



**Jersey Care
Commission**

INSPECTION REPORT

Lavender Villa Care Home

Care Home Service

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

13 and 14 February 2024

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 Service
Mandatory Conditions of Registration	Type of care: Personal care and personal support. Category of care: Adult 60+. Maximum number of care receivers in receipt of combined personal care and support: 20, one person accommodated rooms 1-21 (no room 13). Age range of care receivers: Aged 60 years and over.
Discretionary Condition of Registration	None

Dates of Inspection	13 and 14 February 2024
Times of Inspection	On 13 February 2024 14:30 – 16:30 On 14 February 2024 08:00 – 14:00
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers using the service on the day of the inspection	19

The LV Care Group operates the Care Home service, and there is a Registered Manager in place.

Since the last inspection in May 2023, the Commission received a notification of the absence of the Registered Manager. The notification included details of the Registered Provider's arrangements to ensure the service had a suitable interim management plan. This was for the month of July 2023 and the Registered Manager has now returned.

The Commission has corresponded with the Registered Provider to obtain an update on the potential plans to expand the care home. This communication was initiated following feedback from the previous inspection, highlighting concerns about uncertainty regarding the future of Lavender Villa. As of the last correspondence in November 2023, no clear plans had been agreed upon. Further details on this matter are explored in the report.

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 safety of the service was inspected through the management of medication and staff training. It was found that medication is managed in an ordered, systematic way. The practices balanced safety and care receivers' choices. Statutory and mandatory training topics were found to comply with Standards.

There was evidence that the team actively sort and addressed the wishes and preferences of care receivers regarding their present and future care and support. Additionally, they proactively gain feedback on how care receivers and their representatives feel the service is running.

Staff were observed to emulate a respectful, caring approach when interacting with care receivers and each other. Feedback to the Regulation Officer from care receivers regarding staff was consistently positive. Care records sampled contained holistic initial assessments, care plans following assessment, and risk assessment.

The care home atmosphere was warm and welcoming. The lounge was quiet and calm on some occasions and lively and sociable at other times. Many activities were offered for care receivers to engage with if they wished. The inside of the home is visibly clean, tidy, and well-maintained. Outside the home, no barrier or fence exists between the care home and the adjacent land. This is an area for improvement.

There is governance oversight and clear lines of escalation from the LV Care Group. The Provider ensures monthly service reviews, produces the service policies and procedures, and sets the audit cycle.

A positive culture regarding staff attitudes and approaches was observed, and it appeared to derive from the Registered Manager's attitude and approach. The Registered Manger had a complete understanding of their role and responsibilities and a value-based approach to leading and managing.

INSPECTION PROCESS

This inspection was announced and was completed on 13 and 14 February 2024. Notice of the inspection visit was given to the Registered Manager the day before, to ensure that the Registered Manager would be available. Two Regulation Officers were present at the inspection on 13 February. One Regulation Officer undertook the inspection on 14 February.

The Care Home Standards were referenced throughout the inspection.¹ This inspection focussed on the following lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

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

The Regulation Officer gathered feedback from seven care receivers and three of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by three professionals external to the service.

As part of the inspection process, documents were examined, including policies, care records, Medication Administration Record Sheets (MARS), staff rotas, and quality assurance documents. At the conclusion of the inspection days, the Regulation Officer provided feedback to the Registered Manager.

This report outlines 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.

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

INSPECTION FINDINGS

At the last inspection, no areas for improvement were identified.

Is the Service Safe

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

The safety of the service was inspected through the management of medication. Initial discussions were held with the Registered Manager to gain an overview of practices. The Registered Manager explained that their assessment was that medication management within the care home was safe and described the processes and systems in place to support their judgment. These included comprehensive policies and procedures, quarterly audits, appropriately trained care staff, and a culture of learning, not blame.

The LV Care Group Medication Policy was reviewed and found to be comprehensive. It covers topics including medication supply, administration, storage, disposal, and training. Additionally, it addresses the management of controlled drugs, hazardous substances, anticipatory medications, complementary and alternative medicines, over-the-counter medications, and unlicensed medications. The medication audit was reviewed and illustrated safe practices.

The Registered Manager gave an example of how covert medication was managed, and the practice mirrored the policy. It was a rare practice, and the team ensured prompt external reassessment to enable the care receiver's needs were appropriately met. They also explained how the staff supported a care receiver who self-administered insulin.

This example, feedback from the care receiver, and care records evidence a practice that balances the care receiver's safety and choice. It also demonstrates the team's awareness when support from other agencies and disciplines was required.

Medications were stored in their original packaging and arranged in the medication trolleys in a tidy and orderly manner; the trolleys were anchored. A sample of MARS was reviewed. All had care receiver identification, including name, date of birth, and a photograph. Details of any allergies were documented or recorded as nil known. Medication names, doses, and frequency were legible. Signatures and/or initials aligned with the times and dates medications were required, and there was a separate signature sheet to identify which staff member the signature related to. Controlled drugs (CDs) were also correctly stored. CDs were administered by appropriately trained care staff.

The training matrix evidenced that care staff administering medication had undergone level 3 medication module. Regulation Officers were informed that the LV Care Group quality and Compliance Manager undertook annual competency assessments.

Staff statutory and mandatory training topics were found to comply with Standards. The Registered Manager explained that some staff had chosen to self-fund further education and development. They praised the staff's commitment to professional development.

Is the Service Effective and Responsive

Assessing the organisation of the service so that care receiver's needs are respected and met.
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The services aims and philosophy are set out in its Statement of Purpose. The Regulation Officer explored the Statement of Purpose in detail with the Registered Manager. It clearly outlines the process from when a care receiver considers moving into the care home through to care delivery. The service is being delivered in line with the Statement of Purpose and the service's conditions of registration. The Statement of Purpose is available for present and potential care receivers. Additionally, a Welcome to Lavender Villa booklet is an easy-to-read reference to what the care home provides.

The team proactively gained feedback about the service from care receivers and their representatives. The Regulation Officer saw evidence of the residents' feedback. August 2023 focused on the new activity program, which was overall positive. December 2023 set out statements to measure opinions and asked respondents to indicate their level of agreement or disagreement. For example, "I feel the staff know what they are doing, I feel the staff work well, I am treated with dignity, and living in the home is an enjoyable living experience". Responses were positive throughout.

There was evidence in care records that the team supported care receivers to explore their future wishes and preferences for treatment and advance care planning. Care records illustrated when referrals had been made to other professionals to support assessing the care receivers' capacity to make informed decisions about their future health wishes and to support addressing changing care needs. Feedback from a health professional whom the team had referred to highlighted that the team had worked collaboratively to ensure the wishes and needs were understood and responded to.

Some care receivers had decided they did not want to be resuscitated. The Regulation Officer saw that appropriate documentation was in place to support this and that the decision had been communicated effectively to the staff team.

There had been a recent bereavement in the home. There was a photograph of the person and words expressing how much they were loved and missed. The team described how other care receivers were informed, and the approach appeared sensitive and individualised.

The Regulation Officer sampled three monthly provider reports that review the quality of care and regulatory compliance of the service. The reports demonstrated service review and actions taken when issues were noted. One example in the June 2023 report highlighted that two events where harm had occurred had yet to be notified to the Commission. The author of the report explored this with staff and reminded them of the requirement. The Regulation Officer was satisfied that learning had occurred following the internal review, and the team was aware of the requirements related to notifications.

The Regulation Officer reviewed the service's notifications to the Commission and the corresponding care records. The events/issues, the impact, and follow-up actions were documented. There have been no safeguarding referrals related to the service or care receivers living at Lavender Villa since the last inspection.

There has been one new staff member recruited since the last inspection. The recruitment file was reviewed and met the required standards. The appraisal and supervision system met the Care Home Standards.

Is the Service Caring

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

Feedback to the Regulation Officer from care receivers regarding staff was consistently positive in regard to staff. It was stated:

"They [staff] are all lovely, the day and the night staff."

"They [staff] are there at the press of a button."

"I feel safe with the staff."

"Staff are great."

Feedback from health and social care professionals external the service was also positive, highlighting the team had a caring and responsive approach. Additionally, staff were observed during the inspection as emulating a respectful, caring approach when interacting with care receivers and each other. One Senior Health Care Assistants stated, "This is people's home, and we come to support them [care receivers] to live well".

Feedback was that meals were tasty, there was a choice, and it was always possible to have something different. It was commented, "The Chief is very flexible". Food choices were visible. Care receivers were baking in the home, with one care receiver providing feedback that, "I love baking, we all have such a good time".

Care records were reviewed. There was evidence of holistic initial assessments, care plans following assessment, and risk assessment. Daily record entries demonstrated that care had been delivered as planned or gave reasons why this was not possible. Care needs and records are reviewed monthly.

The records are in paper and electronic form. The service uses the electronic care record system 'Fusion'. The system was challenging to navigate and needs to flow more smoothly to provide easy access to care records. However, the Regulation Officer saw evidence of an easy-to-read handover sheet the team used and observed staff communicating effectively. The Registered Manager explained that the service would soon transition to a different electronic system, and they had been advised that the transition would be supported with staff training.

The inside of the care home is visibly clean, tidy, and well-maintained. The environment has rails, slopes, clear corridors, and lifts enable care receivers within the care home to easily move independently. There are several communal areas for care receivers and their families to spend quality time together.

The Regulation Officers noted the atmosphere was warm and welcoming. This was also voiced by feedback from other professionals who had visited the home. A Regulation Officer observed the reception lounge at different times of the day over the two days of inspection. It moved from quiet, calm, and relaxing, at times, to a space where care receivers were chatting and sociable with each other. When staff walked through, there was banter; people seemed relaxed with one another. On one occasion, a seated exercise class was being delivered. Instruction was from the Activity Coordinator, with approximately nine care receivers taking part. The session appeared fun, with everyone smiling or laughing.

Care receivers spoke of enjoying the activities; a schedule of activities is posted in the reception lounge. There has also been a boat trip, and a care receiver described her joy at seeing dolphins. Some care receivers also attend day centres, which helps maintain friendships and connections with the wider community.

There are some well-maintained parts of the outside area, and these support outdoor socialising and gardening. However, no barrier or fence exists between the care home and the adjacent land. It overlooks unmanaged land that houses some industrial equipment. It is reported that the care provider owns the land and it may be the site of future development. The view from the conservatory is unsightly. Feedback highlighted it was unpleasant to look upon and distracted from viewing wildlife that comes to the area. This is an area for improvement.

Feedback during this inspection mirrored that raised in the previous inspection regarding people wishing for more information about plans to expand the home. It was disappointing to be informed that a meeting to update care receivers on the situation had been cancelled and not rescheduled. The Provider has been advised to rectify this.

Is the Service Well-Led

Evaluating the effectiveness of the service leadership and management.
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Service oversight from the LV Care Group is through the Clinical Lead and Compliance Manager. During the inspection, the Compliance Manager was contacted for policy guidance, and their prompt response was encouraging. The Care Home has an appropriate staffing structure and staffing levels. There is a clear line of accountability through which issues can be escalated.

LV Care Group produces the services policies and procedures and sets the audit cycle. It was encouraging that the LV Care Group policy manual referred to several island-wide policies. The Regulatory Officer was informed that the manual was being transferred to a new computerised system, and policies would be reviewed and updated during the transfer. The service's whistleblowing policy was reviewed. It defined whistleblowing, highlighted its importance, provided practical guidance, and outlined possible actions that may follow, including staff support.

The culture of the care home was inspected through observation and feedback. The small size of the care home was repeatedly referenced as a key reason for it being a positive environment to live and work. A care worker stated, "We are one family", and "It is because we are small that it works". This was also echoed in feedback from a social care professional.

The positive culture is also derived from the Registered Manager's attitude and approach. They demonstrated a complete understanding of their managerial role and responsibilities and described their value-driven approach. "You treat your staff as you wish the residents to be treated". They spoke highly of their team's commitment, self-motivation and respectful approach. They are a visible leader and were described by staff as approachable, supportive, and someone who listens.

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: Regulation 18 (2) (b) Standard 7.1</p> <p>To be completed by: 14 August 2024, six months from the date of inspection.</p>	<p>The Registered Provider must ensure the outdoor space is well maintained and decorated to provide attractive and usable space. Therefore, the Provider is required to construct a fence along the border of the registered premises, between the care home and the adjacent land that lies to the west of the care home.</p>
	<p>Response of Registered Provider:</p> <p>The LV Care Group strive to ensure that the exterior of our homes and gardens are as welcoming as the interior. We acknowledge that this has not been the case at Lavender Villa.</p> <p>The plan is to construct the fence along the border of the registered premises and the adjacent land. The fence will be constructed to enable staff and residents to decorate as they wish. Such as a 'living wall' or mural.</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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