



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Les Charrieres Care Home**

**St Peter**

**JE3 7ZQ**

**28 September 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

Les Charrieres is a purpose built 50-bed care home located in a countryside setting overlooking St Peters valley, recently opened to provide care for older persons over the age of 60.

The location provides a quiet and peaceful home environment with rooms located over three floors and with sufficient parking and outdoor space available to residents and their visitors.

The building by design has some generous communal space and corridors that promote community living for its residents and who may be receiving nursing care or personal care and support.

The home was newly registered with the Commission on 15 May 2020 and this was its first regulatory inspection.

Registered Provider	LV Group Limited
Registered Manager	Catia Magalhaes
Regulated Activity	Care home for adults
Conditions of Registration	Maximum number of care receivers - 34 Maximum number of people who may receive nursing care - 26 Number in receipt of personal care - 8 Age range – 60 and above Old age
Dates of Inspection	28 September 2020
Times of Inspection	12:15 pm – 5.30 pm
Type of Inspection	Announced
Number of areas for improvement	None

The home is operated by LV Group Limited and the registered manager is Catia Magalhaes. At the time of this inspection, there were 24 people accommodated in the home.

## SUMMARY OF INSPECTION FINDINGS

This inspection was undertaken over the course of a half day by two Regulation Officers and was announced with consideration for the restrictions imposed in response to the Covid-19 pandemic. The Care Home Standards<sup>1</sup> were referenced throughout the inspection and the Regulation Officer focussed on the following areas:

- 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.

Due to the Covid-19 situation, this inspection was announced and undertaken in accordance with the home's infection prevention and control measures. Nonetheless, opportunity was taken to view the home across all three floors. Attention was given to some of the operational systems in place to support the resident group. Some examples of this included the brand-new kitchen, laundry facilities and community spaces available to residents and visitors.

Overall, the findings from this inspection were positive. On arrival at the home, the Regulation Officers noted the attention that is given to promoting and maintaining the safety of vulnerable care receivers. There are adequate infection control protocols in place and as seen in practice where any persons enter the home. It was also noted some of the initiatives the manager and team have followed to facilitate visiting by creative use of the building. Examples of this included the use of separate entry points and rooms which limited footfall into the communal areas of the home and further reduce infection risk.

The Regulation Officers spoke to several residents in the home during the visit and followed up with contact with a small number of relatives to discuss their recent experiences. These discussions focussed on the lockdown period where no visiting opportunities had been available as well as the more recent opportunities to enter the home. Several positive endorsements of how the home has operated since first opening during this most challenging period were received.

Examples of professionalism, proactive engagement and a positive atmosphere that is promoted in the home were particularly noted from the feedback received from residents. This was reiterated by some of the observations provided by relatives also, some of whom had been reliant on the communication from the staff team when unable to visit themselves.

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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/>

Most notable from the comments received from both residents and relatives was the helpful managerial structure in place, this along with good teamwork identified and positive actions and support provided by the whole team.

The Regulation Officers reviewed documents including care plans, policies, procedures and protocols. These referred to the home's newly acquired registration status and which relates to a brand-new building, team and care receiver group. The attention which is given to how the home will operate to match the aims and objectives set out in its Statement of Purpose was discussed in some detail, with evidence provided in practice of how this is achieved.

Supporting information was also provided by the manager of how the home operates in tandem with other registered managers and senior management team for all of the provider's associate homes. From this it was evident that a clearly defined governance framework is in place, which continues to develop to promote best practice. The home has a range of operational systems, policies and procedures and there was evidence of these being implemented with a comprehensive system of review and audit also in place.

Some opportunity was taken to speak with a few members of the team with diverse roles in the home. This also supported the information provided by the manager. Supplementary information provided at the conclusion of the visit evidenced how Standards are being adequately and safely met.

The Regulation Officers were satisfied that the care provided is consistent with the home's aims and objectives. The conditions on registration continue to apply and remain appropriate. It was also very clearly established with the manager the attention that is given to any new referrals received. This to ensure that the home can safely adequately meet the identified care needs in line with the home's Statement of Purpose and within the terms of their registration.

The home has the expected protocols in place which service users and/or relatives can follow in making a complaint. There are clear policy and procedures for all to follow regarding any safeguarding concerns which may arise. Care records provide contemporaneous notes that promote prompt review and evaluation of residents' care needs.

Supporting the best practice to safeguard vulnerable care receivers are the expected employment protocols which ensure due diligence. Criminal record checks are processed before any new employee may commence their duties in the home.

## **INSPECTION PROCESS**

Information submitted to the Commission by the service since registration was reviewed prior to the inspection visit. This included notifications and any changes to the service's Statement of Purpose, for example changes to bed numbers or operational capacity. Furthermore, some reference was made to several recent variations of conditions which had been submitted. These had predominately been made in line with the home progressing from initial registration status to increasing

its bed numbers, (as was anticipated). This provided the opportunity to explore some practice issues as to how the home will assess, plan and deliver care to its residents and which should be closely aligned with its Statement of Purpose.

Although there were some restrictions to be followed due to the Covid-19 situation, it was nonetheless intended to review and inspect all main areas of the home. Due consideration was made of the very recent completion of all building works. This had included some outdoor work schedules, and which had been subject to some ongoing review since registration in May 2020.

The visit commenced with an initial review and discussion with the Registered Manager about how the home and its team has developed over the past 5 months since first opening. Within these discussions the process for development of the team, staff support, and supervision, training and induction were all explored with reference to the overarching governance framework in place.

Staffing levels and deployment across the home was clarified with consideration for the category of care which may be supported by carers or registered nurses. It was also clarified with the manager how they have identified from review and evaluation the operational policies and procedures which may require further refinement. For example, consideration is made as to where best to locate care receivers within the home environment to better promote their levels of independence and autonomy.

Premises were reviewed both in the company of the manager and independently by the Regulation Officers. This provided a good overview of systems in operation, staff presence and response to care receivers across all three floors of the home, with opportunity taken during this time to speak with residents and staff in relative privacy.

The Regulation Officers observed care receivers being supported both in small groups within communal areas and for others in their own rooms. These observations provided evidence of activity levels in the home and how person-centred approaches were being followed in practice. This was further supplemented with some specific enquiry made of the social activities co-ordinator to establish how they go about this important role.

The Regulation Officers were able to note interactions initiated and reciprocated by care staff during this time and the level of positive engagement by staff with this inspection process.

An audit of care records was undertaken for six residents that included both nursing care and personal care support. The review of care records was supplemented with discussions with the manager and for one also cross referenced with direct feedback from a care receiver about aspects of care they receive. Eight care receivers in total were spoken with during the visit and three relatives approached by phone contact two days later for their feedback. This provided a summary of experiences when engaging with the provider about care provided to their loved ones.

In accordance with the Regulations, the manager submits to the Commission notifications of incidents occurring in the home. These were reviewed prior to the inspection and discussed during the inspection. From this it was established that

these incidents had been reported in a timely manner and appropriate action had been taken on each occasion.

## INSPECTION FINDINGS

### The service's Statement of Purpose and conditions on registration

The 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 home's Statement of Purpose reflects the range and nature of services provided to care receivers. The Regulation Officer was satisfied that the provider / manager fully understands their responsibilities in this regard.

Les Charrieres is, as part of the registration process, subject to the following mandatory conditions:

Conditions of Registration	<u>Mandatory</u> Type of Care: personal care, nursing care Category of care: Old age. Maximum number of care receivers: 34 Maximum number of people who may receive nursing care - 26 Maximum number in receipt of personal care - 8 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 50: one person.
	<u>Variation</u>  One named person under the age of 60

Discussion with the manager and examination of records provided confirmation that these conditions on registration were being fully complied with and are intended to remain unchanged.

It was noted that when necessary, the manager had submitted notifications and supporting information to the Commission. These submissions reflected appropriate practice in the management of specific care needs and with consideration for how the home is developing its client base and staff team. The home is building towards full capacity of 50 residents in a structured manner to ensure that safe systems of operation remain adequately in place.

The Regulation Officer was satisfied that all conditions are currently being met however it was clarified with the manager on this occasion the referral pathways and consideration for category of care which should be a primary focus for all such admissions into the home. It was very evident from the information and examples provided by the manager the approach which they will take to ensure the home only accepts appropriate care receivers into the home environment. This with reference to current design and layout of the building and the staffing to provide care to older persons.

Reference was made to Significant Restriction of Liberty (SROL) authorisations in place (six) and which had already been processed before residents' arrival into the home. However, it was clarified with the manager the assessment and presentation of these residents prior to admission was appropriate to their primary nursing needs.

The manager also confirmed within their processes that while all referrals would be considered, if deemed inappropriate or outside of their registration, they would not be advanced. This position was clearly articulated by the manager from which the Regulation Officer was assured about the attention that will be given to this important matter.

During the recent restrictions, the manager has utilised several different formats to undertake assessment for potential new residents. This has included face to face meetings and/or phone contacts where, for example, visiting the hospital has been impractical for infection control reasons. It was demonstrated the process which will be applied for new residents and where terms and conditions will be set out within contracts around the time for admission to the home.

The Regulation Officers' tour of the premises established that the home has retained a high standard of décor and cleanliness. It was apparent that housekeeping staff take obvious pride in maintaining the high standards of a brand-new building and which had been observed during a site visit by a Regulation Officer prior to first opening. It was noted however that this could be a challenge by the size of the building over three floors but which the staffing deployment is considered adequate and appropriately managed to achieve this.

Most notable during the walk around the home was positive engagement and good humour of staff which promoted a nice atmosphere. Some of the residents and relatives also subsequently remarked unprompted about this behaviour. This was considered a most positive reflection of how the staff team engage in their work in the home.

Attention was given to how the home has supported its residents during the recent lockdown period. There were numerous examples of how family contact has been facilitated by staff using forums as such as FaceTime. Routine social activities have also been maintained as confirmed from engagement with some residents and relatives.

Discussion with the social activity co-ordinator provided very good evidence of the attention and consideration which is given in ensuring a person-centred approach is adopted in meeting residents' social needs. Examples in practice highlighted that a

variety of approaches are taken, based on individual preferences. Small group activities are also promoted and this was seen in practice during the inspection.

There is a systematic approach taken in recording social activities and a planned schedule is also made available to facilitate some choices for this. The home is situated in a very isolated location and opportunities to visit local shops or other facilities is limited for this reason.

With reference to the above it was confirmed that use of a mini bus is currently shared with associate home during the course of the week and which arguably is not adequate to serve the existing resident number. This issue is expected to be even more evident as the home reaches full capacity in near future and this warrants further consideration. This to provide resident greater choice and opportunity where there might be a more readily available means of transport for care receivers. For example, to visit any nearby facilities as shops, café or other leisure activity if requested or required.

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

The Standards for care homes 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.

The home's safeguarding arrangements were discussed with the manager during the inspection. The policy has been recently reviewed by the home's Compliance Manager and there are easily accessible documents available from the home's electronic system (Fusion), for staff to reference about this important area of practice.

Supervision and appraisals include a discussion of safeguarding processes. In applying the necessary attention and diligence to safeguarding matters, staff are encouraged to discuss any concerns with senior members as they arise. There had been no issues which had resulted in a safeguarding alert or which had required a formal review at the time of the inspection. Staff have received training in safeguarding as was noted from the training log. The provider has ensured that appropriate resources are in place which form part of a broader training framework available to the staff team. This means there are key staff and resources available outside of the home to review such important training if or when necessary.

Within the reporting structure which is available to the manager there is peer review and advice which can be obtained by them for any such issues which may require some further analysis or scrutiny. However, primary notifications that should if required be made to the relevant agency for safeguarding are clearly established within policy and procedures.



## Complaints

The Standards for care homes 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.

From engagement with some care receivers and relatives during this inspection process there were no complaints raised and the Regulation Officer was satisfied that appropriate and adequate complaints procedures were in place.

The Regulation Officer was advised that the management team will address concerns informally where this is appropriate. There are clear systems of governance in place which ensure that any formal complaints are addressed in a systematic and timely manner. This is set out in relevant policy and guidelines which can be referenced in the home. The home also has a whistleblowing policy for staff to utilise.

One care receiver had made phone contact with the Commission to make a complaint a few days before the inspection visit. The complaint did not relate to the home but to other agencies. Nonetheless, this evidenced that care receivers are enabled and encouraged to raise concerns as they may wish.

A Quality Assurance process is in place at the home. This includes the monitoring and review of complaints received. This Standard is met.

There were no active complaints noted during this inspection. A sample of feedback from residents and relatives who participated in the inspection is provided as follows. Confirmation of all parties being suitably informed of how to address any complaints was also established during this process.

*"I have only the greatest of praise, the staff are constantly checking on xxx, carer will report to nurse and then to GP, a proper process"*

*"Absolutely blown away by the care provided"*

*"Levels of communication is amazing, staff are lovely, very informative and helpful, very happy with treatment and the way we as a family are treated"*

*"Most impressed me is that I've not yet to meet any member of staff who is not smiling. From Catia to the maintenance man everybody is very polite and respectful"*

*"For Covid restrictions it is well handled, very safety conscious. Whenever I want to speak to someone I can"*

*"Good at making you feel comfortable, nothing seems too much trouble, you can see they are busy, but they will still be very helpful"*

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

The safe recruitment of staff is an important element of 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 always suitably recruited, trained and experienced staff available to meet the needs of care receivers.

The Regulation Officers reviewed four Human Resources (HR) records and were also informed of the recent appointment of a HR Manager who will oversee all recruitment practice. The review of these records confirmed that the necessary pre-employment checks including references and Enhanced Disclosure and Barring Service (DBS) criminal records checks, had been undertaken prior to any new staff commencing work in the home.

The training and development of staff has incorporated a period of team building prior to the home opening that allowed for testing of systems and development of some team culture. There is a clearly defined managerial structure in the home with a deputy manager in post who will cover for any manager absence. This has been well evidenced with appropriate correspondence initiated by them with the Commission during a period of the manager's planned leave.

The home benefits from a good resource where training and learning is facilitated by provider colleagues who may facilitate some training provision quite separate to the home environment. It was demonstrated from a review of the training log, the expected attention that has been given to induction and mandatory training needs for the brand-new staff team.

A review of duty rosters for all staff, including housekeeping staff, confirmed that adequate numbers of staff are in place to both meet the care needs of care receivers and to maintain the home environment. The current staffing ratio meets the minimum Standard with some margin to meet any sickness or increased care dependencies as required. Furthermore, with staffing numbers currently in place this should be adequate to meet the expected increases in occupancy occurring in the immediate future, pending the recruitment of additional staff as the home progresses towards full occupancy.

Discussion with nurses, carers, housekeeping and catering staff established that the staff team is both motivated well-informed. Those spoken with expressed satisfaction and understanding of their roles and responsibilities. They indicated that the management structure is supportive and proactive. Care staff provided some feedback on how the systems for supporting care receivers were being reviewed by both management and the wider team to ensure that these were working effectively, as would be expected for a brand-new service.

The underlying culture of care and conduct of staff was very well illuminated by one care receiver who remarked about always hearing laughter of staff amongst themselves and when interacting with care receivers. This was also noted by one relative. This feedback provided good evidence of the existence of a positive

working culture that is being promoted in the home. Such conduct was also observed in practice by Regulation Officers throughout the inspection visit.

The home environment provides an adequate staff room and resources. It was noted that a large utility room on the ground floor is being considered for the use of both care receivers and staff as a gymnasium to promote physical and mental well-being.

There are formal supervision sessions alongside an open-door policy which will be underpinned by appraisals routinely carried out through the year.

The staff training includes specific medication management accreditation level 3 for those carers responsible for medication management. All mandatory training is included within induction period for new staff and with updates thereafter as required.

### **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.

Six care records were reviewed, four from the electronic Fusion system and two hard copy pre-admission assessment documents retained on file. It was noted that the electronic recording system promotes real time record keeping. This has the advantage of highlighting any changes in care needs which may require enhanced scrutiny to ensure that these needs are being adequately met.

Care receivers will be admitted into the home following a pre-admission assessment usually completed by the manager or deputy. Samples of these documents were provided for review alongside completed assessments for those admitted into the home recently.

The level of detail was seen to be relevant and instructive for carers and/or nurses to follow and were reflective of the different care needs as may be expected for those requiring nursing care or personal care. Dependency levels as recorded correlated to the type of care being provided and which are routinely monitored as part of the care planning process.

There was good evidence of personalisation in some of the plans viewed. One area of care was very specific and directly correlated with what the care receiver had described in their own account as given to one Regulation Officer. This area related to risk of falls and was clearly identified within the care plan.

There is uniformity in how the care records are populated with reference to the assessments which are used. These include, as an example, skin damage (Waterlow and body mapping diagrams). Monitoring and recording of scores are

maintained and reviewed. Similarly, risk assessments for mobility and falls were seen to be recorded, with review dates identified.

Corresponding accident forms were noted. These matched with the routine notification of incidents provided to the Commission. This demonstrates that an effective and seamless reporting mechanism is in place. This is also reviewed as part of the quality assurance principles which are overseen by the Compliance Manager.

Daily records as seen for one care receiver were up to date and notes were inputted into the system throughout the day of inspection. It was noted that seven separate entries had been made. These records related to a variety of daily activities such as diet, social activity and general presentation.

It was discussed with the manager as to how care records may be made more accessible to care receivers, if they wish to have sight of them. Whilst it was evident that care receivers are involved in care planning, the manager may wish to consider whether accessibility of care records can be enhanced.

There was other supporting document which the home uses and which provides a helpful reference for all staff, this includes Advance Care Plans, 'This Is Me' life history and preferences. A catering information slip is also included in the care planning documentation. Samples of menu options was provided during the inspection which evidenced a variety of choices being provided.

The manager highlighted that where care receivers may not be able to clearly convey their preferences or care needs, that relatives are invited to inform some of the care planning processes. This was confirmed from discussion with relatives who were approached following the inspection visit.

### **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 (Compliance Manager), who is a registered nurse. They visit the home on a monthly basis to monitor the quality and safety of the service by reviewing Standards and compliance with Regulations. The Regulation Officers had sight of the most recent review and noted the comprehensive approach which is applied.

The reports were clear and instructive about standards which will be given some scrutiny as part of the quality assurance framework which is followed. This system appears well embedded into routine practice and which assists the manager in delivery of the expected standards of care. It is the case that with a new home there

will be areas for development which can be highlighted from this systematic approach.

Internal audits take place as delegated to key members of the team by the manager. These are referenced by the Compliance Manager and include, for example, medication audits, which are undertaken as part of daily routines. The Regulation Officers took the opportunity to review the Controlled Drug (CD) stock and which provided an example of an audit that takes place for medication management

As recorded earlier in this report, there was some very positive feedback about the quality and choice of food provided. However, one care receiver stated that the food was 'alright' but sometimes cold and that the dining room is noisy. This was provided in feedback to the manager. It was suggested that observations about the dining experience might be further reviewed as part of the ongoing quality assurance process. It was also acknowledged at this time, that the managers had also undertaken an analysis about how improvements could be made to promote greater comfort and enjoyment of the dining experience.

It was noted that the manager and the team had promoted good lines of communication throughout the period of the Covid-19 restrictions (the home had opened in the middle of the lockdown period). This included the use of social media platforms such as FaceTime to facilitate contact with relatives where visiting was strictly limited (and for some impossible to manage). This feedback was also being recorded as part of overall quality assurance records made for reference.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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



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