



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Lavender Villa Care Home**

**Care Home Service**

**La Rue a Don  
Grouville  
JE3 9DX**

**27 April 3 May 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 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 (as amended) 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 Lavender Villa Care Home. The 20 resident home is situated in the parish of Grouville.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support.  Category of care: adults 60+  Maximum number of care receivers: 20  Age range of care receivers: over 60 years  Maximum number of care receivers that can be accommodated in the following rooms: 20 in rooms 1-21 (no room 13)  <u>Discretionary</u> None
Dates of Inspection	27 April and 3 May 2023
Times of Inspection	11:00 - 13:00, 14:00 - 17:15 and 09:45 - 12:00
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	18

The Lavender Villa is operated by LV Care Group, who is the Registered Care Provider.

Since the last inspection on April 28, 2022 the Commission received a notification of the absence of the Registered Manager. The notification included details of the Registered Provider's arrangements to ensure that the service had a suitable interim management plan in place.

The Commission received an application for a new Registered Manager; registration was completed in February 2023. Subsequently an updated copy of the service's Statement of Purpose was submitted, to reflect the change in management.

The discretionary condition on the service's registration for the Registered Manager to complete a Level 5 Diploma in Leadership in Health and Social Care by December 4, 2022 was no longer appropriate due to a change in Registered Manager and has been removed.

## **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 findings from the inspection were positive.

Lavender Villa has a clear organisational and management structure to support the quality care delivery and a culture of assessing and monitoring the quality.

Feedback from a range of sources was positive and illustrated a caring, compassionate team. There were clear examples of person centred care and collaborative multi-agency working, that manages to successfully balance care receivers' choice and safety.

The environment is homely, welcoming, and well maintained. A range of activities is offered to promote well-being. Care records were clear and appropriate.

There continues to be some uncertainty regarding plans to expand the care home, and the Regulation Officer raised this as an outstanding concern. The Care Provider advised that they would facilitate open discussions with all residents and families within three months and will keep the Commission updated.

The service meets the Care Home Standards that were reviewed as part of this inspection.

## INSPECTION PROCESS

The inspection was announced and was undertaken on 27 April and 3 May 2023. A provisional date had been set four weeks before. This was confirmed with the Registered Manager two days before the inspection, to ensure that the Registered Manager would be available.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

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 the service was reviewed. This included previous inspection reports, notifications of events, registration variations and any correspondence regarding the service.

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

During the inspection visits, the Regulation Officer sought the views of the people who use the service by speaking with eight care receivers and three relatives. The Regulation Officer spoke with care home and LV Group staff, including managers and care and support staff and a visiting community professional, to gain a comprehensive view of the service.

The Regulation Officer examined a wide range of documents. These included care records, policies, staff folders, training records, staff rotas and monthly Provider and Health and Safety reports.

Following the inspection, the Regulation Officer had email and telephone correspondence with the Registered Manager and other LV Care Group Managers and a community social care professional.

At the conclusion of the inspection the Regulation Officer provided verbal and written feedback to the Registered Manager.

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an improvement plan is attached at the end of the report.

## INSPECTION FINDINGS

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

### **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 Statement of Purpose submitted in February 2023 was discussed with the Registered Manager. Whilst it provides an accurate overview of the role and function of the service, the Registered Manager advised that they wished to make minor changes. The document was resubmitted following the inspection.

Staff recruitment processes were reviewed. Staff folders contained clear and comprehensive information, including application forms, cv's, interview records, references, and records of qualifications. Disclosure and Barring (DBS) certificates were retained and the Regulation Officer was satisfied that these were in order. Representatives from the LV Care Group Human Resources Team explained that staff recruited from the United Arab Emirates require a National Bureau of Investigation (NBI) clearance certificate to support safe recruitment. The process represents a safe and transparent recruitment process that meets Standards 3.2, 3.4 and 3.5 of the Care Home Standards.

Supervision records were reviewed. There were records of quarterly supervision undertaken in 2022. The template to record the sessions was both comprehensive and user-friendly. The documentation of these sessions was noted as an area of particular good practice and meets Standard 3.14 of the Care Home Standards.

The policy file was examined during the inspection. The file included but was not limited to, policies regarding health and safety, manual handling, safeguarding, confidentiality and information sharing, food hygiene and whistleblowing.

The Regulation Officer was satisfied these are comprehensive and align with the Care Home Standards.

The Regulation Officer was informed that care staff Job Descriptions (JDs) had been a focus for the team in recent months to ensure staff are aware of their roles and responsibilities and are supported to fulfil them. JDs were discussed at team meetings and in one-to-one sessions to support this process. This meets Standards 3.3 and 6.3 of the Care Home Standards.

Staffing levels were discussed with the Registered Manager and staff rotas were reviewed. The care home staff levels meet the Care Home staffing requirement. There is a clear organisational structure with a clear governance framework within the care home and the wider LV Care Group.

The Regulation Officer spoke with the Registered Manager about their role as they have been registered since February 2023. The language, topics and plans the Registered Manager discussed represented a commitment to high-quality care and staff support. The Registered Manager demonstrated an accurate understanding of the role and requirements of the Commission.

Feedback from three people was that they wished for more information about the plans to expand the home. The Regulation Officer corresponded with the Care Provider to gain clarity on this and was informed that tender packages for the extension works were being finalised. The Provider expects to have a detailed program of works within three months to then allow them to have clear discussions with all residents, their families and the Commission on the anticipated build and any associated implications. The Regulation Officer plans to meet with the Care Provider in August 2023 for an update.

The Regulation Officer was satisfied the service meets the management of the service standards by which it was inspected.

## 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.

On arrival, the Activity Co-Ordinator welcomed the Regulation Officer; the welcome was warm, friendly, and professional. The Registered Manager explained visitors feeling welcomed was an area the team had focused on and that small changes had had a significant impact. There are several spaces in which residents and their visitors can spend time. These include the resident's room, the lounge, the atrium, and the dining room. All relatives spoke of how they receive a warm welcome from staff and that visiting is flexible.

The Regulation Officer sat with a family in a glass atrium while they visited. The environment was comfortable, light, and well maintained, with a homely atmosphere. One care receiver and her relative spoke of how spending time together in Lavender Villa was "as comfortable as it was when spending time together in the own home the, before moving to Lavender Villa." This evidences the service meeting standards 7.1 and 9.4 of the Care Home Standards.

The Regulation Officer spoke with eight residents and three relatives during the inspection. All spoke positively about the care and support they receive. Care receivers spoke of being listened to, staff being caring and attentive. One care receiver stated, "nothing is too much trouble" and another told me "every member of staff is kind and caring".

During discussions with staff and before the inspection - at a safeguarding meeting - the Regulation Officer noted the language used to describe care receivers, their family and friends was supportive and respectful. This meets the values of respect, compassion and dignity which underpin the Care Home Standards.



During the inspection, the care and support needs of a specific care receiver were discussed and the care records were reviewed. It was evident to the Regulation Officer that the team demonstrated compassionate, person-centred care and effective communication with the care receivers and their family to enable informed choices about their wishes and preferences. The team are practicing in accordance with standard 2.4 of the Care Home Standards.

Furthermore, when the care receiver's condition changed, the team recognised they had reached their practice's scope and then gained support from other professionals and agencies to ensure care needs were met. The care records evidenced collaborative working multi-disciplinary. This provides evidence that the teams' practice is following Standard 6.5 of the Care Home Standards.

Feedback from a social care professional reiterated the previous findings, who explained the team always responds promptly and professionally with a person-centred approach. The professional stated, "What they are doing, I don't want them to change, as it is working well, and it is working well for patients, and it impacts on discharge and the flow of care provision."

The Regulation Officer reviewed care records. Pre-assessment forms were comprehensive. Care plans were appropriate to care receivers' documented needs. Risk assessments were clear. The Registered Manager explained that the team are presently focusing on how care is documented. Skills are being developed through role modelling, team discussion and highlighting examples of good documentation. Visiting professionals are given access to electronic care records to write their actions and effectively communicate plans of care. The documentation meets Standards 2.1 and 2.7 of the Care Home Standards.

The Regulation Officer was satisfied the service meets the care and support standards by which it was inspected.

## 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.

There is a culture of assessing and monitoring the quality of the service. This was evident to the Regulation Officer through discussions with staff, including the Clinical Compliance Manager, the Compliance Manager and Health Care Assistants. It was also evident from a review of monthly Provider reports, Health and Safety Compliance reports and meeting minutes. This meets Standard 11.1 of the Care Home Standards.

There have been 18 notifications of falls since last inspection. The incidents were documented factually, and the responses were clearly outlined. Care records provided evidence that risk assessment reviews are undertaken following incidents and that health and safety assessments and reports explored possible environmental factors. These responses demonstrate that actions and monitoring were implemented to reduce the likelihood of falls and to promote care receivers' safety. This meets the requirements of Standard 4.3 of the Care Home Standards.

Staff training was discussed with the Registered Manager. The Regulation Officer was informed that training is delivered both online and in-person. It was evident that a comprehensive and appropriate range of topics is included. It was reported that the online mental capacity training is based on generalised principles and does not cover Jersey legislation in detail. The Registered Manager responded promptly in arranging in-person training specific to the Capacity and Self Determination (Jersey) Law 2016. The Regulation Officer is satisfied there is a plan in place for staff to attain the training.

Feedback from a community practitioner highlighted the teams' ability to balance care receivers' choice and safety. The professional explained to the Regulation Officer that the team had listened and responded to the care receivers' concerns and preferences for future care and adapted as these changed.

They had supported the treatment escalation plan to avoid acute admission and escalated to community services appropriately for review and advice when the condition changed. The Regulation Officer reviewed care records which evidenced that Standard 5.1 of the Care Home Standards was being met.

The care home Activity Coordinator supports and delivers a wide range of activities to promote well-being. Care receivers are also enabled to attend day services outside the home. During a social session, the Regulation Officer sat with eight residents in the communal lounge. There was talk and laughter and positive feedback about the choice of activities. Standard 5.4 of the Care Home Standards is being met.

One care receiver explained they would like the opportunity for a small outing or to visit friends in other LV Group care homes, but transport has yet to be available. The Activity Coordinator explained there had been recent confirmation that a vehicle to transport care receivers was now available and, therefore, this would be possible.

The home has a clean, inviting communal dining room. The menu is displayed on a blackboard in the room and offers a range of nutritious meals. Feedback from care receivers was that there is choice, and the meals are tasty. This practice meets Care Home Standard 8.1.

Care receivers' choice is being promoted through the recent introduction of resident monthly meetings. It was explained to the Regulation Officer that this gives residents a regular formal opportunity to voice views about their homes. The Regulation Office spoke with seven residents who were all aware of the forthcoming meeting, its purpose, and the topics they planned to discuss.

The Regulation Officer was satisfied the service meets the choice and safety standards by which it was inspected.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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