



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Cheval Roc Residential & Nursing**

**Care Home Service**

**Les Nouvelles Charrieres**

**Bonne Nuit**

**St John**

**JE3 4DJ**

**29 July 2020**

## THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 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 Cheval Roc Residential and Nursing home. The service is situated in the parish of St John on Jersey's picturesque north coast. Views out toward Sark and France can be enjoyed from some of the rooms and the courtyard garden. There is a regular bus service to town and the home has its own minibus for residents' use. The service became registered with the Jersey Care Commission ('the Commission') on 11 July 2019.

Registered Provider	LV Care Group
Registered Manager	Chantal Ballingall
Regulated Activity	Adult Care Home
Conditions of Registration [Mandatory and discretionary]	Personal support/ personal care can be provided to a maximum of 9 care receivers. Nursing care can be provided to a maximum of 32 care receivers. Category of care is Old age Age range is 60 years and over Bedrooms 1-12 & 14 – 42 – One person Rooms 7,8,9,10 & 15 – One person (for the provision of personal support / personal care only)
Dates of Inspection	29 July 2020
Times of Inspection	9.00am – 4.10pm
Type of Inspection	Announced
Number of areas for improvement	Two

Cheval Roc Residential and Nursing home is operated by LV Care Group Limited and the registered manager is Chantal Ballingall. At the time of this inspection there were 41 people receiving care from the service and nine on the current waiting list. The maximum number of care receivers increased from 39 to 41 in March 2020 following an application to the Commission to convert a lounge on the first floor into two bedrooms. The manager confirmed to the Regulation Officer that these rooms have been in use since.

The philosophy of the home is to, according to the Statement of Purpose, provide high quality care for all residents which can be fully tailored to suit the needs of the individual.

## SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was completed on 29 July 2020 by one Regulation Officer with telephone consultations on 4 and 5 August 2020. The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

The Regulation Officer focused on the following areas during the inspection:

- The service's Statement of Purpose and Conditions on registration
- Safeguarding (adults and children)
- Complaints
- Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- Care planning
- Monthly quality reports

The approach to this inspection was slightly modified due to Covid-19 restrictions; not all areas of the home were visited and although face to face interactions with staff and service users / representatives were limited, telephone contact was utilised after the inspection visit. The inspection visit was undertaken in accordance with the home's infection prevention and control protocols and the current government guidance in relation to Covid-19 and care homes.

Overall, the findings from this inspection were positive and there was evidence of care receivers being provided with a service that is safe and takes their wishes and preferences into account.

Care receivers were keen to engage with the Regulation Officer and provided positive feedback about the staff and the ways in which various aspects of care and support is provided to them. Staff were observed delivering care and support in a compassionate way showing warmth and kindness to care receivers. Several of the care receivers were observed enjoying the communal garden and courtyard on their own, in socially distanced groups and with friends.

The Registered Manager described her commitment to establishing a good team of staff and to encouraging personalised care.

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

The programme of activities and events which have been organised by the manager and the staff team were noted to be extensive and varied. They included; twice weekly mini-bus outings for four care receivers at a time to include a picnic and ice cream, a sports day, fish and jazz in the garden and various other visiting musicians. Other activities involved planting of vegetables in the garden and a sunflower growing competition. Relatives can join at some of the events with numbers limited to four care receivers being allowed to invite a guest at a time. The home has recently recruited two part-time activity co-ordinators to cover six days per week.

Without exception all care receivers, staff and representatives spoken to during the inspection spoke positively of both their appreciation and enjoyment of these activities and it was encouraging to note this evidence of good practice in accordance with the home's Statement of Purpose and the Commissions' standards. One care receiver commented that they enjoyed getting out for picnics and the music in the garden. A relative was keen to express their opinion that there is a great diversity of activities and a real family atmosphere.

The service's arrangements for recruiting staff were satisfactory with appropriate checks being undertaken and confirmed prior to their employment. On commencing employment there was evidence of a structured staff induction, training and supervision programme. Staff spoken to by the Regulation Officer at the time of inspection described the numerous training opportunities that they are provided with.

The home offers clean and comfortable accommodation, however at the time of the inspection was found to be in need of redecoration with regard to painting (internal and external) and some wear and tear of the carpets was noted. The Regulation Officer was advised that a complete refurbishment was planned to commence prior to Covid-19 and was then halted. This is due to recommence within weeks of the inspection with the carpets being replaced as a priority.

There were two areas for improvement identified from this inspection concerning care-planning around covert medication and significant restrictions on liberty in relation to the category of care for Cheval Roc Residential and Nursing. A timescale of three months was discussed with the manager, for a review of care receivers' needs in relation to significant restrictions of liberty and for a review of the care plans of individuals receiving covert medication.

## **INSPECTION PROCESS**

Prior to our inspection visit, information submitted to the Commission by the service since registration was reviewed. This includes any notifications and any changes to the service's Statement of Purpose. Furthermore, some reference was made to the previous inspection visit which was carried out in December 2019 and where areas for improvement had been identified at that time. It was good to note that these areas had been fully addressed with the decluttering of the lounge area on the first floor and the updating of Statement of Purpose to reflect the programme of activities on offer at the home.

There had been one previous courtesy visit to the home in February 2020 as the manager had recently taken up post and was keen to explain some changes that had taken place. At the time of that visit, it was found that the assisted bathroom on the ground floor was out of commission. An outcome of that visit was that it was agreed between management and the Commission that it would be in the residents' best interest to reinstate the bathroom by the end of February 2020. On the day of the inspection although reinstated, the bathroom was being used to store some surplus equipment and not readily available for its' intended use as should be the case. In February the Regulation Officer was advised of plans for a hairdressing salon and nail station to be created on the first floor, this was not viewed at this inspection but there are arrangements for it to open mid-August 2020.

The Regulation Officer sought the views of the people who use the service, and or their representatives and spoke with managerial and other staff. Three care receivers, three representatives and five staff members were spoken with during or as part of the inspection.

During the inspection, records including policies, care records, staffing rosters, recruitment documentation, monthly reports and complaints were examined. The Regulation Officer also undertook a tour of the premises and spent time in the communal areas and observed interactions and communications between care receivers and staff.

At the conclusion of the inspection and telephone consultations, the Regulation Officer provided feedback to the registered manager.

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 action plan is attached at the end of the report.

## **INSPECTION FINDINGS**

### **The service's Statement of Purpose and Conditions on registration**

The Care Home's Statement of Purpose was reviewed prior to the inspection visit. The Standards outline the provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The Care Home's Statement of Purpose continues to reflect the range and nature of services provided to care receivers.

The use of the CCTV camera placed at the front entrance of the home was discussed with the manager. The provision of CCTV is outlined in the home's Statement of Purpose however it wasn't clear if this was in operation at the time of the inspection. The manager advised the Regulation Officer that they weren't aware

of the camera or its purpose and agreed to investigate this further. It was suggested that if the camera is not operational, it is removed or repaired / replaced, depending on the provider's review of its purpose.

The service is compliant with the regulations and standards relating to the Statement of Purpose and the Regulation Officer was satisfied that the provider / manager fully understands their responsibilities in this regard.

Cheval Roc Residential and Nursing home is, as part of the registration process, subject to the following mandatory and discretionary conditions:

Conditions of Registration	<p><u>Mandatory</u></p> <p>Maximum number of care receivers: 41          Number in receipt of nursing care: 32          Number in receipt of personal support /personal care: 9          Age range of care receivers: 60 years and above          Category of care provided: Old age          Bedrooms are registered for single occupancy with bedroom numbers 7,8,9,10 &amp; 15 registered for the provision of personal care only</p> <p><u>Discretionary</u></p> <p>Registered manager to complete Level 5 Diploma in Leadership in Health and Social Care by 3 August 2023</p>
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Discussion with the manager and examination of records provided confirmation that these conditions on registration were being fully complied with and will remain unchanged.

The manager's registration with the Commission was granted on 3 August 2020 and a discretionary condition was applied; the manager should complete her Level 5 Diploma in Health and Leadership in Social care within three years of this date.

The home is registered to meet the needs of individuals of 'old age'. The Regulation Officer discussed the home's referral process with the manager and the need to ensure that the manager identifies the predominant need of the person referred in order to prevent inappropriate referrals. While the home is not registered to meet the needs of individuals with a diagnosis of dementia, it was acknowledged that this and a range of other conditions could be diagnosed during the care receivers stay at the home. The manager described a circumstance that had occurred in the home that lead to a care receiver's needs being reassessed and a more appropriate placement being sourced. The manager has identified this as a learning experience in relation to future referrals.

During the inspection the Regulation Officer identified a considerable number of care receivers who were experiencing significant restrictions on their liberty. It was noted that appropriate referrals had been made to the Capacity and Liberty team and that assessments had been completed with authorisations put in place. Given the

category of care outlined within the home's registration and Statement of Purpose ('old age'), it will be necessary to keep this and the home's staffing levels under close review.

This has been identified by the Regulation Officer as an area for improvement. A requirement of this inspection will be for a review of those care receivers with a significant restriction in place, to assess if this still accurately reflects their needs. This review process will be undertaken by the staff team within three months from this inspection and overseen by the Commission. The manager also advised the Regulation Officer that they were seeking some further training in this regard from the Capacity and Liberty team.

The home's Statement of purpose is included in the Service User Guide, a copy of which is kept in each of the residents' rooms.

### **Safeguarding (adults and children)**

The standards for care homes set out set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.

Systems are in place at the home to support the safety and protection of residents which include appropriate infection control measures for defence against Covid-19, a visitors' log of attendance at the entrance and recently installed key pad locked fire doors to secure the home but which will open automatically in the event of fire.

Discussion with the manager confirmed that any safeguarding issues would be dealt with in line with local procedures and the relevant persons and agencies notified of any safeguarding concerns, including the Commission. There had been one recent safeguarding notification sent to the commission, which was followed up by the safeguarding team with a visit to Cheval Roc in the week prior to this inspection, the claim was not substantiated and no further follow up is required at this time. The service manager also discussed how she had worked hard with the team to promote personalised care rather than task or routine centred care and how poor practice would not be tolerated and staff are encouraged to report this.

The Policy and Procedure Manual was reviewed and the safeguarding and whistleblowing policies (including the safeguarding alert form) were found to be filed appropriately and easily accessible to staff. Alongside these were clinical and non-clinical policies and the Commissions' Care Home standards. The regulation officer was informed by a member of staff that these policies are also available on the electronic data base for staff to access.

The Regulation Officer noted that staff are expected to read and sign that they have understood the safeguarding policy as part of their induction. The safeguarding policy (updated Jan 2020) can be found in the Policy and Procedure Manual and is also part of the mandatory training for staff, this was evidenced in the staff training matrix, which the Regulation Officer viewed as part of the inspection.

Discussions with care staff confirmed that they were confident with raising concerns and could go to the manager or deputy manager in the first instance but were also able to direct the Regulation officer to a book held at reception where they could access the contact details of the compliance officer and directors if required.

A relative who participated in the inspection process commented:

“I have no concerns at present but would have no qualms in talking to the manager or any staff member if I did.”

Another commented about how well the home had dealt with the ‘Covid problem’ in keeping everyone safe.

## **Complaints**

The standards for the care home set out the provider’s responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service’s staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.

A complaints leaflet is included in the welcome pack for residents and staff and there is a system in place for recording complaints on the electronic data base if pertaining to care receivers and in personnel files if pertaining to staff. During the inspection the Regulation officer requested the complaints log however, the manager advised that a central log of all complaints was not maintained. It was positive to note that immediately after the inspection, a complaints log was created. There is also a complaints and suggestion box which is clearly visible at the reception.

There have been two complaints within the last six months, both of which have been handled internally with a satisfactory outcome at the time of writing this report.

Staff spoken to by the Regulation Officer seemed confident to take concerns to the management team:

“I can talk to the manager, we get a lot of support and her door is always open or she is quick to reply by email.”

Another stated:

“I would report any complaints / concerns to the nurse in charge or the directors.” She spoke of an ‘obligation’ to do this.



## **Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)**

The safe recruitment of staff is an important element in contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider's responsibility to ensure that there are at all times suitably recruited, trained and experienced staff available to meet the needs of care receivers.

A summary of the staff profile and staffing levels are included in the Statement of Purpose. A copy of the staff roster was reviewed and this evidenced an adequate number of staff on each shift. The skill mix however was not in accordance with the Standards which set out the requirement that fifty percent or above of carers should have completed a relevant level two Diploma or equivalent. The manager attributed this to a recent turnover of staff and assured the Regulation Officer that staff have been enrolled onto Level two and three training which will eventually compensate for this reduction in skill mix.

There is a rotation of two of the night staff and rotation of day staff on to night duty for two weeks every six months so that staff gain experience of working both day and night shifts. Staff were generally positive about this arrangement and felt that it encouraged teamwork between the day and night staff.

This inspection visit included a review of a sample of seven staff personnel files, which evidenced that, there was consistency in the safe approach to staff recruitment and training. The personnel files were stored securely and were found to be well organised. A second reference was still pending for one of the newer recruits, however due process had been followed in trying to obtain this. The other pre-employment checks were found to have been completed in accordance with the standards.

A number of extra staff had been redeployed from the hospitality sector during the pandemic. The manager advised that, most of these staff were no longer working in the home and that their input had been invaluable during the Covid-19 period in the day to day operation of the home.

The provision of staff supervision and appraisal is undertaken by management. The Regulation Officer noted that Annual appraisals and six-monthly clinical supervision had been completed. The manager has also encouraged and supported staff to complete mandatory training, this is evidenced in the training matrix.

Two of the most recently recruited staff members commented on their induction training to the Regulation Officer:

"I have been given an induction booklet and already completed some online training and moving and handling."

"I will complete my induction in one month and then will have a review with the manager."

They both described how they had been welcomed into the team and felt well supported.

During discussions with care receivers and relatives, they remarked positively on their engagement with staff and their skills and experience and commented:

“The care is second to none”, “the staff are superb” and the “home well organised.”

“The staff are so caring and approachable, with a nice atmosphere in the home.”

## **Care planning**

The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider’s responsibility to ensure that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.

People are admitted into the home following a pre-admission assessment which, is usually completed by the manager. A completed pre-assessment form was viewed during the inspection and it includes an assessment of physical, emotional and cultural needs as outlined in the Statement of Purpose. This assessment is usually undertaken by the manager and all residents have an identified named nurse and a key carer, who are identified in their care plan.

Care records are maintained in an electronic format and a sample of nine care records was reviewed by the Regulation Officer as part of the inspection. There were distinct differences noted between the level of care required and the dependency levels for those admitted with nursing care needs compared with those with personal care needs.

There was good evidence of personalisation in two of the plans regarding preferences in relation to activities and social life and in another plan to sleeping preferences. Evidenced based assessment tools are used to assess, for example, skin damage and careful monitoring and recording of important information such as blood sugars of a care receiver who has diabetes was evidenced.

Daily records were generally up to date and regular review dates identified. The information within the sample of care plans was cross referenced with incident forms and correspondence the Commission had received over the last few months. It was noted that one care receiver’s daily records had not been updated following a fall which had been notified to the Commission. This was brought to the manager’s attention so that the record could be updated. Otherwise records of any notifications were found to be complete.

One of the care plans reviewed revealed that a care receiver was being administered medication covertly, however the justification for this intervention was not clear from the care plan. The manager has identified that this process could be improved upon to reflect the requirements in the Standards. A medicines management inspection

was undertaken on behalf of the Commission by a Senior Pharmacist, Health and Community Services on 24 July 2020. The Senior Pharmacist also noted this issue and the manager did provide assurance that a template for a best interest discussion for this purpose was being developed. At the time of this inspection, the care plan recording necessary to support the justification of this intervention had not improved. This has been identified as an area for improvement to ensure adequate safeguards are in place around administering medication covertly and a review will be undertaken by the Commission in three months' time. Further evidence regarding a best interest discussion / review should be incorporated into the care plan until a template is available.

### **Monthly quality reports**

The quality of care provision should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.

The provider has a nominated individual who is a registered nurse who visits the home on a monthly basis to monitor the quality and safety of the service by reviewing Standards and compliance with Regulations. The Regulation Officer reviewed the reports of the three most recent visits and noted that these had been recorded on the template recommended for use by the Commission. These reports are clear and comprehensive and include feedback from residents, relatives, staff and health / social care professionals and include clear actions to be taken at the end of the report.

The quality of the service is further reviewed by environmental and hand hygiene audits, the most recent of which was undertaken in July 2020, a brief review of this by the Regulation Officer found it to be satisfactory. The home also distributes questionnaires regularly to residents and staff. There was also a notice board in one of the corridors which was a thank you board to staff containing positive feedback from service users and representatives.

During Covid-19 the homes' manager set up a 'Whats-App' group and an email group to keep relatives updated and provide reassurance whilst visiting wasn't allowed during lockdown. Two of the relatives spoken to by telephone consultation spoke of their great appreciation of these measures:

"I used to visit every day before lockdown and then I couldn't but to receive an email everyday saying what's going on and with photographs." "Well it was really rather wonderful."

"The Whats-App group was fabulous".

A further measure which the manager introduced to facilitate visits to the home when visiting was cautiously being reintroduced was a 'hugging booth' which safely allowed residents and their relatives to have close personal contact.

Prior to Covid-19, the manager had also set up a Cheval Roc committee to include some residents, staff and family members to discuss the running of the home. This was put on hold due to the pandemic but will hopefully resume when the restrictions allow. One resident commented to the Regulation officer at her delight of being asked to be on the committee and her hopes for the future.

The manager discussed that her plans for the future include; equipment for the garden to provide 'gentle exercises for geriatrics', ideas about a pet for the home and a possible shop for residents.

## IMPROVEMENT PLAN

There were two areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Regulation 3 (1) (d)</p> <p><b>To be completed by:</b> 3 months from the date of inspection.</p>	<p>The registered person must undertake a review of the needs of care receivers who are experiencing significant restriction of liberty. This review must take account of the home's Statement of Purpose and category of care.</p> <p><b>Response by registered provider:</b>  A full review of the SRoLS was undertaken as soon as requested by the JCC and it was felt all SRoLS were appropriate and with the exception of one resident did fit within the homes Statement of Purpose. This resident had already been identified as deteriorating and needing care in a dementia specialist unit. Assessments had been carried out and the resident is awaiting transfer as soon as there is availability. The Cheval Roc team were waiting a training session with the Capacity and Liberty officer which due to COVID restrictions did not occur until 24<sup>th</sup> September. We have further reviewed all the SRoLS and feel they are appropriate and fit with our Statement of purpose. The majority are in regard to residents who are unable to articulate their choices and therefore unable to make simple choices around when they have meals, medications, activities etc</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 14.2</p> <p><b>To be completed by:</b> 3 months from the date of inspection.</p>	<p>The registered person must ensure that there are appropriate arrangements in place to safeguard care receivers in receipt of covert medication. Care records must be kept under review and reflect any best interest decisions.</p> <p><b>Response by registered provider:</b>  To date I have not received a copy of the Medication audit from the JCC. Had I been privy to this in a more timely manner we would have been able to take action. Best interest documentation is readily available on our FUSION system and since your feedback we are also now electing to use the Safeguarding Partnership Boards Multi Agency Capacity Policy and Procedures – Appendix 4 – Record of decision to administer medication covertly.</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  
2<sup>nd</sup> Floor  
23 Hill Street, St Helier  
Jersey JE2 4UA

Tel: 01534 445801

Website: [www.carecommission.je/](http://www.carecommission.je/)

Enquiries: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)