



**Jersey Care
Commission**

INSPECTION REPORT

L'Hermitage Care Home

Care Home Service

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

19 September and 3 October 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 nursing care Category of care: Adult 60+ Maximum number of care receivers: 42; maximum number of people who may receive nursing care: 26; maximum number of people who may receive personal care: 16 Age range of care receivers: 60 years and above Maximum number of care receivers that can be accommodated in the following rooms: rooms 1 to 42: one person

Discretionary Condition of Registration	<ol style="list-style-type: none"> 1. The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care Module by 16 November 2026. 2. L'Hermitage Care Home may not provide support to any additional care receivers other than those who already reside within the home at the time that this notification is received. This condition is to remain active until such time as the Commission is satisfied that it need no longer apply
---	---

Dates of Inspection	19 September and 3 October 2024
Times of Inspection	07:30-15:25 and 14:30-19:30
Type of Inspection	19 September 2024 – Unannounced 3 October 2024 - Announced
Number of areas for improvement	Five
Number of care receivers using the service on the day of the inspection	25

The care home service is operated by Aria Care Ltd, and there is a registered manager in place. 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 16 November 2026.

Following the inspection in February and March 2024, during which eleven areas for improvement were identified, the Commission met with representatives from Aria Care Limited on 10 April 2024 to discuss the findings. On 7 May 2024, the Commission imposed a further discretionary condition on the home's registration and suspended admissions.

The Registered Manager has provided the Commission weekly updates regarding staffing levels and care receiver occupancy. In July 2024, a community care manager was appointed to support the Registered Manager in their role. An updated copy of the service's Statement of Purpose was provided at inspection.

Two regulation officers carried out a monitoring visit on 26 June 2024, which demonstrated that work was in progress to address the areas of improvement identified at the inspection.

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 a meeting with Aria Care representatives on 27 November 2024 will be held to discuss whether 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 may impose a discretionary condition permitting admissions only if the minimum staffing levels are consistently met without needing staff to regularly work over 48 hours per week.

INSPECTION PROCESS

This was a focused inspection, completed on 19 September and 3 October 2024. Two regulation officers conducted the inspection, with the first visit unannounced and the second announced. It was undertaken as part of the Commission's responsibility to assess the quality of services and compliance against the areas of improvement identified during the last inspection, completed on 18 March 2024.

Four further focus areas were identified from concerns raised as part of recent safeguarding investigations. These were;

- **Communication**
- **End-of-life care**
- **Pressure Area Care**
- **Infection control**

The Care Home Standards were referenced throughout the inspection.¹

Before the inspection, the Commission reviewed a range of information about this service, including the previous inspection report. This included the findings from the monitoring visit in June 2024, a review of staffing levels, and notifications submitted following the inspection completed in March 2024.

The regulation officers gathered feedback from three care receivers and one relative. They also had discussions with the service's management and nine staff members. As this was a focused inspection, the regulation officers did not seek feedback from relatives or visiting health professionals.

As part of the inspection process, records including policies, care records, end-of-life documentation, fire safety records, recruitment, supervision and induction files were examined.

At the conclusion of the inspection, the regulation officers provided feedback to the Registered Manager and Regional Director, who was present at the second visit.

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. The findings concerning the areas of focus are also discussed.

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

INSPECTION FINDINGS

At the last inspection, eleven 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. The improvement plan was discussed during this inspection, and it was positive to note that progress was being made in all but four areas. Further development is still needed to enhance notifications, safe recruitment processes, staff supervision, and staffing within the home, including preventing staff from regularly working excessive hours, which remain ongoing areas for improvement. Contenance care, including care planning and training, is a new area for improvement from this focused inspection.

It was positive to note the improvements in communication within the home and how this had also impacted the culture favourably. Communication was also being enhanced, with the entire staff team having handovers during protected time. The Community Manager discussed revising the handover sheet used by staff to improve this process further. Most staff reported that communication had improved and felt well supported by the Community Manager and Registered Manager.

The Registered Manager provided the regulation officers with folders which contained evidence demonstrating how the home meets the Commission's key lines of enquiry. These folders were reviewed during the inspection.

There was also evidence of the work being done to keep statutory and mandatory training requirements for all staff up to date and to address gaps in the advanced practice/specialist training for the registered nurses. Also, a structured induction programme for all staff.

The regulation officers were satisfied that sufficient progress had been made in several areas of improvement to consider reviewing 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 may be applied which allows care receivers to be admitted only if the home consistently meets the minimum staffing requirements (without the need for staff to work excessive hours regularly).

The regulation officers also discussed with the Registered Manager that this progress needs to be maintained, especially if admissions are reinstated. It is also important to note that a number of the areas for improvement and/or focus areas require embedding into practice, and the Commission will keep this under review. The Registered Manager and Regional Director acknowledged this.

Area for improvement 1:

<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>
--

The regulation officers reviewed a sample of five recruitment files and the file for agency staff currently working within the home. It was positive to note that there was evidence of appropriate copies of criminal records checks, references, training and induction for agency staff.

The recruitment files for permanent staff remain poorly organised (this was also identified at the previous inspection), and the regulation officers identified several files as incomplete with respect to either criminal record checks, registration cards, or references at inspection. The Registered Manager and Regional Manager did, however, forward this information to the regulation officers following the inspection visits.

Nonetheless, it was noted that on two occasions, references regarding the most recent employers were not followed up appropriately. In one case, central Human Resources (HR) did not upload a reference, which required further action. The Registered Manager acknowledged the need to improve the folders and work with HR to understand how Jersey recruitment practices differ from those in the UK. Although it is encouraging to note that the Registered Manager had recently met with a representative from HR to look at improving the recruitment processes in general, this will remain an area for improvement.

Area for improvement 2:

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.
--

Since the last inspection, the Commission has received appropriate and timely notifications regarding Significant Restriction on Liberty authorisations and other incidents where harm has occurred. However, before the second visit of this inspection, the Registered Manager informed the regulation officers by email that the home had a potential infectious outbreak and that they may need to postpone their visit. However, this was not accompanied by a formal notification to the Commission until the Regulation Officer requested this. The home was then subsequently closed to visitors as a precautionary measure. Therefore, this remains an area for improvement and will be kept under review by the Commission.

Area for improvement 3:

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.

Recruitment was discussed with the Registered Manager and Regional Director. One new carer and one registered nurse have been recently recruited, meaning that the home will have over its complement of registered nurses. In contrast, the home currently has four vacancies for care staff. If the home, however, were back up to full occupancy, the required number would increase to eight.

The home continues to use agency staff to assist with the staffing shortages. These staff are from England, efforts to use locally based agency staff haven't been successful. Two agency care staff were employed at the time of this inspection.

Several staff members expressed in feedback to the regulation officers that they were keen for the home to be open again to admissions. The regulation officers discussed their concerns with the Registered Manager about how the home could continue to be staffed in line with the minimum standards and whether this would be sustainable if the discretionary condition was lifted.

An inspection of the duty rota evidenced that some healthcare assistants (HCAs) were consistently working over 48 hours per week on a regular basis. This is in addition to the high vacancy rate and use of agency staff.

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 some progress is being made in recruitment efforts, the need to prevent staff from working excessive hours needs to be addressed; therefore, this remains an area for improvement.

The regulation officers also noted a prolonged response time to call bells during the inspection. In addition, feedback from a couple of care receivers confirmed this was the case. The Registered Manager was asked to provide a sample of two days of data regarding response times to call bells by staff within the home. Both the Registered Manager and Regional Director tried to source this data but could not provide this information at the time of writing this report. It is positive to note that in response to our enquiry, the Registered Manager advised us that they are sourcing an app that will be able to provide this information in the future. This will be followed up at the next inspection, enabling the home to audit response times to call bells regularly.

Another consideration regarding staffing is the dependency of care receivers within the home. A resident list provided to the regulation officers confirmed that 16 out of the 25 care receivers living in the home at the time of the inspection were classed as high dependency using the tool approved by the provider, the 'Isaac Neville' dependency tool. These residents may require at least two staff for their care and/or have more complex care needs. The Registered Manager discussed that they use this tool to assist with deciding staffing levels for the home.

Area for improvement 4:

The Registered Provider must ensure that all care/support workers complete and remain up to date with statutory and mandatory training requirements.
--

The provider's monthly report for August reported the training percentages as 90% for mandatory training and 79% for home-specific training. The staff training matrix was viewed on the electronic system at the second visit, demonstrating satisfactory compliance. At the time of the second visit, medication competencies hadn't been updated on the system; the Registered Manager provided confirmation by email after inspection that this was now 75%.

Staff feedback regarding the training they had received since the last inspection triangulated these findings. Staff confirmed recent training in, for example, infection control, end-of-life care, and living in my world (dementia training). The registered nurses also commented that they had been supported by recent advanced practice training and development, such as syringe driver training, pressure area care, and epilepsy training. One carer also confirmed that they were offered career development in Regulated Qualifications Framework (RQF) Level 2 or 3 training for the first time since commencing employment.

This area for improvement has been met.

Area for improvement 5:

Policies must be relevant to local Jersey legislation (law) and guidance.

A sample of the provider's policies was reviewed; these included the Safeguarding Adults Policy and the Infection Prevention and Control Policy, which were found to refer to local procedures, guidance and contact details. This area for improvement has been met.

The Infection Prevention and Control Policy contains conflicting information regarding the frequency of mandatory infection control training. On page two, this is specified as annual training, and on page three, it is specified as three yearly. Best practice would suggest that infection control training be undertaken annually for all staff, and therefore, this needs to be updated.

Area for improvement 6:

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

The fire logbook was reviewed during the inspection, and gaps were identified in the fire safety checks and fire drill information. The regulation officers were advised that the maintenance person was now holding most of the information centrally. The regulation officers advised that this information should be stored in one place for ease of access.

The appropriate information was emailed to the regulation officers after the inspection, which confirmed evidence of regular fire alarm and emergency lighting checks and fire drills. The 'Safe' folder provided as evidence documented fire safety training for staff carried out in April 2024 by IGNIS. Staff confirmed they had received both recent fire safety training and involvement in a fire drill. The regulation officers also spoke with one of the home's fire marshals, who talked them through their role and responsibility in the event of a fire and spoke positively concerning their recent fire marshal training. They confirmed that there were weekly fire alarm checks and monthly drills.

The staff are currently having to undertake half-hourly checks of the fire panel as it is awaiting a new part or may need replacing entirely. The Registered Manager confirmed to the regulation officers that the Jersey Fire and Rescue Service was aware of this.

Area for improvement 7:

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.

The staff rosters show that dedicated time is allocated to hand over information between staff. In addition, supplementary daily 'flash' meetings are held, where staff gather briefly to share updates about care receivers and any relevant issues in the home.

The regulation officers joined the staff team for handover in the morning and attended the flash meeting mid-morning. This was to review how the handover of information was occurring and its effectiveness.

There was evidence of key information being shared effectively, such as the general presentation of care receivers, antibiotics and as-required (PRN) medications at the early morning handover. At the flash meeting, there was reporting of, for example, any skin damage, incidents and falls. Also, any specific clinical issues with residents. Communication at these handovers was then triangulated with a sample of care receivers' care plans. This is no longer an area for improvement.

Area for improvement 8:

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

The supervision matrix was reviewed as evidence. Staff supervision sessions were recorded as occurring after the previous inspection between April and June 2024, and staff members confirmed this. However, none were recorded between July and September 2024. Staff supervision must occur regularly per the Care Home Standards.

The regulation officers reviewed the quality of the supervision paperwork, and the template contains sections for the supervisee to fill in. However, there is nowhere for the supervisor to provide feedback, comments or actions (only a signature). Also, on occasion, only one side of the paperwork was completed. It is positive to note that after the inspection visits, the Registered Manager advised that they had sought guidance regarding their supervision process from an external source to arrange more effective supervision delivery. Supervision will remain an area for improvement.

In addition, the Registered Manager was informed that there was inconsistency in the application of supervision records, with several observed to focus solely upon performance and conduct issues.

Area for improvement 9:

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.

This area for improvement has been met. There is now a staff induction folder, which is kept in the Registered Manager's office. The regulation officers reviewed a sample of the induction packs for recently recruited staff and found evidence of appropriate sign-off at one week, one month, and when induction is completed.

One agency staff member spoke positively of their induction into the home and described shadow shifts and undertaking competencies.

Area for improvement 10:

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.

There was evidence of improved communication and support, which had impacted the home's culture positively. Most staff reported feeling well supported by the Community Manager and Registered Manager. Also, that changes to the rota had improved work/life balance.

The minutes from staff meetings evidenced discussion about implementing the new handover format, which, as highlighted earlier, had improved staff communication. Feedback was also given regarding daily checks being more of a focus in the flash meeting discussion. There was also evidence that any complaints and/or safeguarding concerns were discussed with staff, and any lessons learnt were highlighted. Further to this, the role of the new community manager was highlighted as having more visibility regarding issues such as pressure area care. These measures evidence the work being done to improve safe and effective care delivery.

Care receivers also gave positive feedback regarding their meetings. One care receiver summarised that it was really positive that they could speak up about what could be better. Care receivers and staff provided positive feedback about the new community manager and their visibility within the home.

There was also evidence of a new award for staff called 'Hearts of Gold,' where staff could nominate someone who had displayed the home's values and/or 'care from the heart'.

This area for improvement has been met.

Area for improvement 11:

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.

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 to be well-presented in terms of visible cleanliness.

The numbers of domestic staff will need to be reviewed when the home is open again to admissions and the bed occupancy is increased but currently there has been sufficient progress.

Area of focus 1 – Communication

Communication has already been highlighted and discussed under the heading of area for improvement 10. Therefore, this focus area has been met.

Area of focus 2 - End-of-life care

The regulation officers were able to evidence the work done to improve end-of-life care within the home through feedback from staff, review of care plans, and documentation.

The care plans evidenced appropriate advance decision paperwork and anticipatory medication prescriptions. They are also linked to the Palliative and End-of-Life Care Strategy for Adults in Jersey.

The Registered Manager provided the paperwork for end-of-life care, and it is encouraging to note that the island-wide 'personalised care record' parts I and II and symptom chart are used. The provider also uses an 'Abbey Pain Scale' assessment tool. The provider has also purchased two version 3 (V3) syringe drivers for the home. Servicing arrangements were discussed, and it was agreed one would be sent off at a time to the company within the UK annually to ensure that there was always one available within the home. The Registered Manager also confirmed that staff can access the island-wide syringe driver policy.

Staff confirmed in feedback that they had received recent training in using the syringe driver and would feel competent to use one if required. In addition, they had been provided with recent Gold Standard Framework training. It will now be necessary to embed this knowledge and training into practice, and this will be followed up at the next inspection. There has been sufficient progress for this focus area to have been met.

Area of focus 3 – Pressure Area Care

Staff reported recent training in pressure area care. In addition, care plans evidenced the use of the validated pressure ulcer prevention framework/tool 'aSSKINg', which guides and documents pressure ulcer prevention. The care plans were also linked to the Pressure Ulcer Island Framework, which guides, for example, when a referral to the Tissue Viability Nurse (TVN) and/or safeguarding is necessary. There was also evidence of skin changes being recorded within the care plans and the use of appropriate pressure-relieving equipment.

As mentioned, the new Community Manager has also been supporting pressure ulcer management within the home. This focus area has been met.

Area of focus 4 – Infection Control

Before the inspection, the regulation officers received the recent infection control audit by the Community Infection Control Sister. This highlighted several areas needing to be addressed, including the fact that both sluices within the home required repair, new cupboards and racks needed to be fitted in the sluice for storage, and laundry trolleys were rusty and needed replacing. In addition, signage for hand hygiene and the availability of alcohol hand gel needed to be created.

It is positive to note that several of these areas had already been addressed at inspection, such as new linen trolleys, cages and cupboards for sluices had been purchased, and there were appropriate gloves and aprons in care receiver's rooms and the assisted bathrooms. Signage for hand hygiene had also been improved. There has been sufficient progress for this focus area to have been met.

Additional focus area from this inspection– Contenance care

The regulation officers followed feedback from care receivers regarding continence needs through to the care plans. It was found that an appropriate continence care plan was absent in one record. In another record, it was not clear when the last catheter change was performed for a care receiver and the type and size of the catheter needed to be recorded, as is best practice. The Registered Manager agreed to update the care plans immediately.

In addition, it was recognised that further staff training on the electronic recording system was required to provide better written records. The current pictorial daily checks are task-oriented, and additional information is sometimes needed, for example, about pad checks and whether a care receiver has been given the opportunity to visit the toilet.

Staff feedback regarding continence training was that it was mainly for registered nurses and not the carers. This was discussed with the Registered Manager, who agreed that all staff would benefit from an update in continence training. This is a new area of improvement from this inspection.

IMPROVEMENT PLAN

There were five 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: 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>
	<p>Response of Registered Provider:</p> <p>The home have implemented an index system to monitor staff file, meeting with HR has recently clarified the documents around Jersey requirements. Agency file has all relevant training and documents such as profile for agency staff member. Regular staff file audit being carried out to ensure all relevant documentation are in place.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 4.3 (Appendix 8)</p>	<p>The Registered Provider must ensure that the Commission receives notification of notifiable incidents/ events promptly, including notifiable diseases and any events which have or may cause harm.</p>
<p>To be completed by: with immediate effect.</p>	<p>Response of Registered Provider:</p> <p>All staff informed of notification process and when to inform the JCC. Recent changes to JCC notifiable events - less incidents require to be reported. If unsure staff to call the JCC to get clarity on whether incident needed to be notified. Conversations between staff & JCC will be documented in our system. A more robust communication between the home and the regulators in place. Nurses and senior staff have been reiterated the importance of positive notification process.</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 3.9</p>	<p>The Registered 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.</p>
<p>To be completed by: to be completed within two months from the date of inspection (3 December 2024).</p>	<p>Response of Registered Provider:</p> <p>Rota has recently been reviewed and staff working their contracted hours. New rota allow staff to have a work life balance, with some staff working a long week and a short week where staff can have more days off remaining within the contracted hours. Positive recent recruitment have allow staff to work within the contracted hours and reduce the hours of agency being used. The home is having ongoing recruitment to reflect future admissions in the home.</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 3.14</p> <p>To be completed by: three months from the date of inspection (3 January 2024).</p>	<p>The Registered Provider must ensure that care workers receive regular opportunities to discuss their roles through formal supervision and appraisal.</p>
	<p>Response of Registered Provider:</p> <p>Staff supervision and appraisal have been in process Staff are invited into supervisions to support with their career development and feedback.</p> <p>Concern are address within time frame and support plan for staff who may need extra support. The manager has an open door policy where staff can address concerns or issues appropriately and promptly.</p>

<p>Area for Improvement 5</p> <p>Ref: Standard 2.9, 3.11 (Appendix 7)</p> <p>To be completed by: six months from the date of inspection (3 April 2025).</p>	<p>The Registered Provider must ensure that there is appropriate training and care planning in continence care.</p>
	<p>Response of Registered Provider:</p> <p>The home have identified outstanding training for each staff member, letters sent to individuals.</p> <p>The below training have been booked, Continence training 12th and 16th of December 2024 Inhouse Emergency First Aid training 17th December 2024 CSDL training and end of life training booked for 16th December 2024</p> <p>The in house trainer will be supporting the new staff with their care certificate, and other training required with their development.</p> <p>Training stats for the home have now been increase, LH from 87% to 90%.</p>

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je