visit reports for both L'Hermitage and Beaumont Villa.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 4.3</p>	<p>The process of informing the Commission of any notifiable events is to be improved. Events are to be considered and sent to the Commission within 48 hours.</p>
<p>To be completed:</p> <p>With immediate effect.</p>	<p>Response of Registered Provider:</p> <p>This was discussed at a meeting with the Commission on 17 May 2023. It is acknowledged that previous reporting has not been sufficiently rigorous. The Regional Director now has daily oversight of all incidents and appropriate notifications to the commission.</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 2.8, 6, 7, 10.2</p>	<p>Policies in place for the home relate to UK practice. Policies to be adapted and be relevant to working in Jersey and follow the Jersey Law and best practices.</p>
<p>To be completed:</p> <p>Within 6 months of the inspection.</p>	<p>Response of Registered Provider:</p> <p>Relevant policies will be adapted to reflect Jersey law and best practice. This will be completed by 31 August 2023.</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.



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