



**Jersey Care
Commission**

Summary Report

L'Hermitage Care Home

Care Home Service

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

28, 29 February, 7 and 18 March 2024

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.

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>To be completed by: with immediate effect.</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>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>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>
<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. 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. 2. Induction booklets are now kept within the Home in the Admin Office to maintain consistency. 3. New staff will be assigned a Buddy for support during the Induction phase. 4. Planned meets with Buddy and supervisor during induction phase to highlight progress and areas of need.

<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</p> <p>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>
	<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.

The full report can be accessed from [here](#).