



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**L'Hermitage**

**Care Home Service**

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

**22 August 2023**

## INSPECTION FINDINGS

Two regulation officers undertook an unannounced, focused inspection of the L'Hermitage care home on 22 August 2023. Aria Healthcare Group Limited operates the care home, and an interim manager is in place.

The Commission had undertaken an unannounced inspection of the other home (Beaumont Villa) carried on by the same provider on the 8 and 9 August 2023, following which nine areas of improvement were identified. These areas for improvement raised concern regarding the oversight and running of the provider's other home, L'Hermitage, which prompted the unannounced inspection.

At the last inspection, three areas for improvement were identified, and the Registered Provider, setting out how these areas would be addressed, submitted an improvement plan to the Commission. The improvement plan was discussed during this inspection, and it was positive to note that most of the improvements had been made. This means that there was evidence of a consistent hot water supply, the planned refurbishment of the home's communal areas had been completed to a high standard, and there had been timely notification of incidents/events to the Commission. Area for improvement two had yet to be met in total, as there were some remaining maintenance issues within the home. This is highlighted further under the heading of 'maintenance'.

This summary report sets out the findings from the inspection. The report references the Jersey Care Commission, Care Standards, Care Homes (Adults), throughout<sup>1</sup>.

The regulation officers sought the views of those who use the service and spoke with managerial and other staff. The home has a capacity for 46 care receivers; on the day of the inspection, there were 29 care receivers living in the home. The regulation officers arrived at the home at 07:30 to meet with night staff before the 08:00 staff handover. The regulation officers were greeted by the nurse-in-charge

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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/>

overnight and later met with the Interim Manager and the Regional Director. In addition, the regulation officers met with care staff, housekeeping staff, the agency chef, and the kitchen porter and undertook a tour of the internal environment. The Quality Support Manager was also at the home, and an additional peripatetic manager for Aria had come over to provide managerial support across both homes, supporting the Interim Manager.

This report sets out our findings. Three areas for improvement have been identified, these are described in the report and an improvement plan is attached at the end of the report.

### **Staffing**

The number of ancillary staff was the primary concern on the day of the inspection visit. There was one housekeeping staff member, whereas the usual number is four. This meant this staff member needed to prioritise duties on the advice of their senior colleague. The priorities were laundry and cleaning of the communal areas of the home. This meant that care receivers' bedrooms would not be cleaned on the inspection day but had been done the day before. Two housekeeping staff were at the sister home that morning, but the duty rota for the rest of the week identified poor cover. There were similar concerns in the kitchen. The regulation officers found that an agency chef and a kitchen porter covered both homes and would be there all week. It meant food would be prepared and cooked at L'Hermitage and transported across in trolleys to the sister home. The kitchen staff explained that care staff from the sister home would need to assist in washing dishes, as there were no kitchen staff.

This was raised with the Regional Manager, who assured the regulation officers that an additional care staff member had been rostered to assist in the kitchen.

Therefore, they had not been removed from their duties as carers to provide support in the kitchen. However, housekeeping staff discussed that if they were sufficiently staffed in housekeeping, they may be moved from housekeeping to work as carers if dual trained.

The regulation officers attended a daily meeting at 10:30 with the heads of department and senior clinical staff. It was of concern at that meeting that housekeeping was reported as satisfactory, although housekeeping was not represented. It was discussed with the management team that the current ancillary staffing situation was a risk. This is an area for improvement.

The night nurse confirmed to the regulation officers that there had been one nurse and three carers on shift the previous night, as one care staff member had not turned up. They moved one carer from the sister home to meet the minimum staffing as set out in the Care Home Standards. On the day shift, there were two nurses and five carers, but management brought an extra staff member to reach the required minimum staffing. The regulation officers also observed that there was an agency registered nurse (RN) in charge of the ground floor of the home with two carers. One of the carers had just completed induction and one was agency. The skill mix of the staff on the ground floor was of concern. The Regional Manager explained that there is currently an increased dependence on agency staff within the home.

The regulation officers joined the nursing handover at 08:00 on both home floors. The RNs hand over to each other, with a carer's handover taking place separately. The RN would then hand over anything further from the nursing handover to the carers. The carers must also read the nursing handover on their handheld devices. The RN showed the Regulation Officer the template for the staff handover. This is stored electronically but can also be printed off. Both the handover document and the verbal handover contained relevant clinical information and any environmental issues. The regulation officers discussed the current handover format with management and whether a whole team handover may be more time-efficient and better for effective communication.

The regulation officers reviewed one of the most recent permanent staff's personnel file, and relevant checks had been completed before their start date except for a third reference, which still needed to be followed up. It was discussed with the Interim Manager, who would check with Human Resources (HR). The Regulation Officer was still awaiting an update at the time of the writing of the report.

The regulation officers also spent time talking with the activity co-ordinator for the home, they discussed how they cover both homes with one other member of staff based at the sister home. There is a programme of activities for care receivers which had included music yesterday and today a visit from small ponies in the afternoon. Unfortunately, staff and care receivers informed the regulation officers that the activity co-ordinator was leaving at the end of the week. The Regional Director advised that recruitment for a replacement was underway.

### **Agency Staff**

There was evidence from the recent focused inspection of the sister home that agency staff had commenced unsupervised work without being supported through the home's induction process. The inspection findings confirmed that this was also happening at L'Hermitage.

The regulation officers discussed with the management team that it is reasonable and appropriate, given the current staffing shortages within the care sector, to use agency nurses to assist with staffing within the home. However, management must assure themselves that any agency staff employed within the home had been recruited safely and had appropriate training and induction before working unsupervised within the home. This is an area for improvement.

The regulation officers discussed that the training and induction should be proportionate regarding how long the agency staff member will be working for. There is a difference in the training and support for someone only working one shift compared to someone coming to work for longer. The peripatetic manager discussed developing an organisational policy to outline the above, and it was agreed that this would be beneficial moving forward.

One agency staff member commented, "They had received zero induction and had learned as they had gone along." Nursing staff also commented that working with new/inexperienced staff and agency staff meant that they constantly had to teach and supervise in addition to their nursing responsibilities, which was a concern.

## **Management Oversight**

It was positive to note that the provider had recognised the need for additional managerial support across the two homes by bringing another peripatetic manager across from the UK. The regulation officers discussed whether this would mean that there would be one manager based at each of the two homes. The regulation officers advised that given the ongoing fragility of the staffing situation within both homes, there is a need for constant and continuity of managerial oversight.

Feedback from care receivers also confirmed that the management team were not visible within the home and that they were unsure at times of all the “different faces walking around the home.” A staff member commented, “I am looking forward to a new manager, at the moment it is unsettling as I have multiple managers”.

The role of Registered Manager has been successfully recruited and will take up the post at the end of September. An appropriate handover period was discussed with the management team. The regulation officers also considered whether there should be two managers, one for each home, given the current management oversight required and poor compliance with the Standards by both homes. The Commission will keep this under review.

## **Maintenance**

The regulation officers discussed the home's maintenance arrangements with the management team. The Regional Director mentioned they needed clarification regarding the servicing arrangements for some equipment within the home. The regulation officers asked what the handover arrangement was when Aria took over from the previous provider. The management team advised the regulation officers that no such handover had occurred. It was discussed that the provider needs to be able to provide evidence of what arrangements they have in place moving forward. This is an area for improvement.

Staff feedback also confirmed ongoing problems with the connectivity of staff hand-held devices (phones) in different parts of the building. The Regional Director confirmed to the regulation officers that they are looking at additional routers for the home to help rectify this problem.

In addition, a commode was in use in one of the care receiver's bathrooms, which was in a poor state of cleanliness. This was highlighted to the interim manager immediately.

### **Staff training**

The Interim Manager provided the Regulation Officer with the staff-training matrix for the home, and training was discussed at the 10:30 meeting. The management team examined how the regional trainer had advised that "some staff hadn't turned up" for recent training. As a response, the management team sent a letter to all staff members to reiterate their responsibility to keep mandatory training current. It was then agreed that this had had the desired effect in terms of the response from staff. The overall rating for mandatory training, as reported in the matrix, was 79%. This percentage differed from the 96% reported at the staff meeting. Capacity and self-determination training was identified as a top training priority. It was discussed in the feedback after the inspection that this needs to be relevant to local Jersey law and legislation. This will be reviewed at the next inspection.

It was positive that management discussed training advancement and more coaching for senior carers. This is already something that the provider offers in the UK and is referred to as CHAPS.

### **Care receiver feedback**

The regulation officers spoke with care receivers and their comments included:

*"The staff are very good and do their best but are always short-staffed. Haven't seen anyone from the new management".*

*"Staff are good, but management you don't see. Food okay."*

*"The food is not good. Staff come when needed".*

*“There are no staff and this affecting quality of care”.*



## IMPROVEMENT PLAN

There were three areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 3, Appendix 5.</p> <p><b>To be completed by:</b> three months from the date of inspection (22 November 2023).</p>	<p>The Registered Provider must ensure that domestic/ancillary staff will be employed in sufficient numbers to ensure that the standards relating to food, meals and nutrition are fully met and that the home is maintained in a clean and hygienic state, free from dirt and unpleasant odours.</p>
	<p><b>Response of Registered Provider:</b></p> <p>The new Assistant Chef started work on 3 September and the new Head Chef commenced in post on 25 September. One kitchen assistant post remains vacant. We will update the JCC on progress before the deadline of 22 November 2023.</p> <p>There is a cleaning schedule in place, and this provides a framework to clarify how the home is maintained in a clean and hygienic state. Where there has been any gap in meeting the schedule due to unforeseen events or absence, this is recorded. There is also a housekeeping audit schedule which identifies and remedies any shortfalls.</p>

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 3.1, 3.10 and 3.11</p> <p><b>To be completed by:</b> with immediate effect.</p>	<p>The Registered Provider must ensure the safe recruitment, induction and statutory and mandatory training of all care/support workers (including agency staff) before staff work unsupervised.</p>
	<p><b>Response of Registered Provider:</b></p> <p>A review of all employee files was completed by 31.08.23. This included 8 agency files. The agency induction checklist has been revised to reflect Jersey</p>

	<p>standards. Further HR Business Partner review completed 3-5 October 2023.</p> <p>Review of mandatory training to include agency staff completed and “block booked” agency staff attend same face to face sessions as permanent staff.</p>
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<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 4.6, 6.5</p> <p><b>To be completed by:</b> with immediate effect.</p>	<p>There will be comprehensive health and safety policy and procedures which will comply with legislation and best practice guidance and will cover:</p> <ul style="list-style-type: none"> <li>• Maintenance of equipment and appropriate record keeping</li> </ul> <p><b>Response of Registered Provider:</b></p> <p>While it was reported that there had been no handover arrangement for clarifying maintenance arrangements when Aria took over the services, the context of the comment from the Regional Director that clarification was needed regarding servicing arrangements was around mattress checks, and a review of all servicing arrangements across the services to make sure we were meeting requirements. There were no issues arising from this in relation to any other equipment in the home and it maintains files of internal and external checks of all equipment. There was a discussion around the consideration of a maintenance and servicing contract for air mattresses, pumps and beds and at the time of the inspection this was not in place, but the company were awaiting final quotes for this. A new service contract was put in place on 18<sup>th</sup> September 2023.</p>
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