



**Jersey Care
Commission**

INSPECTION REPORT

Les Charrieres Care Home

St Peter

JE3 7ZQ

Care Home Service

5, 26 May and 1 June 2022

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 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, 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, who may be receiving either nursing care or personal care and support.

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

Registered Provider	LV Care Group
Registered Manager	Catia Magalhaes
Regulated Activity	Care home for adults
Conditions of Registration	Maximum number of care receivers - 50 Maximum number of people who may receive nursing care - 40 Number in receipt of personal care - 10 Age range – 60 and above Old age
Dates of Inspection	5, 26 May & 1 June 2022
Times of Inspection	9 am – 12.15 9 am – 1 pm 9 am – 1 pm
Type of Inspection	Unannounced on 5 May Announced 26 May & 1 June
Number of care receivers accommodated on the days of the inspection	36 Nursing and 11 personal care 35 Nursing and 11 personal care 34 Nursing and 11 personal care
Number of areas for improvement	Five

Due to issues with staffing levels at the time of inspection the Registered Manager (recently returned from an extended period of leave) was advised to refrain from further admissions, until staffing levels could be assured to meet minimum requirements. It was also noted that the home had requested a Suspension of Conditions, and which was issued 7 January 2022 due to Covid19 related staffing crisis, however the current staffing levels were not attributable to this. In addition to this matter, it was also noted that there is a deputy manager vacancy.

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.

An unannounced routine medication inspection undertaken by the Senior Community Pharmacist, with the Regulation Officer in attendance provided initial opportunity for review of the home environment and staffing levels that were in place. It was noted on the first two days of inspection that the home was operating a locked door policy, to manage visiting with reference to guidelines advised for best practice during high infection rates for Covid-19. Observations made by the Regulation Officer of what appeared unwarranted and unacceptable protracted restrictions on liberty and freedom of entry and access to all care receivers (plus any visitors) was noted and this policy was revised before the completion of inspection visits.

Whilst during the inspection there was a calm atmosphere, it was also apparent staffing levels to support a wide range of needs were strained. From observation and discussion with members of the care team this appeared directly attributable to high dependency needs and low staffing levels.

Of particular concern was review of duty roster, staff recruitment and retention issues that evidenced a high volume of staff leaving.

With attention given to themes of safety to provide care and support, the staffing levels have not been consistent to meet minimum staffing numbers as defined in the Standards. It was highlighted to the Registered Manager with their full

acknowledgement and understanding that minimum numbers must be considered aligned with the actual care needs identified. An area for improvement to address the staffing levels was identified.

Other areas relating to safe practice were noted to include the apparent risk to care receivers (some with cognitive impairment) and visitors (that may include children) to freely access the large flat roof and where there are no safety railings in position. This was highlighted for urgent attention and revision to policy and as an area for improvement. Attention was also given to the outdoor areas and lack of handrails for steps to the large terrace from the main car park, which may be considered both hazardous and inconvenient to those frail or with poor mobility.

With reference to the very peaceful and rural location which has many benefits, the limitations nonetheless on care receivers to utilise a mini-bus or alternative mode of transport for trips away from the home was highlighted. The current situation where one mini-bus is shared with three other associate homes operated by the Provider requires some attention and is an area for improvement.

From a care needs analysis of presentations and diagnosis of dementia it was noted the high prevalence of this condition by number of care receivers in the home. This indicates enhanced training for dementia care as being an area for improvement.

It was noted the Providers investment and positive approach to mandatory training as recorded and supported in practice by key trainers.

Overall, the feedback from care receivers, relatives and some healthcare professionals was indicative of consistent and good care being provided by a professional and hardworking staff team.

The beds as occupied during the course of the inspection fell outside of the parameters of registration. Eleven care receivers were being supported under the registration for personal care, the maximum should be 10. While it was acknowledged this breach of conditions occurred during the Registered Managers absence, their having a clear understanding of the principles that should be followed and no negative impact on care, nonetheless the requirements under the law were reiterated.

The Registered Manager was advised to request a retrospective variation of conditions to their registration to address this.

Highlighted was the apparent rationale for this admission related to “SPOT beds” (contracted beds with Government of Jersey) and an admission processed under these terms, however any contractual arrangement with Provider and government agencies should not breach the registration of the home. The Registered Manager was advised this matter would be subject to further review and monitoring outside of this inspection process.

INSPECTION PROCESS

The inspection visit was unannounced on the first day, prearranged for the second and third half days with 9 hours in total spent in the home. A poster was left for care receivers and staff, which invited engagement with the Regulation Officer as part of the inspection.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection carried out 28 July 2021.

The Regulation Officer sought the views of care receivers currently using the service, seven relatives or significant others, nine members of the staff team to include registered nurses, carers, ancillary and maintenance staff. Supporting information was requested of relatives, significant others and three healthcare professionals.

During the inspection, records including policies, 10 care records, incidents and other documentation relating to both care receivers and the home environment was

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

reviewed. The inspection included a review of communal areas, specific attention was given to outdoor spaces and accessibility for care receivers and visitors.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager about the findings. This report sets out our findings and includes areas of good practice identified during the inspection.

INSPECTION FINDINGS

At the last inspection, one area for improvement was identified that required routine follow up on this visit. It was noted the response received to the inspection report at the time, recorded an appropriate and acceptable action plan for ensuring registered nurses are adequate in number. However, it was evident that staffing has not improved, with regards the general number of care staff and it was a source of concern the apparent high rate of staff leaving the service. The number included 23 staff having left the service in the past six months and to include four staff in the preceding month of the inspection visit having given notice or having ended contract.

Further reference to the previous area for improvement had also recorded “with consideration for the nursing needs of those living with dementia to ensure staffing ratios are adequate to meet these related needs for 40 nursing registered beds”.

The duty rosters reviewed with analysis of care needs of all care receivers highlighted a high level of dependency for a large number. The combination of poor retention of staff, minimum numbers of staffing not being consistently met and the specific care needs of those living with dementia was discussed at length with the

Registered Manager. While it was recognised the challenges that have been apparent and well managed during the past two years arising from the pandemic the current situation and issues require attention.

Care needs analysis and cross referencing with the minimum staffing levels as recorded in the Standards and the homes Statement of Purpose would indicate the minimum number is nine carers on duty each day to support the total of 40 nursing beds and 10 for personal care beds. However, as discussed and referenced in the previous inspection report and again on this occasion with the Registered Manager, it was acknowledged an issue of concern that these staffing numbers are only a minimum requirement. These should be adjusted when indicated or necessary to safely meet identified care needs and to ensure the quality of care can be consistently provided on a daily basis.

A review of duty rosters showed that there were significant gaps on occasions where this number was below the minimum. While accounting for depletion of staff during Covid-19 related absences the staffing numbers as routine nonetheless appear inadequate to identified care needs.

For those 10 care receivers residing on the “residential floor” requiring support for personal care needs, it was noted that primarily one member of the care team is allocated/available to support all these care needs. While this not of concern if adequate in number, the care needs highlighted that all but one is self-caring and that nine will require help with dressing and undressing. Similarly, nine will require assistance with bathing and which would require significant time for one carer to

support while nine other care receivers may require different levels of support at the same time.

Features of nursing care needs provided on the ground and first floor highlighted that the ratio of registered nurses was adequate albeit some nurses had been sourced temporarily from associate home to include one for the past six months. However, noted at inspection was some recent recruitment and opportunity was taken to meet with the newest member of the nursing team. A favourable account was provided of the recruitment drive and package that they had experienced to encourage their application. However, with reference to the nursing care needs and ratio of carers on the floors it was very apparent to the Regulation Officer the high level of dependency on the nursing floors and the workload and strain on this staffing resource.

On occasions during the three separate visits to the home the call assistance bells appeared prolonged in the time before response was given. It was also acknowledged that this system allowed for care receivers to use this facility for non-urgent requests at any time and on occasion these may be activated by any number around the same time.

Nonetheless it was a theme of observations and as noted of one visitor's experience, that due to high dependency levels which require 2:1 care interventions, often there were limited care staff visible or available about the communal areas.

With reference to care needs of those receiving nursing care, 16 will require hoisting, 23 will require full assistance with all personal care and notably 17 require full assistance to support their dietary and fluid intake throughout the day. Further impact on staffing resources in support of nursing care is highlighted by 23 of the care receivers with mild signs of confusion who may require more time of carers, this specifically in providing the most effective communication. More so the eight care receivers who exhibit moderate levels of confusion with associated distress or anxiety on occasion.

While the positive feedback received from some care receivers and relatives was noted, it was a concern that such a high level of dependency needs do not appear to have adequate staffing levels in place and aligned with the minimum levels which are only a first point of reference. Added to this analysis, feedback from care staff on the floor, observation of working practices and the high staff turnover staff recruitment and retention highlighted this is an area for improvement.

Despite these concerns the Regulation Officer was reassured of the general standards of care being maintained by a hard-working and committed staff group. The home was found in very good order, clean and tidy and with efforts made to ensure privacy and dignity is upheld through routine customs and practices. These adopted by both care staff and ancillary staff as they go about their duties, and which was confirmed by some care receivers whom the Regulation Officer took opportunity to speak with. Some positive testimonies were provided also by relatives and healthcare professionals who had recently visited the home as recorded below:

“I have always found the staff to be extremely polite and accommodating. They have always been very helpful with providing any information I required about patients’ medical history/medications etc”.

“They asked if I could see the gentleman that day and provided me with all the information, I needed to make a clinical decision. Their concern for this particular patient was evident, making the patient’s journey and care more seamless and timely. I have always found Les Charrieres to be exceptionally clean and the patients well cared for”

“Cannot fault them. Always pristine looking [staff] but at weekends may need a few more”

“I can’t speak more highly of them, they take it in their stride [work pressures] and I don’t know why they are not more short tempered”

“Very impressed with the care”

“All staff briefed to be happy” as “always smiling and helpful”

One relative commented in their discussion with the Regulation Officer about living in a care home should not by default restrict or remove opportunity to engage in activities away from the home. Another relative spoke about their observations leading them to have a view that the home was short staffed and cited examples of call bells ringing for protracted periods of time unanswered. Furthermore, they

expressed a view that staff “don’t have enough time” leading to occasions where harassed staff “can be a little brusque”.

In addition, observations were also provided about aspects of care that related specifically to social activities. While it was highlighted by some the efforts and engagement by the Social Activities Co-ordinator which were much appreciated, some questions were raised about the limited transport arrangements or access to a mini bus for any social outings.

Safety

<p>The Standards outline the Provider’s responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.</p>
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Attention was given to policies and procedures in place, to ensure that the home environment and any equipment used when supporting care receivers is appropriately maintained and checks are routinely carried out. Discussion and review of relevant maintenance logs and equipment with the Maintenance Officer demonstrated a robust and comprehensive approach to checks on equipment and the environment. This ensures a safe working environment is maintained for staff with a comfortable and pleasant home environment for all care receives and their visitors to enjoy. These checks were also noted from review of the kitchen facilities and procedures in place for that part of the service and all found in good order.

Two areas of concern were noted and with areas for improvement recorded at the end of this report. One specific safety risk was noted from observation and ease of access by the Regulation Officer from a door leading off a communal lounge as

found on the top floor of the home. This led directly onto the flat roof, where it was entirely possible any care receiver or visitor could be exposed to unacceptable risk, where there were no railings to prevent accidental falls to the ground two floors below. This was highlighted for immediate attention but nonetheless an area for improvement is made with regards ensuring adequate risk assessments are in place for such obvious risks as these.

The second area of concern was with reference to the steps which lead up from the main car park. While low in gradient and height, nonetheless these steps do not have hand rails for the needs of age group who may have impaired mobility.

The Regulation Officer reflected with the Registered Manager that the home was given licence to operate during the crisis of lockdown in May 2020. Due to these unprecedented times landscaping and outdoor areas were unfinished at time of registration. Ordinarily sight of all areas would have taken place prior to the home becoming fully operational and which would have highlighted this issue with remedy made for railings and/or a sloped access to be incorporated into landscaping. This now therefore an area for improvement with consideration for options to improve access and safety.

The home benefits from a rural and relatively isolated location but nonetheless there are systems in place to maintain security of the building outside of visiting times and overnight. This includes checks on doors and windows at night time, CCTV for monitoring of any activity or entry into the home but which is not intrusive of any care receivers privacy or freedom of movement.

Safe recruitment practices were clarified with the Registered Manager, and they confirmed their direct involvement in all aspects of this process, including sight of Disclosure and Barring Service criminal record checks and references.

The routine medication inspection undertaken by the Senior Community Pharmacist recorded general findings for safe and effective systems relating to safe storage, policy and process, administration and disposal. There were no covert medication practices recorded during this part of the inspection.

Care and support

<p>The Standards outline that people in receipt of care and support should experience compassion, dignity, and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality, and beliefs.</p>

The Regulation Officer referenced the minimum staffing levels in their analysis of how care and support may be provided and where limitations will most likely occur when staffing resources are inadequate in number. Positive testimonies were received that reflected kind, compassionate and respectful care delivery however it was still the case that a significant and ongoing staff shortage will raise the risk of such approaches being compromised over time.

Duty rosters reviewed showed a shortfall over the weeks of inspection, whereby 24 shifts on both day and night shift recorded staffing levels below the minimum requirement. As stated earlier in the report there is a requirement that the Provider factors in all areas of care needs and adjusts staffing levels accordingly. The apparent gap in resources no doubt exacerbated by a high turnover of staff, or this

as a consequence of the strains on care staff to deliver care on a daily basis, requires review, as part of area for improvement to be made in this matter.

It was reassuring to note that there are well established systems in place that demonstrate good practice being followed by staff; and which the electronic recording system promotes a good level of monitoring and review of all care.

The quality assurance practices and reports are part of the governance arrangements although noted this has been impacted to some degree by personnel issues relating to planned leave and key staff having to be re-deployed. There were no issues of concern for the assessment and monitoring of care needs which was well evidenced from review of 10 care records.

As mentioned earlier clarification was requested as to what access is available to care receivers for engaging in social activities away from the home and which the Regulation Officer noted the intention to increase options and access to transport. These were discussed prior to the home opening in 2020 and was revisited at the last inspection. However, this took place during the many restrictions for social activity when such need for transport was much less evident. At this time some care receivers and relatives made comment about the limited opportunities more noticeable following return to normal ways of life.

The sharing of a limited resource as one mini-bus between four homes and to include use for transport of staff for work purposes is an unrealistic and disproportionate option. This undoubtedly reduces the expected choices and

opportunity that should be integral to all care provided. Attention is to be given this with specific reference to Standard 9.

Training

The Standards always outline that there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.
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The training log and approach to mandatory training is well established and with investment in this valuable resource by the Provider, which includes a peripatetic trainer who will support all staff during induction and updates. It was noted, some changes to the training structure recently have resulted in face to face training to be undertaken by another training agency.

Training oversight is included in the HR departments portfolio and with online training and updates routinely reviewed by the Registered Manager which ensures all staff will complete mandatory training within the expected timelines. Where this is not achieved the online system will highlight this to allocated persons as the Registered Manager for their attention and action. Files were seen to demonstrate this in practice, and which appeared in good order.

The Care Certificate Portfolio is part of the established induction pathway, and which ensures all new staff will have some assessment of competency/qualification in place and is a mixture of online and study day. This overseen by supervisor but which the new training provider will now be undertaking the face-to-face training.

While there were no concerns about staff being adequately trained and qualified to support the care needs, one area for improvement was noted from observations, discussion with established staff and recently appointed members of the team. This with regards to the high number of care receivers living with dementia in the home and which arguably require a consistent level of training more suited to face to face delivery than just online.

All staff administering medications have level 3 Regulated Qualification Framework (RQF) certification. The LV Care Group medicines management module is followed, supervised by the relevant line manager. Staff are required to pass competency document to be able to administer medications independently. Additional competency checks are undertaken. The home provides ongoing training to ensure skills are up to date. Carers cannot administer intravenous medications; only qualified nurses accompanied by a witness can undertake I.V administration.

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 3.9 Appendix 5 (Care Home Standards)</p> <p>To be completed by: with immediate effect</p>	<p>The Provider must ensure that the home is staffed at all times at or above the minimum level specified in the Statement of Purpose and in accordance with the minimum staffing levels. Analysis is also indicated for the noted issue of poor retention of staff</p> <p>Response by registered provider:</p> <p>Analysis through exit interviews is being undertaken and being discussed at Board Level as part of the overall group staff attraction and retention strategy. Employee survey will also be undertaken in July and results acted upon.</p> <p>LV Group has already implemented retention initiatives such as: Pension Scheme, Free Health Cash Plan Scheme, Employee of the Year, Employee of the Quarter, Staff Meals, Staff Transport, Staff Discounts with local suppliers, Discretionary Bonus Scheme, free staff events, free training up to RQF Level 5.</p> <p>Regular benchmarking of salaries takes place to ensure that LV Group is comparative to its competitors using external benchmarking experts such as PayData to advise. With a further benchmark review to take place in September 2022.</p> <p>Currently there are circa 12 individuals in screening specifically allocated for Les Charrieres Residential and Nursing Home, commencing from week of the 18th July through to end of August.</p> <p>The home is also being supported by surplus staff from the Home Care team and other homes</p>
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<p>Area for Improvement 2</p> <p>Ref: Standard 3.11, 6.3</p>	<p>Training provision for supporting care receivers living with dementia should be enhanced to promote the best understanding and skill-based approach to these specific care needs</p>
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<p>To be completed by: within two months of inspection date.</p>	<p>Response by registered provider:</p> <p>Dementia face to face training has been arranged with Care College and will be undertaken in September 2022 (availability dates provided by Care College). This training will enhance and promote the best understanding and skill-based approach towards our residents.</p>
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<p>Area for Improvement 3</p> <p>Ref: Standard 9.1, 9.2, 9.3,</p> <p>To be completed by: within two months of inspection date</p>	<p>Review of transportation options and additional resources to promote greater choice and opportunity for care receivers to access the community and social activities</p> <p>Response by registered provider:</p> <p>LV Group has a number of company cars, vans & minibuses with drivers which are accessible to our residents to access the community.</p> <p>One of the minibuses is assigned to the Home on a number of occasions during the week for resident outings and for some appointments.</p> <p>Les Charrieres also has an open account with a local taxi firm as a back up to allow both staff and residents transport whenever they need.</p>
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<p>Area for Improvement 4</p> <p>Ref: Standard 4.6, 4.7, 4.9</p> <p>To be completed by: with immediate effect</p>	<p>Review of health and safety policy and procedures to ensure relevant checks of the environment are adequate and with attention specifically to restricting access to hazardous areas of the home</p> <p>Response by registered provider:</p> <p>The roof area on the first floor has been already addressed. A fence has been built and a gate has been put in place to block this area.</p>
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Area for Improvement 5	Attention to the stepped access from the main car park to ground floor lounge and patio to incorporate hand railings and/or a graded slope in support of all users
Ref: Standard 4.6, 4.7	
To be completed by: within three months of inspection date.	<p>Response by registered provider:</p> <p>Registered manager is in discussion with the directors of the appropriate action to take. Maintenance is willing to incorporate a handrail if deemed appropriate by the Directors and their construction advisers.</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.



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