



**Jersey Care
Commission**

INSPECTION REPORT

Cheval Roc Residential and Nursing

Care Home Service

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

10 and 14 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

This is a report of the inspection of Cheval Roc Residential and Nursing home. The service is situated in the parish of St John. 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	Care home
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: nursing care, personal support / personal care</p> <p>Category of care: Adult 60+</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 number 13) – one person</p>

	<p>Rooms, 7, 8, 9 10 and 15 – one person for the provision of personal support and personal care only.</p> <p><u>Discretionary</u></p> <p>1) that the registered provider ensures that in each calendar year an annual visual inspection of the cliff face, including any stabilising works, is undertaken by a qualified engineer and that the findings of each such inspection are shared with the Commission within 14 days, and</p> <p>(2) That any repairs required to the fabric of the building, or to the site (including the cliff face), which may impact on the structure and safety of the building, be notified to the Commission as soon as they become apparent.</p>
Dates of Inspection	10 June and 14 June 2022
Times of Inspection	12:00 – 14:40 and 10:00 – 16:50
Type of Inspection	Announced on 10 and 14 June 2022.
Number of areas for improvement	Two
Number of care receivers accommodated on the day of the inspection	41

LV Care Group operates the care home and the Registered Manager is Chantal Ballingall, who has been in post at Cheval Roc since early 2020.

The discretionary conditions on the service’s registration were discussed at inspection, the annual visual inspection of the cliff face had been carried out on 25 March 2022 and no areas of concern on the site were identified. The report of the findings had been shared with the Commission within the required timeframe, as outlined in the discretionary conditions of registration.

Since the last inspection on 20 April 2021, the discretionary condition regarding the Registered Manager obtaining a Diploma in Leadership in Health and Social Care by 3 August 2023 had been met and the Commission’s register was updated.

In addition, an application to the Commission was made on 29 March 2022 to change the name of the Registered Provider for Cheval Roc to Cheval Roc Residential Limited. The Commission's register and an updated certificate were issued on 29 March 2022.

The service's Statement of Purpose was reviewed as part of the inspection, the Registered Manager was asked to provide a copy with the new provider name updated prior to completion of the inspection report.

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.

There were measures in place to ensure the safety of care receivers within the home. A review of a sample of the home's policies and procedures from the procedure folder provided evidence of detailed policies with clear ratification and review dates.

This inspection also included a review of the home's fire procedures and checks; this is discussed further under the heading of 'safety'. There was also evidence of regular audits to monitor the quality and safety within 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 Officer informed the Senior Nurse, who accompanied the Regulation Officer to view this gap during the inspection. Although it is positive to note that the Commission was notified that this had been repaired two days after the inspection, the same gap was highlighted during the previous inspection and was subsequently repaired. Therefore, maintenance of the perimeter / exterior of the home is an area for improvement.

A medication inspection carried out by the Senior Community Pharmacist on 19 May 2022, identified no areas for concern and demonstrated that medicines were appropriately stored, administered and recorded within the home.

There was evidence of safe recruitment practices, induction and supervision of staff from discussion with the Registered Manager, staff members and a review of staff personnel files.

Care receivers are admitted to the home following an assessment process and care needs are assessed using a pre-admission assessment form; the Registered Manager, Deputy Manager or a Senior Nurse carries out this assessment.

There was evidence of person-centred working practices from an observation of the staff throughout the day and from listening to the staff 'huddle' or report at handover time. In addition, a review of a sample of five care plans further indicated person-centred working practices with evidence of consideration of care receivers' preferences and wishes.

There is a wide range of activities on offer within the home and care receivers commented positively concerning their appreciation and enjoyment of these activities. There was also evidence of these activities enhancing wellbeing and that the range of activities reflected care receivers' preferences.

There was also evidence of collaborative working with other agencies to provide holistic care to care receivers; an example of this was in respect of how end of life (palliative) care was delivered. The Registered Manager discussed that the care home would benefit from some equipment commonly used for medication administration for palliative care and had been looking to source this. This is an area for improvement given the size of the home and the nursing care requirements of care receivers, to ensure that there is always equipment readily available for this purpose.

A 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 is a clear induction policy and programme and a discussion with staff members during the inspection evidenced that they had felt well supported during this induction process. Several staff also discussed the training and development opportunities that had been provided to them during their employment at the home.

INSPECTION PROCESS

This inspection was announced and was completed on 10 June and 14 June 2022. Notice of the inspection visit was given to the Registered Manager on the day before the visit. This was to ensure that the Regulation Officer could speak with the Registered Manager prior to returning to complete the inspection on the 14 June 2022, when the Registered Manager was due to be on leave.

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 the information held by the Commission about this service was reviewed, including the previous inspection report.

The Regulation Officer sought the views of the people who use the service, and or their representatives, and spoke with managerial and other staff. The Regulation Officer established contact with five care receivers and three relatives. The contact with care receivers was face-to-face on the day of the inspection and contact with the relatives was made by phone.

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

The views of three health professionals were also sought as part of the inspection process. At the time of writing the report, one health care professional had responded.

During the inspection, records including policies, care records, incidents and complaints were examined. This inspection included a tour of the premises and courtyard garden. The Regulation Officer was also able to spend time in the communal areas and some of the bedrooms with care receivers.

At the conclusion of the inspection, the Regulation Officer provided feedback to Registered Manager on the first visit and to the Deputy Manager and a Senior Nurse on the second visit.

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 improvement plan is attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, no areas for improvement were identified that required any follow up on this visit.

Safety

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.

The Regulation Officer reviewed the approach to the home and the external environment on arrival at the second visit. A slight gap in the barrier between the property adjacent to the home and the car park was noted. The Regulation Officer informed the Senior Nurse, who accompanied the Regulation Officer to view this gap at the end of the inspection. Although, it is positive to note that the Commission was notified that this had been repaired two days after the inspection, the same gap was

highlighted last year at inspection and was subsequently repaired but had not been maintained. Therefore, maintenance of the perimeter / exterior of the home will be an area for improvement.

On return from leave, the Registered Manager also provided a response to this area for improvement; the Registered Manager believes that the fencing was removed without their knowledge to enable some routine maintenance or checks by another service. As a result, signs are now being put in place stating that the Registered Manager must be informed before any fencing is removed.

The Registered Manager commented that the internal environment was due for a refurbishment but despite this, the internal environment was found to be clean, generally clutter free and welcoming.

A sample of the home's policies were reviewed during the inspection. These were found to be detailed with clear ratification and review dates. For example, the Fire Policy was reviewed, which clearly sets out the responsibilities of both the Registered Manager and employees during a fire or emergency evacuation. Each resident within the home also has a Personal Emergency Evacuation Plan (PEEP); a copy of this is stored both electronically in the care receiver's care plan and in hard copy format in a PEEPs folder in the staff office for ease of access in the event of a fire. The fire alarm log was also up to date and evidenced regular fire drills for both day and night staff. These drills involved different scenarios for the location where the fire had started.

There was also evidence of regular audits to monitor the quality and safety within the home. Examples of these were hand hygiene audits, care plan audits and a weekly medication audit, the medication audit from 13 May 2022 was rated as excellent. This correlates with the findings from the medication inspection carried out by the Senior Community Pharmacist on 19 May 2022 which identified no areas for concern and that the storage, administration and recording of medications within the home was satisfactory. Registered General Nurses (RGNs) administer daytime medications. Trained and competency-assessed (Regulation Qualifications

Framework (RQF) 2-3) carers, accompanied by a qualified nurse, administer night medications only.

A registered nurse (Compliance Officer) usually visits the home on a monthly basis on behalf of the Provider to monitor the quality and safety of the service. They do this by reviewing compliance with the Standards and the Regulations. However, the Compliance Officer had been seconded to a different position at another care home carried on by the same provider. As a result, the Registered Manager had undertaken the monthly reports since the beginning of the year. On the day of the second inspection visit, the compliance officer had returned to the home to conduct a review, which would include medication management.

There was evidence of safe recruitment practices, induction and supervision of staff from a discussion with the Registered Manager, staff members and a review of staff personnel files.

A random sample of three staff personnel files of staff recruited since the last inspection was reviewed. There was evidence that all the necessary safe recruitment checks had been carried out prior to the start date of any new employee. It was discussed with the Registered Manager that for one employee, one of the references did not show a date. The Registered Manager was able to provide email evidence of the date of the reference, to confirm that it was received prior to the employee's start date.

All staff receive regular supervision three monthly and an annual appraisal, these are carried out by the Registered Manager and the Deputy Manager. However, at the beginning of June 2022, the Registered Manager had appointed two senior care workers and, in the future, it is anticipated that these staff members will undertake the supervision of the less experienced care workers.

The senior care workers will work with the more junior care staff within the home to check that the standard of care is in line with the Registered Manager's expectations and will also be able to check care workers' competencies for safe handling and basic life support (BLS).

The complaints folder / log was reviewed. The Commission had not been notified of any complaints since the last inspection. The Registered Manager confirmed that some low-level complaints had been received but that these had been resolved internally.

During this inspection, the Regulation Officer examined a sample of the records of the Significant Restrictions on Liberty (SRoL) applications in place made under the Capacity and Self-Determination (Jersey) Law 2016 and found these to be appropriate, up to date, and with clear renewal / review dates.

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>

Care receivers are admitted into the home following an assessment, which is usually carried out, by the Registered Manager, Deputy Manager, or a Senior Nurse (RGN). There is a pre-admission assessment form for this purpose, an example of this was reviewed during the inspection and was found to be appropriately detailed and includes an assessment of health, personal and social care needs. This process ensures the appropriateness of the care receiver for the home, in accordance with the home's Statement of Purpose and categories of care and the care receiver's personal wishes / preferences.

A review of a random sample of five care plans evidenced person-centred care and collaborative working with other agencies / professionals. The care plans were individualised, unique to each person's circumstances, health needs, personal interests and preferences and showed the individual's views and contribution towards their care planning had been sought. The records are stored electronically and there was evidence of regular review dates for the care plans and more frequent daily updates in the daily notes section. The Regulation Officer found the plans to be very comprehensive and it was reassuring that any new member of staff should be

able to follow any of the plans with ease. Validated assessment tools were also used to assess risks of falls and skin integrity.

One relative was able to give examples of how the staff team had been respectful and responsive in their approach to their family member's care needs.

End of life (palliative care) of residents was discussed with the Registered Manager and it was mentioned that the care home would benefit from some equipment commonly used for medication administration for palliative care and it was confirmed that the Registered Manager had been looking to source this. It was acknowledged that on the occasions when specialist equipment had been needed, that the home had been able to source this on a temporary basis, as required. Nonetheless, this is an area for improvement due to a high level of nursing care including end of life care being delivered within the home at the time of the inspection. It is important that such equipment be readily available in the home when required. It is positive to note at the time of writing this report, that the Registered Manager had already made enquiries regarding sourcing this piece of equipment.

The Regulation Officer spoke with several care receivers who spoke positively of the care and attention they received and their enjoyment of the home. The following are examples of what was directly reported:

'I feel listened to, no complaints'

'The Registered Manager's door is always open, available to talk'

'I like the activities and being able to join in what you want'

'I love my room and the view'

'The staff are caring'

'I enjoy the food, if anything there is too much'

The majority of care receivers and relatives commented positively concerning the varied activities on offer within the home and their enjoyment of these regarding the homes pets in particular 'Cassie' the rabbit. There is one full time activity co-ordinator employed at the home. One health professional described a 'happy atmosphere and lots of activities going on within the home' when they visit. Examples of activities are chocolate making, jazz evenings and choral singing. The home also has access to a minibus one day a week (shared with other homes carried on by the same provider), alongside their own minibus, which are used for outings. One relative discussed that it was unfortunate that the minibus could only accommodate one resident in a wheelchair for outings, thus putting those residents at a slight disadvantage. This feedback was discussed with the Registered Manager who confirmed that additional seats can be removed from the minibus to provide extra space for wheelchairs if required.

The Registered Manager also discussed how some of the residents of the home had been invited to participate in the 'Golden Age Club' (once monthly), at the local parish hall that provided activities such as meals, talks and bingo.

Feedback from relatives was generally positive; communication was described as good between relatives and staff. In addition, that staff were approachable and took time to listen. Relatives felt that they were informed of any change in their family members' condition and one relative described a warm greeting on arrival at the home each time they visit. One relative also commented positively regarding the WhatsApp group, stating that they liked being able to check-in and see photographs of what is going on.

One relative commented that the home had struggled with staffing numbers during the pandemic and that the staffing within the home can still vary from day to day, this means that there may be a wait before a call bell is answered. However, feedback from another two relatives and a health professional confirmed adequate staffing levels and that there were always staff around if you needed to talk to someone.

Staffing levels on the day of the inspection were observed to be adequate, with staff responding promptly to care receivers' needs in the communal areas and bedrooms of the home.

The Regulation Officer was provided with four weeks of duty roster that evidenced that on four days within the four-week period, the home was operating with enough staff to meet the minimum Standards but less than the desired staffing levels set out in the Statement of Purpose. However, it was noted that there was staff sickness within this period that was affecting staffing levels. The Registered Manager confirmed that there was one care worker vacancy and no RGN vacancies at the time of the inspection.

As part of the inspection process, the team completed a care needs questionnaire, which explored the levels and types of dependency present within the home. This questionnaire highlighted the high levels of support required by the majority of care receivers within the home, in particular in relation to nursing and mental health needs. This correlated with the findings on the day of the inspection when the Regulation Officer witnessed the care staff caring for care receivers with high levels of care needs.

An observation of staff throughout the inspection provided evidence of a staff team that was responsive to care receivers' changing needs. There was also an example of appropriate nursing management and intervention when a care receiver was calling out frequently.

The Registered Manager commented that, following a recent environmental health / food hygiene assessment five to six weeks prior to the inspection, the home had been awarded five stars.

Training

<p>The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.</p>

The Registered Manager discussed that all staff training is recorded on the training matrix and a copy of staff training certificates are retained within their personnel file. All of the carer workers will complete a care certificate after induction (usually within twelve weeks of the employee's start date), and at present two care workers are working towards their RQF Level 2 and five are working towards their RQF Level 3, with six to start in September.

There is a clinical assessor who works within all of the homes carried on by the same provider. This assessor carries out face-to-face manual handling and basic life support training. First Aid training is also provided face-to-face by an accredited trainer, with six cohorts completed and the remainder of staff to undertake this training in August. All staff can also access online training, which is provided by LV Academy. Capacity and Self-Determination training is also provided face-to-face by an accredited trainer.

Each new member of staff receives an induction book that includes training requirements, details about the probation process and information concerning complaints and safeguarding. The induction process also involves interviews at three and six months, on completion of this, a pass or fail is achieved. Following this, a decision would be made about whether to extend the probationary period and any further support that might be required. One new member of staff spoke positively of the induction process and described both a supportive staff team and Registered Manager.

Supervision and appraisal are discussed under the heading of 'Safety' and there is an opportunity to discuss training needs at these times. One of the care workers discussed with the Regulation Officer how they were enjoying the opportunity to develop their role and learn since starting employment at the home. They had successfully completed their RQF Level 2 and were currently working towards their Level 3.

Staff are also provided with opportunities for more specialist training both within the service and externally. Examples of external opportunities were palliative (end-of-life) training and continence training by health care professionals in Jersey.

The Registered Manager also described working with individual members of the staff team during a shift to ensure that all care staff are delivering care and support in accordance with the Standards required by the Provider. This is an example of good practice. Staff achievements are also celebrated with a 'human of the week' award for which there is a reward such as a box of chocolates.

The Registered Manager had also identified the need for increased mental health support for staff following the height of the pandemic. They had developed a couple of initiatives that included a well-being action form that staff could complete and submit in confidence. There is also a gold post box for any concerns that staff might have but feel unable to share in a meeting or otherwise.

In addition, there are regular staff meetings that are held separately for the Registered General Nurses (RGNs) and the senior care workers and a general team meeting for all staff every other month.

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>Area for Improvement 1</p> <p>Ref: Regulation 18 (2) (c)</p> <p>To be completed by: with immediate effect.</p>	<p>The Registered Provider must ensure that the home is kept in a good state of repair externally by securing the perimeter of the home to ensure the safety of care receivers.</p>
	<p>Response by registered provider:</p> <p>There is a slight gap between the property adjacent to the care home and the car park which was noted during last years inspection. The gap was immediately secured but the barrier is removable to allow services access . At some point recently the barrier had been pushed aside and not fixed back in place. As soon as it was noted it was secured back in position. Signs have been put in place stating that the barrier must not be removed without contacting the Registered Manager first. In addition , the handyman now checks daily that the barrier is securely in place.</p>

<p>Area for Improvement 2</p> <p>Ref: Regulation 18 (3)</p> <p>To be completed by: 1 month from the date of inspection (14 July 2022).</p>	<p>The Registered Provider must provide equipment that is deemed necessary for medication administration when palliative care is being provided.</p>
	<p>Response by registered provider:</p> <p>Currently the team obtain syringe drivers from Hospice when required. To date we have always been able to access them in an efficient and timely manner. The LV Group, including Cheval Roc have been looking into purchasing syringe drivers for some time. There were initially ongoing issues with the battery life of the new Version 3 which delayed our procurement plans. I believe these have been resolved with new software updates. The ratified Island wide syringe driver policy covers the Version 2 pump whose functionality differs slightly from that of the new Version 3. Using the Version 3 pump before</p>

	<p>the policy has been updated adds risk and would not be best practice. This Area of Improvement has been discussed with the LV Directors and they believe the correct and safest way forward is to continue liaising with the Lead Pharmacist at Hospice.</p>
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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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