



**Jersey Care
Commission**

INSPECTION REPORT

Beaumont Villa

Care Home Service

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

4 September 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
Mandatory Conditions of Registration	Type of care: Personal care Category of care: Dementia 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 Condition of Registration	<ol style="list-style-type: none"> 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. 2. The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 16 November 2026.
Date of Inspection	4 September 2024
Time of Inspection	10.30am – 3.00pm
Type of Inspection	Unannounced
Number of areas for improvement	Three
Number of care receivers using the service on the day of inspection	13

Aria Care Limited operates the Care Home, and a Registered Manager is in place who became registered with the Commission on November 16, 2023. A discretionary condition was applied to the service's registration, which requires the Registered Manager to complete a Level 5 Diploma in Leadership in Health and Social Care by November 16, 2026.

Following the August 2023 inspection and a subsequent meeting with the Provider on September 6, 2023, the Commission's Escalation and Enforcement Policy¹ was invoked. On September 25, 2023, the Commission imposed discretionary conditions on the home's registration and suspended admissions.

The inspections in February and March 2024 identified ongoing areas for improvement, and the Commission met with representatives from Aria Care Limited on April 10, 2024, to discuss the findings. On April 22, 2024, the Commission issued an improvement notice setting out the Regulations that had been contravened.

[1] 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 Registered Manager has provided the Commission with weekly updates regarding staffing levels and care receiver occupancy. In June 2024, a Community Care Manager was appointed to support the Registered Manager in their role.

Two unannounced monitoring visits were completed on June 14 and July 24, 2024, to monitor the home's progress in response to the improvement notice.

The outcome of this inspection indicates that the home is progressing in addressing the improvement areas outlined in the previous inspection. Consequently, the Commission has determined that the discretionary condition of suspending admissions is no longer required.

However, because there are current vacancies in care roles and the home is operating below its total staffing capacity, the Commission has imposed a discretionary condition permitting admissions only if the minimum staffing levels are consistently met.

INSPECTION PROCESS

This was a focused, unannounced inspection that was completed on September 4, 2024. It was undertaken as part of the Commission's responsibility to assess the quality of services and compliance against the areas identified in the improvement notice and those identified during the last inspection, completed on March 15, 2024.

Before the inspection, the Commission reviewed a range of information about this service, including the previous inspection report. This included the findings from the unannounced visits in June and July 2024, a review of staffing levels, and notifications submitted following the inspection completed in March 2024. This also included communication from the Registered Manager to the Deputy Chief Inspector on August 22, 2024.

As part of the inspection process, the safeguarding policy, samples of food storage records, water management records, recruitment records, fire safety records, and samples of staff training certificates were examined. Care staff and domestic staff rotas were also reviewed.

The Regulation Officer held discussions with the Registered Manager, Regional Director and other staff members and made observations of interactions between staff and care receivers in the communal areas. As this was a focused inspection, the Regulation Officer did not review care records or seek feedback from relatives or visiting health professionals.

The Care Home Standards were referenced throughout the inspection².

At the end of the inspection, the Regulation Officer provided feedback to the Registered Manager and Regional Director, who were present during the visit. A few days after the visit, the outcome of the inspection and the Commission's decision regarding the discretionary conditions were emailed to the Registered Manager and Provider.

INSPECTION FINDINGS

At the last inspection, fourteen areas for improvement were identified, and the Provider submitted an improvement plan to the Commission setting out how these areas would be addressed. The improvement plan was discussed during this inspection, and it was positive to note that progress was being made in all but three areas for improvement identified in the inspection completed in March 2024. Further development is still needed to enhance the environment and infection control processes, and preventing staff from working excessive hours remains an ongoing area for improvement.

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

Care staff described improvements in the topical medication administration charts and were keen to show these to the Regulation Officer. During the inspection, no care receivers had pressure ulcers, and a review of notifications showed timely referrals to health professionals for advice and treatment when indicated. The Registered Manager also explained and demonstrated to the Regulation Officer the system they had implemented to gather evidence demonstrating how the home meets the Commission's key lines of enquiry.

A more comprehensive and varied programme of activities was noted also. The staff member responsible for this aspect of care and support highlighted the importance of one-on-one communication and group interactions. During the inspection, one care receiver was observed going to the shop with a staff member and appeared enthusiastic about the activity.

The Regulation Officer was satisfied that sufficient progress had been made to remove the discretionary condition to suspend admissions into the home. However, in recognition that the recruitment of care staff is ongoing, and as the home has not reached its full complement of care staff, a discretionary condition has been applied which allows care receivers to be admitted only if the home consistently meets the minimum staffing requirements.

Area for improvement 1:

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. The staffing rotas must accurately record the Registered Manager's presence in the home.

The Registered Manager's presence in the home has increased since the last inspection, as evidenced by the staffing rosters. The staffing rosters show their daily presence, with their working day divided between the home and L'Hermitage Care Home. Feedback from care staff during the inspection and both monitoring visits confirmed this. The Registered Manager was present in the home during all visits by the Regulation Officer and provided updates on the home's day-to-day operations. The home's Statement of Purpose was updated and submitted to the Commission on March 1, 2024.

Before the inspection visit, the Registered Manager assured the Commission that the identified areas for improvement were being addressed. While they acknowledged that further work is needed, they expressed confidence in the team's abilities to progress and make the necessary improvements.

Since the last inspection, the position of Community Care Manager has been recruited for and filled. This position is designed to support the Registered Manager in their duties. The Community Care Manager clarified their role and expectations and was observed interacting with a social care team member to discuss care receiver reviews during the inspection. Management and leadership arrangements are no longer an area for improvement.

The Provider representatives and Registered Manager hold weekly meetings to discuss the home's operations. Additionally, provider representatives oversee the home to evaluate the quality and safety of care provided. They were also present during one of the monitoring and inspection visits.

Area for improvement 2:

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.

Recruitment of care staff is ongoing, and while some positions have been filled, the home has yet to reach its complete staffing levels. The Registered Manager advised that there are still vacancies for two senior care assistants and four care assistants. To address this shortfall, the home continues to use agency care workers from England. Efforts to use locally based agency staff haven't been successful.

Because the home is not fully staffed, the Commission has imposed a discretionary condition allowing admissions only if the home consistently meets minimum staffing standards at all times. There are no vacancies in the catering, housekeeping, or maintenance teams.

Following the last inspection, weekly staffing rosters were provided to the Commission, showing that some staff on both day and night duty occasionally worked excessive hours, of sixty or seventy-two hours per week. While it is recognised that the home is actively recruiting for care staff, it is essential to maintain the staffing Standards, as the effects of working such hours can negatively impact staff performance. The Registered Manager must monitor staff working hours closely and prevent staff from regularly working excessively. Although it is recognised that progress is being made in recruitment efforts, the need to prevent staff from working excessive hours remains; therefore, this remains an area for improvement.

One member of care staff told the Regulation Officer of a positive induction into the home, having been supported in their role by a more experienced care worker. They described their key responsibilities and knew of the Provider's safeguarding and whistleblowing processes.

Care staff were observed engaging and interacting with care receivers in the communal areas during all three regulatory visits since the last inspection.

Area for improvement 3:

The Provider must provide that safe recruitment practices in line with the Standards have been followed for all staff (including agency workers).

Recruitment record samples were examined, highlighting an improvement from the last inspection. There was evidence that recruitment checks were completed before staff took up employment in the home. The Provider's online portal for verifying application forms was down during the inspection, but the necessary documents were provided to the Regulation Officer shortly after the visit. Details, including copies of criminal records checks, references, and qualification certificates, were also available for agency staff. This is no longer an area for improvement.

A blank template of the care worker induction record was reviewed; however, the completed document for a recently recruited staff member was unavailable. The Registered Manager advised that they would ensure these records are always retained in the home and address this immediately. The care worker explained their induction process to the Regulation Officer, which they said had been a positive experience.

Area for improvement 4:

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.

The staff rosters show that dedicated time is allocated for the handover of information between staff. In addition, supplementary daily meetings are held, where staff gather together for a short period to share updates about care receivers and any relevant issues in the home. This is no longer an area for improvement.

Area for improvement 5:

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.

Several staff have completed a Level 2 qualification in health and social care, and evidence showed that others have been booked to begin training with a local training provider at the next available opportunity. The Registered Manager provided an example of recently rejecting an agency staff member's appointment because they did not have a Level 2 qualification.

During one of the monitoring visits and on the inspection day, two out of four staff members had at least the required Level 2 training. Six staff were progressing towards a Level 2 qualification, and two were progressing towards Level 3. Additional staff are identified to start in March 2025. This is no longer an area for improvement.

Area for improvement 6:

The Provider must ensure that care workers do not administer medication unless they have completed an Accredited Level 3 Medication Administration Module.

Samples of records confirmed staff had completed accredited medication training, which was evidenced by certificates. Two additional staff members have also been identified to complete this training. Staff who have not yet completed the training do not administer medication until it has been completed. Medication competency assessment records were also seen, so this is no longer an area for improvement.

Area for improvement 7:

The Provider must ensure that care workers receive regular opportunities to discuss their roles through formal supervision and appraisal.

Samples of supervision records were seen during the inspection, and a scheduled programme of supervision discussions had been planned to meet the required Standards. The Registered Manager explained that safeguarding topics will be incorporated into future supervision discussions. This is no longer an area for improvement.

Area for improvement 8:

The Provider must ensure that all staff receive fire safety training in line with the requirements set by the Fire and Rescue service.

Records were reviewed, which showed that fire safety checks required by the Fire and Rescue Service were completed as expected. Training records confirmed that fire drill scenarios and unplanned simulation exercises are completed frequently. The Registered Manager advised that some staff are planning to complete fire marshal training. Additionally, the fire evacuation slides have recently been replaced. This is no longer an area for improvement.

The Registered Manager notified the Commission of a fault with the fire panel that was identified during a routine check; during the inspection, there was evidence that the risk management practices put in place were being followed. The Fire Service had been made aware of the problem, and the measures implemented by the home.

Area for improvement 9:

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.

During all visits to the home, it was found to be nicely presented and appeared clean and hygienic. The Registered Manager advised that arrangements had been made for the Community Infection Control Nurse to conduct an infection control audit following the inspection. A discussion with housekeeping staff highlighted regular cleaning schedules in place.

Following the inspection, the Commission became aware that the home had closed as a precautionary measure due to a potential infectious outbreak. Correspondence between the Registered Manager and Regulation Officer highlighted some gaps in communication, practices and adherence to the community infection control policy, which the Registered Manager immediately acknowledged. This remains an area for improvement.

Area for improvement 10:

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.

The complaints procedure was displayed in the hallway near the home entrance. The Registered Manager confirmed that following the last inspection, information relating to the complaints process was given to relatives, and no complaints were being investigated at the time of inspection. The Registered Manager informed the Regulation Officer that one relative had raised some concerns via email, which had been followed up and responded to. Relative meetings have been held, and the Registered Manager feels that overall communication with them has improved. This is no longer an area for improvement.

Area for improvement 11:

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.

Since the last inspection, the number of notifications submitted to the Commission has increased, including Signification Restriction on Liberty authorisations and other incidents where harm has occurred. The Registered Manager is aware of the responsibility to notify events and has communicated this expectation with the staff team. This is no longer an area for improvement.

Area for improvement 12:

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.

The Provider's safeguarding policy was reviewed, which included local procedures and contact details for reporting concerns. The policy outlines staff's responsibilities to report and appropriately respond to concerns. While safeguarding awareness training is primarily delivered through e-learning, the Registered Manager is exploring alternative options delivered by local safeguarding practitioners through face-to-face learning. One recently recruited staff member told the Regulation Officer they had been informed of the Provider's whistleblowing procedure. This is no longer an area for improvement.

Area for improvement 13:

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.

The Registered Manager advised that the home has a complete team of domestic staff in place. Samples of domestic staff rosters showed their work location, with two domestic staff scheduled to work in the home each day. The Standards for domestic staff have been met; therefore, this is no longer considered an area for improvement. During inspection day, discussions with the domestic staff confirmed they could carry out their roles effectively. The home was observed to be hygienic and appeared well-presented in terms of visible cleanliness. This is no longer an area for improvement.

Area for improvement 14:

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.

Following the last inspection, additional lighting and wall decorations have been provided in the bedrooms. The communal areas were found to be well-maintained, well-lit and free of trip hazards during all visits to the home. The doors to the terrace area were open on the inspection day, providing easy access for care receivers to get some fresh air. It was noted that during all visits to the home, the music and TV channels were age-appropriate, and staff were seen actively engaging with care receivers in conversation.

The Registered Manager advised that there are plans to renovate the garden area, visible from the communal lounge on the ground floor, to make it more visually appealing and functional for care receivers. Improvements could also be made to the internal environment and furnishings to better support the needs of individuals living with dementia. Some bedrooms appeared dull, with poorly fitted curtains, and would benefit from enhancements. The Registered Manager advised that it is the Provider's intention to redecorate and refurbish the bedrooms, once the home's capacity increases.

The Statement of Purpose (SoP), submitted following the last inspection, describes that meals are prepared daily in the home's kitchen. However, while breakfast is prepared and cooked in the kitchen, other meals are still cooked in L'Hermitage Care Home and transported across to Beaumont Villa. The Registered Manager advised that the kitchen is fully staffed. Therefore, the kitchen should become fully operational. Returning it to its full use would enhance the food quality, stimulate appetising aromas and likely improve the overall dining experience for care receivers, and would align with the SoP.

Staff expressed a preference for foods to be freshly cooked in the home and served directly from the kitchen to the table. Preparing and cooking foods in the home would also prevent cross-contamination from L'Hermitage Care Home. Samples of food holding temperature records were examined, and several gaps in the recording of food storage temperatures were found and highlighted to the Registered Manager.

Improvements in the internal and external environments, as well as resuming meal preparation in the home, remain areas for improvement.

IMPROVEMENT PLAN

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

<p>Area for Improvement 1</p> <p>Ref: Regulation 18 (1)(c), Standard 2.3, 7.1</p> <p>To be completed by: within six months of the date of this inspection (4 March 2025)</p>	<p>The Provider must improve and enhance the internal and external home environment to reflect the needs of those living with a dementia, including making full use of the kitchen as outlined in the Statement of Purpose.</p> <p>Response of Registered Provider:</p> <p>A recent Kings Fund Audit has been undertaken and identified areas for improvement. Wellbeing colleagues have also attended sessions at 'Jersey Dementia' and shared ways to enhance the internal environment within Beaumont Villa. Gardeners are addressing external spaces to enhance the current offer with particular focus in clearing excess growth of plants. We have plans to create a self seeding wildflower garden for Beaumont Villa visible from both resident lounges, this work will commence early in Spring. The kitchen within Beaumont Villa is currently being reviewed.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 3.9</p> <p>To be completed by: within one month of the date of this inspection (4 October 2024)</p>	<p>The Provider must ensure that care workers do not work more than 48 hours per week unless under extraordinary circumstances and on a short-term basis only.</p> <p>Response of Registered Provider:</p> <p>In line with the Standards, colleagues are aware of the guidance relating to working over 48 hours per week. Colleagues choose to work extra hours at</p>

	<p>times, for short periods to support safe recruitment, this will continue to be monitored, ensuring regular rest periods are taken again in accordance with regulations. We can confirm that since the time of inspection x3 HCA have commenced employment equating to 138 hrs to support both L'Hermitage & Beaumont Villa. A further x1 HCA for 42 hrs is currently in onboarding and we anticipate they will commence mid November. We will continue to work closely with our recruitment team to fulfil any new/additional vacant hours.</p>
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<p>Area for Improvement 3 Ref: Regulation 12 (2)(a) (c) Standard 4.6</p> <p>To be completed by: within one month of the date of this inspection (4 October 2024)</p>	<p>The Provider must ensure safe practices are maintained through the provision of training in infection prevention and ensuring compliance with local policy.</p> <p>Response of Registered Provider: All Colleagues have undertaken refresher training for Infection Prevention and Control to support compliance with local policy for Beaumont Villa. This will be monitored as part of our ongoing review of Learning and Development. In addition we have requested Community Infection Control undertake an independent review/audit of practices within the service to ensure they continue to be effective. Previously identified 'rusted' laundry equipment has been replaced.</p>
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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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je