



**Jersey Care
Commission**

Summary Report

Cheval Roc Residential and Nursing

Care Home Service

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

10 and 14 June 2022

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.

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 the policy has been updated adds risk and would not</p>

	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.
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The full report can be accessed from [here](#).