



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Beaumont Villa**

**Care Home Service**

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

**28, 29 February, 8 and 15 March 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 Beaumont Villa Care Home. The home is located in St Peter, close to another care home, L'Hermitage, which the same service provider also operates. The home is a two-storey building with single-bedroom accommodation and communal lounges on both floors. Bedrooms have en-suite shower and toilet facilities.

The door to the home's exit is secured and can only be opened using a key code. Additionally, internal doors are equipped with key codes to restrict access, and outdoor areas are enclosed to ensure the safety of care receivers. The home is registered to provide personal care to people living with dementia.

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	Type of care: Personal care Category of care: Dementia care Maximum number of care receivers in receipt of personal care: 24  Age range of care receivers: 60 years and above Maximum number of care receivers that can be accommodated in the following rooms:  Rooms 1 – 24: one person

Discretionary Conditions of Registration	<p>1. Beaumont Villa Care Home may not provide support to any additional care receivers other than those who already reside within the home. This condition is to remain active until such time as the Commission is satisfied that it need no longer apply.</p> <p>2. The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 16 November 2026.</p>
Dates of Inspection	28 and 29 February, 8 and 15 March 2024
Times of Inspection	<p>6.30pm to 10:45pm</p> <p>7.50am to 1.00pm</p> <p>1.00pm to 4pm</p> <p>9.30am to 10.45am</p>
Type of Inspection	<p>Unannounced on the first three visits</p> <p>Announced on the final visit</p>
Number of areas for improvement	14
Number of care receivers using the service on the day of the inspection	Fifteen

Aria Care Limited operates the Care Home, and a Registered Manager is in place. Since the last inspection, completed on August 9, 2023, there have been changes to the managerial arrangements. A Registered Manager became registered with the Commission on November 16, 2023. The Deputy Manager position has been vacated twice since the last inspection, and there is an intention to recruit into the vacant position.

The Commission met with representatives from Aria Care Limited on September 6, 2023, to discuss the findings of the August inspection, which highlighted that the Commission had invoked its Escalation and Enforcement Policy<sup>1</sup>.

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<sup>1</sup> The Escalation and Enforcement Policy can be found on the Commission's website and can be accessed at <http://carecommission.je/policies-and-legislation/>

The Commission proposed imposing discretionary conditions on the home's registration on September 25, 2023, which recommended suspending admissions into the home. The provider made representation against this proposal on October 9, 2023, which the Commission took into account. To minimise risk and allow the newly appointed manager time to implement the action plan that the provider devised, the Commission imposed the discretionary condition.

Two regulation officers visited the home on October 17, 2023, to assess and monitor the use of bedrooms. The Commission met with representatives from Aria Care Limited on January 31, 2024, which allowed the service to update the Commission on the progress made with the action plan.

The other discretionary condition on the service's registration requires the Registered Manager to complete a Level 5 Diploma in Leadership in Health and Social Care by 16 November 2026.

## **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.

During this inspection, areas of non-compliance with the Standards and a lack of leadership and managerial oversight were identified. Although there is a Registered Manager, there appears to be insufficient managerial presence, leadership and guidance for the staff team. Family members provided varying opinions regarding the management of the home. One was complimentary, and others did not share the same view. They praised the staff team for their concern and compassion towards their relatives, although they were concerned about the staffing levels and staff turnover.

The regulation officers observed some positive interactions between staff and care receivers, with some staff members demonstrating a commitment to delivering a high-quality service. Additionally, the regulation officers noted that care receivers appeared well groomed, and their personal care needs seemed to be appropriately addressed during each visit to the home.

Improvements must be made to meet the standards in several areas, including safe recruitment and vetting processes for all staff and providing supervision and training, especially in fire safety and medication administration. Notifiable events must be reported to the Commission, the complaints procedure must be made known, and the number of domestic staff working in the home must be made clear in the records.

The safeguarding policy must be amended to reflect local working practices, and the staff rotas planned to include protected time for the handover of information between teams of care workers.

The Commission will continue to keep this service under review. The discretionary conditions for suspending new admissions will remain in force until the provider demonstrates improvements are made. Given the findings from this inspection, the Commission has issued the provider an improvement notice to take immediate action.

## **INSPECTION PROCESS**

This inspection was unannounced and involved two regulation officers visiting at different times of the day and evening on four separate occasions.

The Care Home Standards were referenced throughout the inspection.<sup>2</sup>

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<sup>2</sup> The Care Home Standards and all other Care Standards can be accessed on the Commission's website at <https://carecommission.je/Standards/>

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**

Before our inspection, all of the information held by the Commission about this service was reviewed, including the previous inspection report, notification of incidences and correspondence between the Commission and the provider following the last inspection.

The regulation officers gathered feedback from two care receivers and five of their representatives. They also had discussions with the Registered Manager and other staff members in various job roles. Additionally, the regulation officers contacted several GPs and health and social care professionals requesting feedback about the home. One health professional responded.

On the second inspection visit, the regulation officers requested the home display a poster with the Commission's details, inviting visitors to provide feedback.

As part of the inspection process, records including samples of staff recruitment files, staffing rosters, training records, quality reports, service and fire safety records, and care records were examined.

After the inspection, one Regulation Officer gave initial feedback to the Registered Manager about the findings of the inspection. At the request of the provider representatives, more detailed, in-depth feedback about the inspection findings occurred during a meeting with the Commission on April 10, 2024.

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.

## INSPECTION FINDINGS

At the last inspection, nine 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. In addition, the Commission met with Aria representatives on January 31, 2024, to discuss the progress made with the improvement plan.

Since the last inspection, the home has replaced equipment, including beds, mattresses, and pressure-relieving cushions. The communal lounges have undergone redecoration, and during the inspection, upgrading was observed in the small kitchen area within one of the lounges. Care planning and record-keeping practices had improved, and there was evidence that escalation processes had been actioned appropriately in response to care receivers' changing healthcare needs. Training was provided to the staff team on pressure ulcer awareness and management.

Further progress is required to address some of the areas of improvement identified during the last inspection. Specifically, the management and leadership arrangements have yet to improve sufficiently, which needs to be addressed and remains an ongoing area for improvement. The provider must ensure compliance with safe recruitment standards, including ensuring senior care workers possess relevant Level 2 qualifications and complete medication training as required by the Standards.

As detailed in the report, additional improvements are required to meet Standards in several areas. The Commission will continue monitoring the home as part of its regulatory responsibilities and will follow up to ensure compliance with the Regulations and Standards.

## 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.

During the inspection phase, the Registered Manager submitted the home's Statement of Purpose (SoP), which the regulation officers reviewed to ensure that the services described in the SoP were being implemented as intended. Some discrepancies were noted, such as registered nurses being part of the staff team which was discussed during the meeting on April 10, 2024. The provider provided an assurance that this would be reviewed.

Since the last inspection, there have been changes within the staff team. The Deputy Manager position has been vacated twice and some care workers have left the service, and the Registered Manager advised that recruitment for these positions was ongoing. The home still relies on three full time care staff from a UK staffing agency to fill the staffing gaps due to permanent care staff shortages.

During the previous inspection, it was identified that the recruitment practices concerning agency staff needed to align with the Standards. The provider gave assurance that the agency staff recruitment records had been reviewed between August and October 2023 and were found to be compliant. However, upon reviewing a sample of agency staff records during this inspection, it was found that the Standards regarding safe recruitment still needed to be met.

There were no copies of references, criminal records checks, previous work history details, or confirmation of the right to work in Jersey available within the staff files. During the inspection phase, the home requested further information from the agency about one agency care worker's qualifications and training, which the regulation officers reviewed.



The records indicated that the home had relied on a checklist from the agency to verify the safety and suitability of staff working in the home, which poses significant risks. The lack of evidence that all recruitment information had been obtained raises concerns about the provider's thoroughness in recruitment processes and the ability to safeguard care receivers adequately. The need to consistently demonstrate safe recruitment practices for all staff working in the home is a recurring area for improvement and will be kept under review by the Commission.

In the last inspection report, the provider confirmed that "*no senior care staff are employed without a Level 2 care qualification and working towards Level 3. Senior carers who are required to administer medication will hold Level 3 in medication*". However, upon reviewing staff folders, and speaking with care staff it was found that this was not the case, as there was no evidence indicating that all senior care staff listed on the staffing roster possessed these qualifications.

The provider must ensure that care workers who hold supervisory or senior care worker positions have completed a Level 2 Diploma and have completed or be working towards completing a Level 3 Diploma and this is a repeated area for improvement.

Care staff confirmed, and the records indicated, that they had undergone training in medication administration through e-learning. There was no evidence that care staff had completed Level 3 Medication training, which contradicts the provider's response to the last inspection report and the information outlined in the SoP. The Standards require care workers responsible for administering medicines to have completed an accredited Level 3 vocational qualification and there is evidence to suggest that staff without this qualification had administered medication. This is an area for improvement.

During the first visit to the home, the regulation officers noticed a sign on the sink in the ground floor sluice advising against drinking water. Several care staff mentioned an issue with the water supply, to the extent that bottled water was provided for drinking and oral hygiene purposes. The regulation officers observed numerous cases of bottled water stored in one of the spare bedrooms. This was brought to the Registered Manager's attention during the second visit to the home, and they said that this information was incorrect and stemmed from a miscommunication among the staff team. The Registered Manager advised that the issue with the water supply was isolated to the neighbouring staff accommodation and had not impacted the care home.

However, during the inspection phase, the regulation officers obtained copies of water records, revealing that Legionella had been detected in four outlets within the home approximately sixteen days before the first inspection visit. The records showed that the Registered Manager had been made aware of the test results by the Head of Health and Safety and was instructed to implement risk mitigation measures.

The Commission had not been notified of this occurrence, nor had the Registered Manager informed the regulation officers of this whilst discussing the water supply issue during the second visit. The Registered Manager advised that following the initial test in which Legionella was detected, further tests confirmed that there was in fact no Legionella present. However between the initial test and the Registered Manager advising the regulation officers of the negative test there was a period of over two weeks. Once the initial test results indicated the presence of Legionella, this should have generated a notification to the Commission, to be updated following any subsequent changes to the test results.

The failure to be open is a significant concern to the Commission, particularly considering the Regulations require openness and transparency and place a duty on registered persons to inform the Commission of events that may pose a risk of harm to care receivers. Registered persons must adhere to regulatory requirements and maintain transparency in their dealings with the Commission, care receivers, and their representatives.

The regulation officers observed one care assistant carrying used laundry through the home without placing it in a linen skip, as would be expected. Additionally, another care assistant was seen carrying an alginate linen bag without wearing gloves. There were no disposable gloves available in the ground floor sluice area, and care staff, in general, demonstrated a poor understanding of infection prevention practices. Furthermore, the regulation officers noticed stickers on some bedroom doors, and when questioned about their meaning, staff interpreted the rationale differently.

A spill kit in the sluice had expired in 2020.

Some staff suggested they had been left over from COVID protocols, another said they were used to cover Velcro on the doors, and another staff member said they did previously indicate infection but were no longer relevant, so they should have been removed. One senior care worker told the regulation officers that they focused on providing care, which the regulation officers felt showed a lack of understanding of the fact that infection prevention is integral to care.

This was reported to the Registered Manager, who advised that they were unaware of the use of the stickers and the variances in the staff team's understanding. The provider must ensure safe practices are in place through training, supervision, and monitoring of care workers' practices in infection prevention and control, which is an area for improvement.

Samples of domestic rotas were examined, and they showed that they were organised to cover both Beaumont Villa and L'Hermitage. The rotas must be managed separately to ensure compliance with staffing ratios as per Standards and to identify which staff member is assigned to work in each home. Without knowing who is responsible for each home, it is difficult to ensure accountability, track performance, and ensure responsibilities are appropriately adhered to.

The rotas showed on some occasions in February and March 2023 that two or three domestic staff were rostered on specific days to cover both care homes, which is insufficient and fails to meet the Standards. The rotas were challenging to understand due to the use of unexplained abbreviations.

A review of the cleaning records showed that records in respect of bedrooms had not been completed in order to evidence they had been cleaned according to the scheduled cleaning routine on certain days, some of which coincided with the days when two domestic staff were rostered to cover both Beaumont Villa and L'Hermitage care homes. The need to employ domestic staff in sufficient numbers to meet Standards and maintain accurate domestic rotas and records specific to Beaumont Villa (to exclude domestic staff assigned in L'Hermitage) is an area for improvement.

Instead of meals being prepared daily in the kitchen as outlined in the SoP, the regulation officers observed that foods were being cooked in L'Hermitage and transported across to Beaumont Villa. During the second inspection visit, the regulation officers noted cooked breakfast foods being kept in a hot trolley for approximately an hour and a half. It was noted that lunches and evening meals were similarly cooked at L'Hermitage and then transported to Beaumont Villa.

By the time of the final inspection visit, it was promising to note that breakfasts were being cooked fresh to order in the home. The regulation officers spoke with the Chef, who advised that they intend to use the kitchen at Beaumont Villa for all meals going forward. The Chef reported that the Environmental Health Team had visited during the inspection phase to provide guidance on record-keeping practices, which indicates a positive shift towards making improvements.

Family members expressed concerns to the regulation officers regarding staffing levels in the home, describing them as inadequate. The Registered Manager informed the Commission of two consecutive occasions where staffing levels fell below the minimum Standards. This meant only two care assistants were on duty for twelve hours during the day. Ensuring consistent staffing levels to meet at least the minimum staffing ratio is an area that requires improvement. The rotas also showed that some staff were also rostered to work beyond 48 hours per week.

The Regulations and Standards require notifiable events to be reported to the Commission, including Significant Restriction on Liberty (SRoL) authorisations. The regulation officers reviewed the records held by the home against those previously reported to the Commission, noting some omissions, showing that not all notifications had been reported. This was brought to the attention of the Registered Manager who submitted these notifications retrospectively. However, the provider must implement measures to ensure accurate and timely reporting of notifiable events, which is an area for improvement.

Since the last inspection, visiting health professionals have raised safeguarding alerts, raising concerns about some aspects of care provided to individual care receivers. Additionally, during the inspection phase, the home raised a safeguarding alert regarding one practice episode. The Regulation Officer attended the planning discussion meeting and was concerned that there were gaps in the implementation of safeguarding procedures. The provider's safeguarding policy was not followed, and the care receiver's General Practitioner was not notified.

The provider's safeguarding policy, which was relevant to English legislation and local authority responsibilities rather than Jersey practices and procedures, was reviewed. This highlighted a significant gap in the provider's approach to safeguarding. The policy should be amended to reflect Jersey-specific procedures and requirements and outline clear protocols for responding to instances of concern. This is an area for improvement.

Samples of medication administration records (MAR) were reviewed during the first inspection visit and found to have been completed with staff signatures to evidence administration as directed.

### **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 SoP suggests the service's complaints policy is in the home's foyer. However, this was not the case. One representative had contacted the Commission before the inspection process to request how to make a complaint. Another representative told the Regulation Officer that they had never received information about the complaints process and did not know how to formalise concerns if they had any. This demonstrates that this is an area for improvement; accessibility to the complaints procedures allows care receivers and their representatives to voice their concerns properly.

Samples of care records were examined which were detailed and comprehensive. They were clearly written to show how care and support was delivered and they contained personal and historical information about the care receivers. The regulation officers discussed the care needs with some of the staff team, and it was clear that they had a thorough understanding of their individual needs, preferences and family relationships.

One of the care staff described a physical deterioration in one of the care receivers and discussed the process surrounding their referral to nursing care. They spoke of having consulted with relevant professionals and their family members in light of their deterioration. Feedback from one health and social care professional was complimentary of the staff team in monitoring the care receiver's changing health status. They told the Regulation Officer, "Staff are quick to recognise when people are not themselves and show genuine concern; they will be proactive in monitoring and call for a visit, avoiding leaving illness progression until it is too late".

This demonstrates that staff are vigilant in monitoring care receivers' health and conditions and escalating them to the right professionals. This evidenced an improvement in the overall escalation processes, which had been an area for improvement on the last inspection.

During the inspection one care receiver, who had been in hospital for a period of treatment was planning on returning to the home. Despite the staff team's awareness of best practice in carrying out an up-to-date assessment after a hospital stay, this was not done. Best practice would suggest that an assessment is carried out by the home, so that they are best prepared to meet the needs of the returning care receiver.

The home's registration conditions focus on providing personal care and support to people with dementia. On the first evening visit, current chart music was played in one of the communal lounges, which wasn't considered age-appropriate or the preferred taste of the care receivers. In contrast, in one of the other lounges, one care receiver enjoyed the music relevant to their generation. The home should consider identifying the types of music that care receivers enjoy.

The regulation officers walked through the communal areas of the home and reviewed a sample of bedrooms, noting that some rooms had poorly fitted curtains. The general internal environment was found to be clean and nicely presented, and the communal lounges had been refurbished recently. However, there was no sensory stimulation, resources available such as memorabilia, independent access to snacks, or points of interest, for example, as would be expected to support care receivers with dementia. The outdoor garden areas were neglected, overgrown, and not obviously accessible to care receivers due to closed doors leading to the outdoor areas during all four visits.

Two representatives commented negatively on the garden areas and the limited access to the enclosed gardens; one said, "There's no gardener at Beaumont Villa; the outside needs doing up," and another said, "They never have the doors open to go out into the gardens. I think they wait until spring time." One care receiver, looking out of the window from the lounge, told the Regulation Officer, "That's a mess".

The Registered Manager advised that a specialist dementia advisor plans to visit the home in April or May to assess the environment and make necessary modifications to enhance its dementia-friendliness. The internal and external environment must be improved to ensure it is well maintained and meets the specific needs of care receivers living with dementia. This is an area for improvement.

The provider has oversight arrangements in place to monitor the home's operation and quality of care and reports on a monthly basis. Samples of reports were provided during the inspection.

### **Is the Service Caring**

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

Feedback from relatives about the care and support provided to their relatives was positive about the efforts and approach of the care staff team. The regulation officers noted that care receivers appeared well cared for in terms of their physical appearance, suggesting that the fundamental hygiene needs of care receivers had been adequately met. Representatives made the following comments:

"Xxx is happy, I see their clothes are always clean and Xxx looks happy."

"The carers are very nice; the new ones seem lovely."

"The care is good; the staff are wonderful, and they are very caring."



During the inspection, the regulation officers observed some caring, one-on-one interactions between staff and care recipients. One staff member was seen dancing with a care receiver, who was enjoying the activity. Other staff members were heard talking to care receivers about their family members, and another staff member was conversing with a care receiver in their native language. The home had the local church group attending one afternoon, and many care receivers were seen participating in singing and listening to the group.

The regulation officers observed inconsistencies in the approaches to offering choices during meal times. During one breakfast, staff provided food to care receivers without offering a choice or visually presenting options. However, a staff member displayed a pictorial menu to one care receiver during lunchtime and showed them the available food options. Care receivers should consistently have opportunities to exercise their choice of foods.

Care staff spoke of their duties overnight, indicating that some domestic chores are expected, including Hoovering the communal areas once care receivers have retired to bed. Considering the importance of sleep hygiene and ensuring that it is promoted, this practice should be reviewed.

### **Is the Service Well-Led**

Evaluating the effectiveness of the service leadership and management.
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Each time the regulation officers visited the home, the management team was at a different location (L'Hermitage Care Home), and consequently, they had to come to Beaumont Villa to meet with the regulation officers. This raises concerns about the level of managerial oversight, support, and leadership, and it aligns with feedback from the staff team and relatives, who said that the presence of the management team is irregular and sporadic. The lack of managerial presence in the home does not support adherence to the Standards, as this inspection has identified many areas of non-compliance. The Registered Manager must maintain proper oversight of the management, quality, safety and effectiveness of the home and this remains an area for improvement.

The day-to-day coordination of the home is overseen by a senior care worker, some of whom still do not have the required level of qualification as stipulated in the Care Home Standards. The regulation officers observed a handover discussion in a communal lounge. Concerns were raised regarding the maintenance of confidential information in such an area. The process of sharing information between staff, which would characteristically include confidential details relating to health needs and conditions, should be further reviewed so that there are no risks of breaching confidentiality.

It was reported that no protected time is allocated on the rota for handover, with staff starting their shift and others finishing simultaneously. The staff rotas also confirmed this. Protected handover time is a requirement of the Home Care Standards. This is an area for improvement.

The staffing rota showed that care staff work twelve-hour shifts. They reported that although they do take breaks, they are not consistently taken, and at times, they occur in the communal areas of the home alongside care receivers. There was a lack of acknowledgement regarding the significance of taking breaks away from their work areas.

While representatives commended the efforts of the care staff team, some voiced dissatisfaction regarding the management of the home. Some of their comments included;

“The manager’s been very nice and pleasant.”

“We feel the place has gone downhill, and lots of good staff have left. We had a relatives meeting last year, which was a one off.”

“I’ve never seen or met the manager; I don’t know who it is. I’ve never had any information about how to complain, I’d just have to go to the office and ask what to do.”

“They’re struggling with staffing levels more so than usual. The main issue is communication, and not letting you know what is going on with your relative and I’ve never met the manager. I had to go to [name of external agency] to find out for myself how to complain. There’s been a definite decline in the activities, previously I’d seen residents involved in making decorations for special occasions, like Halloween last year there was barely any decorations on the tables. The terrace and the garden areas are closed, and the doors are rarely opened so there’s rarely an opportunity for fresh air.”

“They just don’t have enough staff, they’re short staffed in the afternoons. I sometimes hear the staff telling the residents to sit down, which I don’t think they can help.”

One care receiver told the Regulation Officer “this is not a settled place”.

Staff who spoke to the regulation officers were inconsistent in understanding and familiarity with the provider's whistleblowing protocols and their access to the provider's policies. Some staff said they were accessible online, while others stated they would need to access the paper copies, which they said were located at L'Hermitage Care Home.

Feedback from care staff and records showed that supervision is needed to meet the Standards. Samples of two staff members' records showed that supervision had last been provided in December 2022 and March 2023. The supervision records for one staff member in October and December 2022 identified practice issues that posed risks to care receivers. There was no evidence that supervision had been provided since then.

Another staff member had changed job roles since their last supervision, completed in March 2023, and there was no evidence of discussions about their performance. During the April 10, 2024, meeting, the provider informed the Commission that staff supervision records are maintained electronically. However, during the inspection, the Registered Manager did not relay this information when discussing supervision processes and no evidence of supervision records were provided for review. Providing supervision to the staff team is an area for improvement.

The fire safety records were reviewed, and they showed that the outcome of a fire drill completed in January 2024 identified some further improvements needed in fire identification processes. The provider had completed a fire risk assessment in January, which highlighted that night time fire drills had not been conducted. The need to provide staff with fire safety training within the timeframe specified by the fire and rescue service is an area for improvement.

## IMPROVEMENT PLAN

There were 14 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> Regulation 5(2), (4) Appendix 3 (Care Home Standards)</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The managerial and leadership arrangements must be strengthened to lead and manage the home in a way that is consistent with the Statement of Purpose.</p> <p>The staffing rotas must accurately record the Registered Manager's presence in the home.</p>
	<p><b>Response of Registered Provider:</b></p> <p>Actions agreed:</p> <ol style="list-style-type: none"> <li>1. Statement of Purpose updated to accurately reflect staffing within BV.</li> <li>2. Staffing Rotas now highlights Registered Managers presence in a given Home. Rolling rota implemented 1.4.24. Staff agreed format to utilise hours with minimal need for excessive working hours. Introduction of Community Managers and Ronan Green becoming General Homes Manager (registered)</li> <li>3. Notices available in both Homes to highlight where the General Home Manager actually is, in the event that they are needed out with their allocated Home presence.</li> <li>4. Rotas and resident list sent to JCC weekly.</li> </ol>

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 17 (4)(a), Standard 3.9, Appendix 5 (Care Home Standards)</p>	<p>The provider must take active steps to employ care staff in sufficient numbers so that the minimum staffing Standards are consistently met, and to prevent staff from working excessive hours.</p>
<p><b>To be completed by:</b> within three months of the date of this inspection (15 June 2024)</p>	<p><b>Response of Registered Provider:</b></p> <p>Actions agreed:</p> <ol style="list-style-type: none"> <li>1. Rolling rota implemented 1.4.24. Staff agreed format to utilise hours with minimal need for excessive working hours.</li> <li>2. 1.5.24 x1 new HCA commenced, 13.5.24 potential candidate for Community Manager interviewed. 14.5.24 Position Offered to new Community Manager for Beaumont Villa.</li> <li>3. HCA advertised 17.4.24, SHCA advertised 18.4.24, KP advertised 18.4.24, Community Manager advertised 18.4.24, Registered Nurse advertised 23.4.24.</li> </ol>

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 17 (5), Standard 3.6, Appendix 4 (Care Home Standards)</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The provider must provide that safe recruitment practices in line with the Standards have been followed for all staff (including agency workers).</p> <p><b>Response of Registered Provider:</b></p> <p>Actions agreed:</p> <ol style="list-style-type: none"> <li>1. All staff follow a rigorous and robust recruitment process via Aria Care Recruitment, and Beaumont Villa has a dedicated recruitment Partner.</li> <li>2. Evidence of the recruitment process &amp; stage can be sourced via our recruitment portal.</li> <li>3. Induction booklets are now kept within the Home to maintain consistency.</li> <li>4. We have reviewed with our DPO and we have updated our privacy notice for Jersey to reflect that we will retain records including DBS for the timescale as defined by our 'retention periods' and then deleted or destroyed according to Jersey Data Protection laws 2018. Copies of DBS certificates will therefore be kept securely within the home until such a time has been reviewed by JCC</li> <li>5. Any new agency staff employed will have copies of original references sought by the Agency and copies of DBS certificates. Access to off island DBS will be stored electronically.</li> <li>6. To utilise Jersey based care agencies more going forward.</li> </ol>
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<p><b>Area for Improvement 4</b></p>	<p>The provider must ensure the rotas are planned to include protected time for the handover of information between teams of care workers and respects the privacy and dignity of care receivers.</p>
<p><b>Ref:</b> Regulation 7(a) (i)(ii) Standard 3.9</p>	<p><b>Response of Registered Provider:</b></p> <p>Actions agreed:</p> <ol style="list-style-type: none"> <li>1. 29.4.24 protected times for handover now highlighted on new rota.</li> <li>2. Daily flash meetings highlight the need for dignity and privacy when doing handovers in a quiet and confidential area, away from any of the residents.</li> <li>3. Rolling rota implemented with minimal adjustments as staff involved in creation of same.</li> </ol>
<p><b>To be completed by:</b> within three months of the date of this inspection (15 June 2024)</p>	



<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Regulation 17 (4)(a), Standard 3.12</p> <p><b>To be completed by:</b> within three months of the date of this inspection (15 June 2024)</p>	<p>The provider must ensure a plan is in place to ensure that care workers who hold supervisory or senior positions have completed a Level 2 Diploma and have completed or be working towards completing a Level 3 Diploma. All agency staff contracted to work in a supervisory role must evidence that they hold the relevant qualifications prior to commencing employment.</p> <hr/> <p><b>Response of Registered Provider:</b></p> <p>Actions agreed:</p> <ol style="list-style-type: none"> <li>1. 25.4.24 RQF stand-alone medications module booked with Care College for 17.5.24 for Beaumont Villa Senior Carers &amp; agency staff.</li> <li>2. 17.5.24 RQF Meds Module Completed - work books to be completed and signed off by Care College Mid-June.</li> <li>3. Future RQF training will be booked through Care College for all RQF 2 &amp; 3 future training to achieve 50% or above.</li> <li>4. Proof of all RQF and accredited training will be held in staff files.</li> <li>5. Senior Care Staff with RQF medication module booked from Care Hub Agency to administer medications as per JCC Standards until Beaumont Villa staff signed off by Care College.</li> <li>6. Senior Care Staff currently with RQF qualifications utilised also within Beaumont Villa until all training signed off by Care College.</li> </ol>
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<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Regulation 14 (3), Standard 6.8, Appendix 9 (Care Home Standards)</p>	<p>The provider must ensure that care workers do not administer medication unless they have completed an Accredited Level 3 Medication Administration Module.</p>
<p><b>To be completed by:</b> with immediate effect</p>	<p><b>Response of Registered Provider:</b></p> <p>Actions agreed:</p> <ol style="list-style-type: none"> <li>1. 25.4.24 RQF stand-alone medications module booked with Care College for 17.5.24 for Beaumont Villa Senior Carer.</li> <li>2. 25.4.24 Agency staff in a supervisory role also booked for the stand alone module in medication administration with Care College on 17.5.24.</li> <li>3. Agreement with Care College for all future RQF training requirements including stand-alone medication modules.</li> </ol>

<p><b>Area for Improvement 7</b></p> <p><b>Ref:</b> Regulation 17 (4)(c), Standard 3.14</p>	<p>The provider must ensure that care workers receive regular opportunities to discuss their roles through formal supervision and appraisal.</p>
<p><b>To be completed by:</b> within three months of the date of this inspection (15 June 2024)</p>	<p><b>Response of Registered Provider:</b></p> <p>Actions agreed:</p> <ol style="list-style-type: none"> <li>1. Supervision and appraisal matrix created 24.4.24.</li> <li>2. 7 of 13 staff on 15.5.24 have completed supervision.</li> <li>3. 5 staff remain to have supervision completed by June14th 2024.</li> <li>4. All staff reminded in Flash meetings of responsibility for supervisions.</li> </ol>

<p><b>Area for Improvement 8</b></p> <p><b>Ref:</b> Regulation 10, Standard 4.2</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The provider must ensure that all staff receive fire safety training in line with the requirements set by the Fire and Rescue service.</p> <hr/> <p><b>Response of Registered Provider:</b></p> <p>Agreed Actions:</p> <ol style="list-style-type: none"> <li>1. Fire drills commenced 29.3.24. Matrix created to identify progress.</li> <li>2. 6/9 of staff in Beaumont Villa attended a fire drill on 29.3.24. Remainder will have attended a drill by 5.6.24.</li> <li>3. 3/6 night staff in Beaumont Villa attended a fire drill on 14.5.24. Remainder will have attended a fire drill by 5.6.24</li> <li>4. Fire and Rescue Service contacted regarding further training and we are reviewing a more comprehensive training through Jersey Fire &amp; Rescue going forward.</li> <li>5. Monthly drills to be planned to maintain a more efficient system for all staff and improve process. 6.5.24 All fire drills will be completed by 25.5.24.</li> </ol>
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<p><b>Area for Improvement 9</b></p> <p><b>Ref:</b> Regulation 12 (2)(a) (c), Standard 4.6</p> <p><b>To be completed by:</b> within three months of the date of this inspection (15 June 2024)</p>	<p>The provider must ensure safe practices are in place through the provision of training, supervision and monitoring of care workers in infection prevention and control.</p> <hr/> <p><b>Response of Registered Provider:</b></p> <p>Action agreed:</p> <ol style="list-style-type: none"> <li>1. Mandatory training to date 6/9 staff compliant - 15.5.24.</li> <li>2. Infection Control currently at 66% with 18/54 still to complete. (Both LH &amp; BV).</li> <li>3. Infection Control Audits done by Housekeeper.</li> <li>4. All staff notified that any outstanding training must be completed by May 30th 2024.</li> </ol>
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<p><b>Area for Improvement 10</b></p> <p><b>Ref:</b> Regulation 22 2(e), Standard 10(2)</p>	<p>The provider must ensure the complaints procedure is made known to care receivers and their representatives, and reflect what is described in the Statement of Purpose.</p>
<p><b>To be completed by:</b> with immediate effect</p>	<p><b>Response of Registered Provider:</b></p> <p>Actions agreed:</p> <ol style="list-style-type: none"> <li>1. Complaints procedure visible in Beaumont Villa reception.</li> <li>2. Complaints procedure and service info pack sent out to all relatives on 25.4.24.</li> <li>3. Relatives meeting in Beaumont Villa 7.5.24 - positive feedback from those who attended. Meeting minutes on CMT.</li> </ol>

<p><b>Area for Improvement 11</b></p> <p><b>Ref:</b> Regulation 21, Standard 4.3, Appendix 8 (Care Home Standards)</p>	<p>The provider must ensure the Commission is made aware of notifiable events, including Significant Restriction on Liberty authorisations and any incidents which may pose harm.</p>
<p><b>To be completed by:</b> with immediate effect</p>	<p><b>Response of Registered Provider:</b></p> <p>Actions agreed:</p> <ol style="list-style-type: none"> <li>1. Discussed at flash meetings, all incidents of harm however small will be reported to JCC.</li> <li>2. SRoLs updated 14.5.24</li> <li>3. Current JCC notifications logged on CMT - March 2 events submitted, April 2 events submitted, &amp; May 3 event notifications sent.</li> </ol>

<p><b>Area for Improvement 12</b></p> <p><b>Ref:</b> Regulation 11 (1)(a) (d), Standard 4.1</p> <p><b>To be completed by:</b> within three months of the date of this inspection (15 June 2024)</p>	<p>The provider must ensure that all staff have safeguarding training, which is in line with Jersey procedures. The safeguarding policy must be amended to reflect local legislation and must be specific to Jersey policies and practices.</p> <hr/> <p><b>Response of Registered Provider:</b></p> <p>Agreed Action:</p> <ol style="list-style-type: none"> <li>1. 30.3.24 Safeguarding policy amended to reflect Jersey regulation.</li> <li>2. 15.5.24 - Safeguarding training 100% for Beaumont Villa.</li> </ol>
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<p><b>Area for Improvement 13</b></p> <p><b>Ref:</b> Regulation 17 (4)(a), Appendix 5 (Care Home Standards)</p> <p><b>To be completed by:</b> within three months of the date of this inspection (15 June 2024)</p>	<p>The provider must provide duty rotas showing which domestic staff are on duty and in what capacity. Domestic staff should be employed in sufficient numbers to meet the staffing standards of 3.5 hours per resident per week for laundry and domestic staff.</p> <hr/> <p><b>Response of Registered Provider:</b></p> <p>Actions Agreed:</p> <ol style="list-style-type: none"> <li>1. 1.4.24 - Housekeeping rota clearly highlights area of work to meet the minimum 3.5 hours per resident per week.</li> <li>2. Rotas held centrally in Administrators office.</li> <li>3. Minimum 4 weeks rota visible at any one time.</li> </ol>
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<p><b>Area for Improvement 14</b></p> <p><b>Ref:</b> Regulation 18 (1)(c), Standard 7.1</p> <p><b>To be completed by:</b> within three months of the date of this inspection (15 June 2024)</p>	<p>The provider must improve and enhance the internal and external home environment to reflect the needs of those living with a dementia and facilitate independent access to the outdoor areas.</p> <hr/> <p><b>Response of Registered Provider:</b></p> <p>Actions agreed:</p> <ol style="list-style-type: none"> <li>1. 14.5.24 - New day lights ordered for the bedrooms to enhance natural light. One room will be trialled for effectiveness before installing in remainder of rooms - being fitted 21.5.24</li> <li>2. 1.4.24 - Wall decorations in place to enhance the environment of the bedrooms. Both approved by the residents and relatives.</li> <li>3. Outside garden areas currently being renovated.</li> <li>4. Beaumont Villa terrace also renovated with the deck being stained for waterproofing. New plants, bird feeders and wind ornaments in place for a more inviting area.</li> <li>5. Door to outdoor area open in nice weather during daylight hours where residents can walk freely with supervision if required. Staff all aware of this access.</li> <li>6. Ongoing refurbishment still to be arranged.</li> </ol>
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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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