



**Jersey Care
Commission**

INSPECTION REPORT

L'Hermitage Care Home

Care Home Service

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

28, 29 February, 7 and 18 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 L'Hermitage Care Home. The service is situated in the parish of St Peter and is near to the provider's other home, Beaumont Villa. The home is a two-storey purpose-built premise and is situated within the grounds of L'Hermitage Gardens Retirement Village.

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	Type of care: Personal care and personal support, nursing care. Category of care: Adult 60+ Maximum number of care receivers in receipt of combined personal care and support / nursing care: 42 Age range of care receivers: 60 years and above

Discretionary Condition of Registration	The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care Module by 16 November 2026.
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Dates of Inspection	28, 29 February, 7 and 18 March 2024
Times of Inspection	18:30-22:30, 07:30-14:30, 13:05-17:10 and 13:00-15:15.
Type of Inspection	28 and 29 February 2024 – Unannounced 7 and 18 March 2024 - Announced
Number of areas for improvement	Eleven
Number of care receivers using the service on the day of the inspection	29 Residents.

The Care Home service is operated by Aria Care Limited, and there is a Registered Manager in place.

At the time of the last inspection on 22 August 2023, an interim manager was in place; the Commission received an application on 5 October 2023 to register the current Registered Manager. This application was approved, and the Commission's register was updated on 16 November 2023.

An updated copy of the service's Statement of Purpose was not received following the change in management. This was reviewed as part of the pre-inspection process and was found to require updating concerning the name of the new Registered Manager and a factual inaccuracy which states that the home is not reliant on agency care workers. An updated Statement of Purpose was requested as part of the inspection process.

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 recent refurbishment of the communal areas of the home provided a homely feel on arrival, and the home was observed to be clean and well presented. The Regional Manager and Registered Manager discussed that there are still plans to refurbish a number of care receivers' bedrooms in the immediate future.

It is positive to note that the hot water supply to the home now remains consistent and that the maintenance team is still closely monitoring this. The regulation officers were provided with a copy of servicing records to evidence that the equipment in L'Hermitage was serviced on 20 September 2023. Sufficient progress has been made to address this area for improvement since the last inspection in August 2023.

However, during this inspection, areas of non-compliance with the Standards were identified. There were two areas of particular concern: staffing levels below the minimum requirements in the Standards. In addition, the home's management style was reported to impact the culture negatively. These are areas for improvement. In addition, two other areas of improvement from the last focused inspection in August 2023 will remain. These are highlighted further under the heading of 'inspection findings'.

There was evidence of safe practices regarding medication storage and administration; however, staff training regarding medication competency was overdue and not up to date. Staff training is an area for improvement, as gaps in training were also identified regarding manual handling and capacity and self-determination training.

There is evidence of a dedicated and caring staff team. Feedback from care receivers was generally positive concerning the home. There was evidence of access to age-appropriate activities that reflected care receivers' interests/hobbies.

Easier access to policies for staff needed to be provided. In addition, policies were not relevant to Jersey and referred to UK law and procedures, which is an area for improvement.

An additional area for improvement under 'safety' is fire drills/training for day and night staff.

There was a lack of evidence of appropriate staff induction and supervision, and staff feedback confirmed this. These are areas for improvement, and there are two additional areas for improvement concerning protected handover time for staff in a suitable location and notifications to the Commission.

Given the findings from this inspection, a discretionary condition to suspend admissions to the home will be applied, and the home will be kept under review by the Commission until the areas for improvement are addressed and to ensure compliance with the Regulations and Standards.

INSPECTION PROCESS

The first and second inspection visits were unannounced and were completed on the evening of 28 February and the following day, 29 February 2024, by two regulation officers. The first two visits were to gather as much feedback from care receivers and staff as possible and to review staffing over an extended period. Two further announced visits on the 7 and 18 March 2024 were made to follow up and review documentation, care plans, staff recruitment, training and wellbeing. Only one regulation officer attended the third visit; two regulation officers made all other visits. The Registered Manager was present during three of the four visits, during the third visit the Deputy Manager was in charge of the home. A poster was left for care receivers, relatives, and staff, to invite feedback as part of the inspection.

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 last three focused inspection reports from 2023, notifications and other intelligence.

The regulation officers gathered face-to-face feedback from 11 care receivers and six relatives. One relative provided feedback by phone to the Regulation Officer following the inspection visits. The regulation officers also had discussions with the service's management team and 18 staff members, including 12 care staff. Additionally, feedback was sought from several health professionals and was provided by two health professionals external to the service.

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

Policies, care records, notifications, monthly reports, and medication charts were examined during the inspection process. The regulation officers visited at different times over the first three visits, including an evening shift, to get an overview of the care provided and staffing throughout the day and overnight within the home.

After the inspection visits, the Regulation Officer provided initial feedback to the Registered Manager. A meeting was arranged on 10 April 2024 to provide full feedback. At the provider's request, feedback was provided to both the manager and the provider's representatives.

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 focused inspection on 22 August 2023, three 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.

Since the last inspection, the home has been replacing equipment such as air mattresses and there was evidence of servicing arrangements. Therefore, this area for improvement has been met.

Some progress had been made in addressing the area of improvement concerning 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.

The standard of cleanliness throughout the home was noted to have improved at this inspection. The home was clean, tidy and free from odour. Further recruitment of ancillary staff (housekeeping and catering) has been made. However, despite recruiting five out of six housekeeping staff, there were still occasions on the rota in March 2023 when only two or three staff were available to cover both homes, which is insufficient and fails to meet the Standards. It is apparent that some progress has been made to address this area for improvement and it has been partially met but will remain an area for improvement.

The other area for improvement which remains from the last focused inspection in August is the safe recruitment of agency staff. 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 available to the regulation officers of references, criminal records checks, previous work history details, or confirmation of the right to work in Jersey available within the staff files. 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 agency staff working in the home is a recurring area for improvement and will be kept under review by the Commission.

Recruitment files for permanent staff needed to be better organised. Some safer recruitment information requested following the inspection visits and a clear start date for staff should have been included within the file.

There was one additional area for improvement from the focused inspection in January 2023, where insufficient progress had been made and will remain an area for improvement. This is detailed below;

The Registered Provider must ensure that the home is staffed at all times in accordance with minimum staffing levels detailed in the Standards and in accordance with the care needs / dependency levels of care receivers.

The Commission has kept staffing under review since the meeting with the provider and the previous registered manager on 7 March 2023, where an action of the meeting was that the Commission was to be sent a weekly staffing rota retrospectively each week on a Monday.

Evidence from the inspection showed that staffing levels remain variable; the evidence reviewed included the duty rota, observation, and feedback from staff and relatives. For example, on the first two inspection visits, staffing levels were below the minimum requirement in the Standards. In addition, the duty rota submitted retrospectively for the two-week period from 16 March 2024 confirmed that night staff levels were below the minimum requirement for several nights. This will remain an area for improvement.

Therefore, three areas of improvement will remain from the focused inspections in 2023, and eight further areas for improvement have been identified due to this inspection. These are outlined in the body of the report, in addition to areas of good practice.

Is the Service Safe

Emphasising the importance of creating a safe environment so care receiver's are protected from avoidable harm, with a focus on policies and procedures.
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The scrutiny of the medication procedures during the first inspection visit revealed good practices. The medication trolleys were examined and found to be well-organised and in good order. Files featured up-to-date information, including allergy information and recent photographs. The Medication Administration Record (MAR) sheets were found to be consistently completed with appropriate signatures and accurate running totals of the medications.

Inspection of the training records identified that most qualified staff responsible for administering medications were overdue for training to maintain their medication competency. This is a critical area of risk for the home, as up-to-date and ongoing training is paramount to ensure that staff possess the necessary knowledge and skills to handle medications safely and effectively. Failure to address this training gap could compromise the quality of care and pose potential risks to the health and safety of care receivers. Urgent attention should be given to addressing the overdue medication competency training for staff, ensuring that they are well-equipped with the latest knowledge and skills in medication administration. This will be an area for improvement under staff training.

The digital system for risk assessments for crucial areas like falls, wound care, continence, and BMI was reviewed at the inspection. It encompasses all necessary elements required to evaluate potential health and well-being risks to residents thoroughly. However, a more detailed examination revealed a significant limitation in relying heavily on checkbox-style questions, resulting in a noticeable absence of detailed qualitative information. Despite a designated free-text section in the assessment tool, its capacity to capture nuanced insights still needs to be explored. This was discussed with the Registered Manager briefly during the inspection visits, and he agreed that this required further development.

A notable challenge arises from a need for more computers within the home, creating a practical hold-up for healthcare assistants. Due to a lack of accessible computing resources, they are hindered from reviewing and engaging with risk assessments and care plans on larger screens and are reliant on the handheld devices.

Although, it is positive to note that after discussing access to computers within the home with the Regional Manager and Registered Manager at the end of the second visit, it was agreed that one additional laptop would be purchased for the home. It was also discussed at the meeting on 10 April 2024 that there are some available iPads within the home which would aid viewing care plans and/or risk assessments on larger screens.

Staff members commented that access to policies was also limited due to computer access. A sample of policies which included the Medication Management Policy, Absence Management Policy and Procedure, Whistleblowing Policy and Disciplinary Policy were reviewed. The policies refer to the UK regulatory body, UK guidance and law. This will be an area for improvement as all policies should refer to Jersey law and guidance.

There was evidence of a lack of regular fire drills/training for both day and night staff, as per the Jersey Fire and Rescue Service guidance. This is an area for improvement. The fire checks log also revealed other discrepancies. There was evidence of regular fire alarm testing in January and February 2024, but the test for March 2024 was overdue. It also appeared that the emergency lighting had not been tested monthly for an extended period. It was positive to note that a fire drill had been conducted on the morning of the last visit but only for day staff. The Regulation Officer was informed that a local company had been recruited to provide additional training for staff.

Notifications to the Commission had been an area for improvement in the May 2023 focused inspection, at the August inspection there had been improvement with timely notifications made to the Commission in the period of May-August 2023. However, findings at this inspection indicated that the Standard was not met in this regard.

The Commission was not notified of positive legionella samples at two outlets in L'Hermitage on 12 February 2024. This was only disclosed to the regulation officers on the third inspection visit. When the regulation officers had discussed this directly with the Registered Manager at the second inspection visit, it had been refuted that there had been any positive sampling at L'Hermitage. The regulation officers were advised that the only positive samples identified had been found in the staff accommodation. However, evidence was provided to the regulation officers of an email (dated 12 February 2024) from the Head of Health and Safety (Aria) confirming positive sampling at both L'Hermitage and the other home carried on by the provider (Beaumont Villa). This is a direct breach of Regulation 21, Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018.

It was confirmed to the Commission at the meeting on 10 April 2024, that these samples were false positives after further investigation by the provider, but the Commission should have been informed by notification of the initial test findings and the actions taken by the home to mitigate risk while awaiting further test results.

Further, the regulation officers found evidence of two SROL notifications that still needed to be submitted to the Commission. These were sent to the Commission retrospectively immediately following inspection.

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.

During the inspection, it was observed that there was a general lack of storage space within the home. The communal bathroom on the ground floor was found on the first visit to once again be used as a storage space instead of a bathroom, with evidence of clutter, which included two shredding bins, four to five empty cardboard boxes, urinals, and a Zimmer frame. There is a need for some designated storage space within the home to be provided.

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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In the context of capacity and self-determination law, examining care plans within the facility revealed good practices and areas warranting improvement. Care plans included a dedicated section for assessing the capacity of care receivers, acknowledging the varying degrees of decision-making abilities. Good practice was demonstrated in some care plans by explicitly stating that capacity should always be assumed, adhering to the guiding principles of the law. However, the scrutiny also revealed instances of inconsistency and gaps in documentation. Although care plans acknowledged the importance of capacity assessments, some care receivers' files indicated that assessments were conducted upon admission without clear evidence of documentation.

Documentation is essential for legal compliance and ensuring that the care team has a comprehensive understanding of each care receiver's decision-making abilities. The system for documenting capacity assessments requires review. In addition, there is a need for updated capacity and self-determination law training for all staff within the home. This training had been identified as a top priority for staff at the time of the last inspection in August 2023. This is an area for improvement under staff training.

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders are kept in a folder with the care receiver's MAR chart, ensuring that critical medical decisions are accurately documented and readily available. The regulation officers reviewed a sample of these at inspection.

On both the first and second inspection visits, the regulation officers observed staff handover in the evening and the morning between day and night staff on both home floors. The handover for the home's ground floor took place in the communal lounge; when the handover was about to start, a care receiver was sitting within the staff group.

The Regulation Officer questioned the appropriateness of this area for handover given that people could come in and out freely and care receivers should not be in the vicinity to protect confidentiality, privacy and care receiver dignity. It also does not allow for effective communication between staff members. In addition, on the second visit, it became apparent that one agency staff member had been arriving late for duty and commencing work on the home's first floor without having any handover. After completing the first two visits, the issues identified were discussed with the Registered Manager, and they agreed that a more suitable area should be utilised. They stated that they were unaware that the agency staff member was working without a handover. Providing a suitable space for staff handover which promotes privacy and effective communication is essential. In addition, examination of duty rotas did not appear to indicate protected handover time for staff. Staff handover is an area for improvement.

Is the Service Caring

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

A sample of four care plans was reviewed on the electronic system. The care plans were generally satisfactory. Each contained the date when they were last reviewed and the next acceptable review date. Additionally, the home has a monthly 'resident of the day' system, incorporating a review of the care plans. The regulation officers found the care plans easy to navigate.

Feedback from care receivers was mostly positive concerning staff and the care provided; below are examples of the feedback responses to the regulation officers.

"I have no complaints. I like having my own bathroom, some places you don't get your own bathroom. Staff will come if needed."

"I'm very happy here. There is always a choice of food, 2 or 3 different things."

"The staff are very good; the home couldn't be better."

“I try not to bother staff as they are busy.”

“The staff are good and caring but short staffed. Sometimes I have to wait but it’s not their fault, there may be other people more in need.”

Most care receivers commented that they had little contact with the Registered Manager and a couple expressed that they hadn’t met them. One care receiver expressed confusion about who was in charge due to the frequent management changes.

The feedback from relatives was mixed, examples are given below;

“I had to speak to the manager six – eight weeks ago over staffing concerns, they did provide reassurance. Now slightly better, less agency staff. The handover for agency staff could be improved, there were aspects of Xxx care that they weren’t aware of.”

“The core staff team are good now. We expressed a concern about a staff member to the manager at the time, but we did not receive a response.”

“The home is first class, and I am always kept informed.”

“I was not aware of how to raise a concern and hadn’t received information concerning this on admission. Communication was poor but has now improved.”

Feedback from health professionals was also mixed, one team of health professionals provided positive feedback concerning the home and the care provided. An extract is detailed below;

‘The environment is clean, both in the rooms and communal areas, I have never had a resident or family member complain about the care home, to the contrary they are always very complimentary about the staff. As with all care homes I visit they do seem to be stretched with care and nursing staff, running on the bear minimum’.

Another health professional highlighted issues with poor communication, staff rudeness and difficulties in escalating concerns.

“When I tried to raise a concern with staff, we were ignored.”

There was evidence of activities that reflected care receivers’ interests and hobbies. On the afternoon of the second visit, the ‘knitting circle’ gathered, led by one of the activity coordinators. This group of seven to eight care receivers is currently making baby clothes for a charity, and a member of the group proudly showed off completed clothing.

Staff supervision was discussed during the inspection visits. The regulation officers had to explain what supervision was to several staff members. Some other staff reported not having had supervision since the previous Registered Manager and Deputy Manager were in post. Two staff reported recent supervision with registered nurse but could not clarify as to when they had received supervision before that. The Regulation Officers asked the Registered Manager to view a sample of supervision records to triangulate with what was being reported. The Registered Manager said he could not provide supervision records as ‘there weren’t any’. The regulation officers could not assure themselves that the home was meeting the standards in terms of supervision. Staff should be given regular opportunities to discuss their role, concerns, and well-being. It is envisaged that this would also improve communication and culture within the home. This is an area for improvement.

Is the Service Well-Led

Evaluating the effectiveness of the service leadership and management.
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The culture of the home became a focus of inspection. The regulation officers spoke with 30% of staff members from the home (18 total), 12 (20%) of whom were care staff. The feedback from most staff concerning staff well-being was that they felt undervalued, and two staff members discussed seeking alternative employment. All staff commented on their lack of satisfaction with rota changes and how this prevented them from planning for their time off. It was confirmed during the

inspection that the home would return to a rolling rota, which should improve this for staff.

The management style within the home was reported to negatively impact on the culture. Staff confirmed hesitancy in voicing concerns or expressing opinions freely. Staff gave examples of private discussions happening in the corridor instead of a private space. Staff spoke of rudeness, lack of respect, and a high staff turnover since the beginning of 2023.

Staff who expressed concerns about the home's management, needed clarification on the Whistleblowing policy and how to escalate concerns further than the Regional Manager. Access to policies for staff further compounded this problem, and staff reported being fearful to speak up in case of repercussions. Although, it is evident that the majority of the staff team displayed a dedication to the care receivers and of wanting to continue to provide good standards of care.

The home's culture and management style must be reviewed to address staff concerns, improve communication and outcomes for care receivers and staff. This is an area for improvement.

The February 2024 quality monthly assurance report completed by the Regional Manager on behalf of the provider reviewed training compliance records as part of the report, and training stats for all staff were reported as 'poor'. The mandatory staff training report from February 2024 provided further evidence to support this and highlighted staff training priorities. Medication competencies were among the top five mandatory training priorities. This report has already highlighted the need for staff training concerning medication competencies and capacity training. Manual handling training for staff was highlighted as a training need for the home during a recent safeguarding investigation. Additionally, the examination of the training matrix has unearthed uncertainties regarding the frequency of some training modules. Staff training is an area of improvement.

The percentage of care staff with a Regulated Qualifications Framework (RQF) Level 2 or 3 was below the requirement in the Standards, and the Registered Manager needed a clear plan to address this.

It is positive to note that first aid and basic life support training had been organised for staff in early April from a locally accredited trainer and on the third visit the Quality Assurance Manager was undertaking some medication competency reviews.

Service-specific specialist training was also reviewed; the provider offers 'This is My World' (Dementia training), although the current percentage of staff with this training was 51%. There was evidence at the staff meeting on the second visit of senior carers being offered diabetic training. However, staff feedback did not highlight further examples of specialist training provided to staff. Continence training was one area identified from the inspection where staff reported not having had a recent update. At a meeting with the provider and the Commission on 31 January 2024, the provider reported plans for bespoke training for the home based on the specific needs/diagnosis of care receivers to be rolled out in 2024. This will be followed up at the next visit. The Regional Manager commented that a dementia specialist from Aria care Ltd would be working with staff in May/June 2024.

Three staff members recruited since the beginning of 2023 reported a level of dissatisfaction with their induction process. The Registered Manager could not provide the regulation officers with evidence of completed or in-progress induction paperwork. There was no evidence of any induction paperwork in the staff personnel files.

Templates of the induction booklet for qualified and non-qualified staff were provided to the Regulation Officer. At the back of both booklets is a sign-off sheet that should be completed by both the staff member and the Registered Manager before being filed in the staff personnel file. There was no evidence of this induction sign-off sheet in the sample of six files reviewed at the inspection (these files were for staff recruited since the last inspection in August 2023, some of whom should have completed their 12-week induction period).

In discussion with the Registered Manager, they commented that staff are currently responsible for holding their induction records, but 'they tended to lose/misplace them'. The Regulation Officer asked for example, if a staff member's induction period was extended where the evidence was. The Registered Manager agreed this was a risk and would introduce a folder to store 'active' induction records within the home. This is an area for improvement.

IMPROVEMENT PLAN

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

<p>Area for Improvement 1</p> <p>Ref: Regulation 17 (5), Standard 3.6 (Appendix 4)</p> <p>To be completed by: with immediate effect.</p>	<p>The Registered Provider must ensure that safe recruitment practices in line with the Care Home Standards have been followed for all staff (including agency workers).</p> <hr/> <p>Response of Registered Provider:</p> <p>Actions agreed:</p> <ol style="list-style-type: none"> 1. 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) 2. 10.5.24 x1 new HCA commenced. 17.5.24 interview scheduled for Community Manager. 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, & Community Manager advertised 23.4.24. 4. All staff follow a rigorous and robust recruitment process via Aria Care Recruitment, and L'Hermitage has a dedicated recruitment Partner. 5. Evidence of the recruitment process & stage can be sourced via our electronic recruitment portal. 6. Induction booklets are now kept within the Home in Admin Office to maintain consistency. 7. 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
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	<p>be kept securely within the home until such a time has been reviewed by JCC</p> <p>8. Any new agency staff employed will have copies of original references sought by the Agency and copies of DBS certificates.</p> <p>9. Any new agency staff employed will have copies of original references sought by the Agency and copies of DBS certificates.</p>
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<p>Area for Improvement 2</p> <p>Ref: Regulation 21, Standard 4.3 (Appendix 8)</p>	<p>The Registered Provider must ensure that the Commission receives notification of notifiable incidents/ events promptly, including Significant Restriction on Liberty authorisations and any events which may cause harm.</p>
<p>To be completed by: with immediate effect.</p>	<p>Response of Registered Provider:</p> <p>Actions agreed:</p> <ol style="list-style-type: none"> 1. Discussed at flash meetings, all incidents of harm however small will be reported to JCC. 2. SRoLs updated 14.5.24 3. Staff aware of reporting criteria for JCC. 4. Current JCC notifications logged on CMT - March 1 event submitted, April 3 events submitted, & May 14 event notifications sent.

<p>Area for Improvement 3</p> <p>Ref: Regulation 17 (4) (a), Standard 3.9, (Appendix 5)</p>	<p>The Registered Provider must ensure that the home is staffed at all times in accordance with minimum staffing levels detailed in the Care Home Standards and in accordance with the care needs / dependency levels of care receivers.</p>
<p>To be completed by: within three months of the date of the inspection (18 June 2024).</p>	<p>Response of Registered Provider:</p> <p>Actions agreed:</p> <ol style="list-style-type: none"> 1. Rolling rota implemented 1.4.24. Staff agreed format to utilise hours with minimal need for excessive working hours. 2. 1.5.24 x1 new HCA commenced, 17.4.24 interview scheduled for Community Manager. 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, & Community Manager advertised 23.4.24.

<p>Area for Improvement 4</p> <p>Ref: Regulation 17 (4) (c), Standard 3.11, (Appendix 7), 6.2.</p>	<p>The Registered Provider must ensure that all care/support workers complete and remain up to date with statutory and mandatory training requirements.</p>
<p>To be completed by: within three months of the date of the inspection (18 June 2024).</p>	<p>Response of Registered Provider:</p> <p>Action agreed:</p> <ol style="list-style-type: none"> 1. Mandatory training to date 41/52 staff compliant - 15.5.24. 2. Infection Control currently at 66% with 18/54 still to complete. (Both LH & BV). 3. CSDL training 16.5.24. 4. All staff have a deadline of 30.5.24 to complete all outstanding training.

<p>Area for Improvement 5</p> <p>Ref: Standard 1.6</p> <p>To be completed by: within three months of the date of the inspection (18 June 2024).</p>	<p>Policies must be relevant to local Jersey legislation (law) and guidance.</p> <hr/> <p>Response of Registered Provider:</p> <p>Agreed Action:</p> <ol style="list-style-type: none"> 1. 30.3.24 Safeguarding policy amended to reflect Jersey regulation. 2. 1.5.24 Policies currently amended to reflect Jersey legislation & guidance - Admission policy, Catheter care, Complaints procedure, Medications administration, confidentiality, Advocacy, Consent to care & treatment & communication with a hearing impairment.
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<p>Area for Improvement 6</p> <p>Ref: Regulation 10, Standard 4.2</p> <p>To be completed by: with immediate effect.</p>	<p>The provider must ensure that all staff receive fire safety training in line with the requirements set by the Jersey Fire and Rescue service.</p> <hr/> <p>Response of Registered Provider:</p> <p>Agreed Actions:</p> <ol style="list-style-type: none"> 1. Fire drills commenced 29.3.24. Matrix created to identify progress. 2. 16/25 of day staff in L'Hermitage attended a fire drill on 29.3.24. Remaining staff will be captured by 5.6.24. 3. 7/10 night staff in L'Hermitage attended a fire drill on 14.5.24. 4. Fire and Rescue Service contacted regarding further training & we are reviewing a more comprehensive training through Jersey Fire & Rescue going forward. 5. Monthly drills to be planned to maintain a more efficient system for all staff and improve process. 6. All fire drills will be completed by 25.5.24.
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<p>Area for Improvement 7</p> <p>Ref: Regulation 7 (a), Standard 3.9</p>	<p>The Registered Provider must ensure that handovers occur in protected time and without compromising the overall care or dignity of care receivers or effective communication.</p>
<p>To be completed by: within three months of the date of inspection (18 June 2024).</p>	<p>Response of Registered Provider:</p> <p>Actions agreed:</p> <ol style="list-style-type: none"> 1. 29.4.24 protected times for handover now highlighted on new rota. 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. 3. Rolling rota implemented with minimal adjustments as staff involved in creation of same.

<p>Area for Improvement 8</p> <p>Ref: 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>To be completed by: within three months of the date of inspection (18 June 2024).</p>	<p>Response of Registered Provider:</p> <p>Actions agreed:</p> <ol style="list-style-type: none"> 1. Supervision and appraisal matrix created 24.4.24. 2. 30 of 44 staff on 15.5.24 have completed supervision. 3. Remainder planned to be completed by 18th of June 2024 as per Supervision calendar. 4. All staff reminded in Flash meetings of responsibility for supervisions.

<p>Area for Improvement 9</p> <p>Ref: Standard 3.10 (Appendix 6)</p> <p>To be completed by: within three months of the date of inspection (18 June 2024).</p>	<p>The provider will ensure that there is evidence of a structured induction programme for all staff, which will assess and sign off their competence to work in the accommodation.</p> <hr/> <p>Response of Registered Provider:</p> <p>Actions agreed:</p> <ol style="list-style-type: none"> 1. All staff follow a rigorous and robust recruitment process via Aria Care Recruitment, and Beaumont Villa has a dedicated recruitment Partner. 2. Evidence of the recruitment process & stage can be sourced via our recruitment portal. 3. Induction booklets are now kept within the Home in the Admin Office to maintain consistency. 4. New staff will be assigned a Buddy for support during the Induction phase. 5. Planned meets with Buddy and supervisor during induction phase to highlight progress and areas of need.
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<p>Area for Improvement 10</p> <p>Ref: Regulation 17 (4) (g) Standard 11.1</p>	<p>There will be a management structure in place which promotes a positive culture, enables communication and includes clear lines of accountability which enable the effective and safe delivery of services.</p>
<p>To be completed by: with immediate effect.</p>	<p>Response of Registered Provider:</p> <p>Actions Agreed:</p> <ol style="list-style-type: none"> 1. Home Manager Office now resident in Beaumont Villa to offer additional support. 2. Amended rota and additional information in each to unit to identify placement of Home Manager at any time. 3 Open door policy has been in place since commencement of role. 4. Daily walkabout in both units and very visible entity within both homes. 5. Relatives meetings arranged for both units, Beaumont Villa 7.5.24, & L'Hermitage 14.5.24 - both positive attendance with emphasis & comments on care delivery, open honest conversation regarding the Homes and recent JCC report, high standard of care delivery and emphasis on how the meeting was conducted, relaxed, informal and engaged. Relatives commented on the openness within meetings, duty of candour exercised, feeling of inclusion since commencement of post, more aware of what's going on with emails and visibility. 6. Staff have utilised the open door policy to discuss rota, holidays, vacancies and asking if colleagues can join. 7. Embracing the Aria Values & Visions and introducing into the day to day management of both Homes.

	<p>8. Staff have identified that staff meetings are more relaxed and they feel listened and heard.</p> <p>9. More support for Nursing staff in dealing with areas around conflict and dealing with these calmly and professionally.</p> <p>10. I have adopted a philosophy of kindness and calm, all staff have approached me easily around many issues and I hope to embed this more moving forward with positive recruitment and consistent stable staff to continue to deliver a high standard of care in both Homes. .</p>
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<p>Area for Improvement 11 Ref: Regulation 17 (4)(a), Appendix 5.</p> <p>To be completed by: within three months of the date of the inspection (18 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>Response of Registered Provider:</p> <p>Actions Agreed:</p> <ol style="list-style-type: none"> 1. 1.4.24 - Housekeeping rota clearly highlights area of work to meet the minimum 3.5 hours per resident per week. 2. Rotas held centrally in Administrators office. 3. Minimum 4 weeks rota visible at any one time.
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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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