



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Cheval Roc Residential and Nursing**

**Care Home Service**

**Les Nouvelles Charrieres  
Bonne Nuit Bay  
St John JE3 4DJ**

**20 April 2021**

## 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 on 16 August 2019.

Regulated Activity	
Conditions of Registration [Mandatory and discretionary]	<p>Type of care: (nursing care, personal support / personal care)</p> <p>Category of care: Old Age</p> <p>Maximum number of care receivers: 41</p> <p>Maximum number in receipt of nursing care: 32; number who may receive personal care / support:9</p> <p>Age range of care receivers: 60 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1-42 (no room. 13) – one person Rooms, 7, 8, 9, 10 and 15 – one person for the provision of personal support and personal care only.</p> <p>The registered manager Chantal Ballingall must obtain a Level 5 Diploma in Leadership in Health and Social Care by 3 August 2023.</p>
Dates of Inspection	20 April 2021
Times of Inspection	12:00 – 19:40

Type of Inspection	Unannounced
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	41 care receivers with 11 on the waiting list. On the day of the inspection, 31 care receivers were in receipt of nursing care and 10 in receipt of personal care / support.

LV Care Group operates the care home and the registered manager is Chantal Ballingall. Chantal has been in post at Cheval Roc since early 2020.

The discretionary condition on the service's registration was discussed and the registered manager agreed to submit correspondence following the inspection to confirm completion of the Level 5 Diploma in Leadership in Health and Social Care. It was agreed that once the Commission was in receipt of this information, it would mean that the discretionary condition had been met and will subsequently be removed.

Since the last inspection on 29 July 2020, the provider had engaged with the Commission over some specific issues relating to the Covid-19 pandemic arising in December. In accordance with Covid-19 (Regulation of Care – Standards and Requirements) (Jersey) Regulations 2020, the Commission received a notification from the home's manager on 3 December 2020. This related to some challenging circumstances relating to staffing levels and the safe and effective care of residents.

The Commission was advised at the time that, due to significant staffing shortages, the home was unable to comply with the condition on registration relating to the requirement to conduct the regulated activity in accordance with the Statement of Purpose. These conditions were therefore suspended for one month on the basis that it was proportionate and reasonable to do so in the context of the Covid-19 crisis. In accordance with the above Regulations, on 17 December 2020 the Commission reported to the Minister for Health and Social Services its concerns about the serious risks to care receivers posed by these staffing shortages. The Commission recommended that the Minister identify and deploy appropriate staffing resources to support the registered provider to secure the immediate safety and wellbeing of the home's residents.

The suspension of conditions commenced on 4 December 2020 and ended on 4 January 2021. The registered provider, following discussions with Health and Social services, confirmed that they would be able to manage staff shortages from within their existing workforce due to staff returning to work.

In addition, in January 2021, the Commission received an application to vary a condition on the service's registration to permit a short-term respite admission. The age range was varied for a period of four to six weeks. The registered manager confirmed to the Regulation Officers at inspection that a successful discharge had occurred following the respite admission.

## SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

A small sample of staff personnel files was reviewed which evidenced that appropriate pre-employment checks were sought prior to employment, including an enhanced DBS check and references. The staff-training matrix and a chart scheduling all staff supervision and appraisal sessions provided evidence that the majority of staff were up to date with training and development.

There was evidence of care receivers being provided with a service that is safe, and which takes their wishes and preferences into account. The varied activities that are on offer at the home provide evidence of choice, as the registered manager commented to the Regulation Officers that these are based on what residents have asked for. These include minibus outings, sports day, chocolate making and jazz evenings.

A sample of care plans was reviewed at inspection, these provided evidence of person-centred planning and care. The care plans are in electronic format, there were records of regular updates each shift or more frequently if required by staff, and review dates were clearly identified.

There had been appropriate notifications to the Commission of any accidents or incidents within the home since the last inspection. The Regulation Officer consulted with care receivers' relatives as part of the inspection. They confirmed that the staff at the home always inform them of such events. There had been no complaints reported to the Commission since the previous inspection, but the home kept a complaints log and a staff member spoken to during the inspection confirmed that they were aware of the escalation policy.

The home environment was found to be welcoming on arrival; there is a large reception area, where a number of residents were preparing to go out on a mini bus outing when the Regulation Officers arrived at the home. The external environment had recently been painted which enhanced the outside areas of the home and in particular the central courtyard. Maintenance records were well maintained and up to date when examined as evidence by the Regulation Officers. At inspection, the Regulation Officers were able to spend time in both the kitchen with the head chef and in the laundry room with the housekeeping staff.

The Regulation Officers noted appropriate equipment within the home, suitable for the category of care and age range. A hoist was identified as being due for a service, this was followed up with the maintenance person who was able to show evidence of this service having been chased with the appropriate company. Care receivers have safety deposit boxes in their bedroom for the safe storage of personal items. The home's insurance certificate is on display in the reception area and there is an administration assistant / receptionist who provides both a point of contact for any enquiries and administrative cover.

## INSPECTION PROCESS

This inspection was unannounced and was completed on 20 April 2020 by two Regulation Officers. Further to the inspection visit, one of the Regulation Officers made contact with four relatives by phone on 27 and 28 April 2021. This inspection visit was undertaken in accordance with the home's infection prevention and control measures and the current government guidance in relation to Covid-19 and care homes.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

- **Staff recruitment, training and development**
- **Approaches to care and welfare of care receivers**
- **Staff competence relating to categories of care provided**
- **Care home environment**
- **Management of services**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report. This included any notifications and any changes to the service's Statement of Purpose.

The Regulation Officers sought the views of the people who use the service, and or their representatives, and spoke with managerial and other staff. The Regulation Officers established contact with six care receivers and eight members of staff in addition to the registered manager. This contact was made by face-to-face conversations on the day of the inspection.

During the inspection, records including policies, care records, incidents, staff personnel files, staff rotas and training records were examined.

The Regulation Officers undertook a physical inspection of the premises including the kitchen and laundry, a number of the residents' rooms and the outside area. Some care receivers were observed enjoying the sunshine in the courtyard on the day of the inspection.

It was positive to note the welcoming and lively atmosphere, which was evident on arrival to Cheval Roc and throughout the visit

At the conclusion of the inspection, the Regulation Officers provided feedback to the registered manager.

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

This report sets out our findings and includes areas of good practice identified during the inspection.

## INSPECTION FINDINGS

At the last inspection on 29 July 2020, two of areas for improvement were identified and the registered provider submitted an improvement plan to the Commission setting out how these areas would be addressed. The two areas concerned Significant Restrictions on Liberty (SRoL) applications made under the Capacity and Self-Determination (Jersey) Law 2016 and covert medication administration.

The improvement plan was discussed during this inspection and it was positive to note that all of the improvements had been made.

In practice, this meant that there was evidence of an immediate review of all care receivers with an SRoL in place and confirmation of appropriate SRoLs being in place within the home. During this inspection, the Regulation Officers examined the records of the SRoLs in place and found these to be appropriate, up to date, with clear renewal / review dates.

The Regulation Officers examined the new paperwork that is now in use to record the decision to administer medication covertly. These records are stored in the covert medication folder with six monthly review dates. There was clear evidence in the records of best interest decisions having been made in respect of each of these arrangements. In addition, a review of individual residents' care plans confirmed that each care receiver has a specific care plan pertaining to covert medication. The registered manager explained that a discussion with each of the care receivers' General Practitioner is recorded in the medical notes of the electronic care plan, as well as the covert medication folder.

### **Staff recruitment, training and development**

Reference was made to Standard 3 of the Care Home Standards which states: "You will be cared for and helped by the right people with the right values, attitudes, understanding and training."

The staff team is made up of the registered manager, deputy manager, registered nurses, care assistants, activities co-ordinator, receptionist / administration assistant, maintenance person, domestic, laundry and catering staff.

The recruitment process was discussed with the registered manager who described the process adopted when new staff are recruited. An examination of a sample of six staff files confirmed a safe approach to recruitment, which evidenced that all necessary recruitment checks are obtained before staff start work. There was a discussion with the manager regarding shared responsibilities for safe recruitment and the sharing of information that is required when staff commence working at the

home after transferring internally from another home carried on by the same provider.

The manager described the staffing shortages experienced during the months of December 2020 and January 2021 due to Covid-19, and the fact that 60% of the staff team were off work due to Covid related issues including the registered manager. This was escalated to both the Commission and the Minister but fortunately the staffing situation resolved with existing staff being able to return to work in due course. However, both the manager and another staff member commented as to how this had affected staff morale within the home at this time. Since then it was positive to note that every effort had been made to restore morale and for staff to have a debrief and time to reflect.

At the time of the inspection, there were two staff vacancies, one for a staff nurse and another for a health care assistant.

There is a schedule for staff supervision and appraisal on the wall in the manager's office and there was evidence of supervision records in the staff files. Both the manager and deputy manager undertake these, every three months for supervision and yearly appraisal. All staff aim to complete an induction programme within four weeks of their employment within the home.

The Regulation Officers observed the use of 'walkie-talkies' by staff for communicating and it was discussed with the manager whether residents found these slightly disruptive due to the noise. However, the manager had not received any negative feedback concerning these and this was confirmed on chatting to care receivers at inspection.

### **Approaches to care and welfare of care receivers**

Reference was made to Standard 5 of the Care Home Standards which states: "You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences."
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The registered manager commented to the Regulation Officers that each resident is cared for by a named nurse and a named carer and that a person-centred, recovery-based approach is the basis for care planning.

A new admission form was shown to the Regulation Officers which had been developed to include information on the person's Covid-19 status. Referrals to the home are made through the Director. The registered manager, deputy manager or senior nurse carries out the pre-admission assessment.

A sample of five care plans was reviewed at inspection, these are stored electronically and every nurse on shift has access to these. Daily records and review dates were generally up to date and there was evidence of personalisation within the plans. It was positive to note that where very specific care needs were identified, that the plans were accurate, directive and instructive. It was discussed

with the registered manager that the life histories section could perhaps be more enhanced. This would be of particular benefit in circumstances where care receivers have a diagnosis of dementia, as the existence of detailed life histories would be likely to better facilitate future interactions and discussions between those residents and staff.

The kind and compassionate care that the staff provide in their interactions and interventions was noted from observed practice. There was evidence of the fostering of good relationships with care receivers. This was easily recognisable by the positive rapport and good humour seen between staff and those whom they were supporting. Care receivers who spoke with Regulation Officers provided some very positive feedback about how they perceive the care and support that they receive. One reported positive feedback concerning the home and good quality food. Two of the care receivers also commented positively on their enjoyment of the activities within the home, in particular gardening, stroking and caring for Cassie (the rabbit).

There is an activity co-ordinator employed six days per week and the activities are driven by resident choice. Recently there had been planting of new potatoes, music evenings, chocolate making and mini bus outings. The home has use of the minibus twice weekly but also has use of a residents' car. The hairdressing salon was nearing completion and due to open in May 2021.

The registered manager explained that there was a plan to hold regular joint meetings with care receiver representatives, staff and possibly relatives, but that this had been put on hold due to the pandemic. At present, the whole staff team meet every two months.

Relatives, who were contacted, provided some further confirmation of their positive interactions with staff and of the quality of care provided.

*'We chose the right one' and 'everyone is included'.*

*'The home is absolutely amazing', 'the team are fantastic / breath of fresh air'.*

*'Staff know everyone's name and always ask 'how are you?' a bit 'like a family'.*

*'Communication is fantastic', the resident's care needs are 'totally put first'.*

*'Excellent, no faults'.*

*'I feel listened to'.*

There was additional positive feedback concerning the various initiatives that had been introduced at the height of the pandemic, which had included a WhatsApp group and a hugging booth. These had been used to keep families informed and in contact with their relative during the pandemic.



## **Staff competence relating to categories of care provided**

Reference was made to Standard 6 of the Care Home Standards which states:  
“Your care will be provided with consistency by competent care and support workers who have the necessary training and qualifications to meet your needs.”

A discussion with the manager and a review of staffing rotas and the training matrix, provided evidence of adequate staffing levels within the home and that staff training was mostly up to date for 2021, with the exception of some face-to-face training that had been scheduled for July 2021.

The manager commented that a number of the health care assistants are currently working towards the QCF Level 2 and as a result, on occasion there may be less than 50% of care workers on duty with Level 2 or above. However, she provided an assurance that this would soon be resolved once the training was complete.

An examination of four weeks of duty rota evidenced an appropriate number of staff and skill mix (registered and unregistered staff) on duty as is a requirement of the Standards. The manager explained to the Regulation Officers of the delegation of roles and responsibilities within the team that contributed to the effective team working within the home.

During the inspection, there was also evidence of an adequate number of staff on duty to meet the needs of care receivers. Staff were observed throughout the home in communal areas and the bedrooms. Staff were also seen to respond promptly to call bell alarms. During a discussion with one staff member, they were able to confirm adequate staff / resident ratios on shift at the time of the inspection.

The home has access to its own internal training academy for provision of training needs, as well as external sources. Training is provided both face-to-face and online, although during the pandemic this would have been exclusively online. At the time of inspection, the practice development healthcare assistant (HCA) was providing some ‘hands on’ training within the home. The HCA provides a supporting role for the mentorship and induction of new staff. The benefit of this type of training was obvious after chatting to both the nurse and the staff.

As well as the mandatory training, staff can also access modules on service specific training such as awareness of mental health, dementia care and learning disabilities.

## **Care home environment**

Reference was made to Standard 7 of the Care Home Standards which states:  
“The environment will enhance your quality of life and the accommodation will be a pleasant place to live or stay.”

On arrival at the home, the Regulation Officers undertook a physical inspection of the car park and the approach to the home. The boundaries to the home were mostly secure; however, a slight gap in the barrier between the property adjacent to the home and the car park was noted. The Regulation Officers informed the

registered manager on arrival at the home. It is positive to note that the Commission was notified that this had been repaired immediately following the inspection.

The entrance to the home and the immediate environment, including the large lounge, provide a bright and welcoming reception area for care receivers and all visitors to benefit from. The home was found to be clean and well maintained. Housekeeping staff were observed carrying out their tasks throughout the building and in the laundry area. On discussion with housekeeping staff, it was mentioned that the amount of laundry necessitates numerous trips up and down to the laundry during each shift with residents' clothing, bedding and towels. There are trolleys available to help with this and other jobs within the home, however it was mentioned to the Regulation Officers that these trolleys are difficult to manoeuvre within the home. It was agreed that this would be brought to the registered manager's attention.

The kitchen area was also viewed and found to be clean and well organised. The kitchen staff comprises of a head chef, second chef and kitchen porter. The head chef commented that there was a rolling menu every four weeks that incorporates mainly fresh produce. There were clear records of daily food and fridge / freezer temperature checks, monthly cleaning audits and equipment service records. The chef discussed how during lockdown in December that the kitchen was shut to staff to limit risk of transmission associated with Covid-19.

There was evidence of good maintenance throughout the home; maintenance records were found to be clear, comprehensive and up to date. The findings of the Regulation Officers during inspection with regard to the maintenance and service arrangements for equipment were easily cross-referenced with these records. The fire log and certificate were also up to date; night staff were due to undertake their three monthly fire drill, two days after inspection. There are two lifts within the home and these had been serviced in March 2021.

The Regulation Officers also viewed a number of care receivers' rooms during inspection and found these to be well maintained with good evidence of personalisation. A number of residents also expressed their joy of the outlook of their rooms, some with sea views and the view of the courtyard.

On the day of inspection, the home's pet rabbit 'Cassie' was to be found in the courtyard and was being keenly watched by a few of the residents as she was hopping around. Two of the residents expressed their enjoyment of watching and caring for 'Cassie', particularly during lockdown. One care receiver commented positively about the outside area and being able to get involved with planting vegetables and potatoes.

The first point of contact for most visitors to the home is the receptionist and administrative assistant. The receptionist described her administrative duties that assist with the smooth running of the home and described the visiting schedule that was in place during Covid-19. The infection control checks that are conducted on arrival at the home are also carried out by the receptionist on weekdays, at weekends these are carried out by care staff. These included a temperature check, hand sanitizing, and visitor's log.

## Management of services

Reference was made to Standard 11 of the Care Home Standards which states: “The care service will be well managed.”
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There is a clear management structure both within the home and within the provider group. The recent appointment of a clinical director for the provider group means that there is an additional tier in the management structure and escalation process. The clinical director carries out supervision for the registered manager. The managers from each of the homes carried on by the same provider meet regularly to provide each other with support and updates. The registered manager also meets regularly with the registered nurses working within the home and night staff.

There is a noticeboard in the home that displays details regarding the complaints / compliments procedure and has the contact details for the registered manager and the directors. In addition, there is a comments box at reception where feedback is encouraged on a feedback form that can be collected from reception. A staff well-being board in reception focuses on an individual staff member each month.

It was also positive to note evidence of good internal audit to safeguard care for care receivers. These included a weekly medication audit, hand wash audit and environment audit. 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 a sample of these reports since the beginning of 2021. The report from January 2021 detailed the staffing shortages at the time and the increased hours worked by the rest of the staff team to cover. The reports were found to be comprehensive with clear conclusions and actions.

A Senior Pharmacist (Health and Community Services), undertook a medicines management inspection on behalf of the Commission on 22 April 2021. It is positive to note at the time of writing this report that the registered manager has put in place further measures regarding the signing of transcribed medications and has been proactive in sharing the findings from the report with staff to ensure good practice.

Care receivers' personal belongings are now recorded on admission to ensure safe storage and as a safeguard in the case of transfer / discharge. The registered manager discussed the policy for the safekeeping of valuables with the Regulation Officers.

Review of maintenance schedules throughout the home and the fire log / drill schedule provided further assurance of the safety of care receivers and staff within the home.

## **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.



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)