



**Jersey Care
Commission**

INSPECTION REPORT

Cheval Roc Residential and Nursing

Care Home Service

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

6 and 30 June 2023

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 80 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, which is operated by LV Care Group. The service is situated in the parish of St John. 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> |

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| | <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 | 6 and 30 June 2023 |
| Times of Inspection | 9am to 2pm and 12.20pm to 4.50pm |
| Type of Inspection | announced |
| Number of areas for improvement | None |
| Number of care receivers accommodated on the day of the inspection | 41 |

The discretionary conditions on the service's registration were discussed at the inspection. The annual visual inspection of the cliff face was conducted on 23 May 2023, and no areas of concern regarding the cliff face or footprint of the building were identified. The annual visual inspection report was undertaken in the required timeframe, as outlined in the discretionary conditions of registration. During the second inspection visit, essential maintenance was being undertaken on the cliff face.

The Commission received an application from the Registered Provider on 10 May 2023 to vary a condition on the service's registration. This was to widen the age range from 60 years plus to 55 years plus. The Commission approved this on 11 May 2023. The Statement of Purpose for this service was amended to reflect this change.

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.

The last inspection was conducted on 10 and 14 June 2022 and identified two areas for improvement for this service. The Registered Provider has addressed both areas for improvement. The external perimeter of the home where this service is operated was secure on the day of inspection. This service now has access to specialist syringe driver equipment and has additional capacity of syringe drivers in the wider organisation.

The footprint of the building where this service is operated is close to the edge of a steep slope leading down to the beach below. The annual slope inspection provided assurance that the stabilisation works conducted in 2017 remained in good condition, and there were no apparent areas of concern.

Recruitment and retention of care staff has been challenging for this service since the last inspection. The Registered Manager reported that this has meant a turnover of care staff that require training and inducting into the service, which does not provide continuity for care receivers. Safe recruitment practice was evidenced in this service, alongside a comprehensive induction process for new care staff. Despite this challenge, the duty rotas viewed by the Regulation Officer provided an assurance that staffing levels were consistently in line with the Statement of Purpose for this service.

Complaints are managed appropriately in this service, with an accurate log detailing the complaint, the nature of the investigation, and the outcome.

The Commission has received appropriate notifications of notifiable events as per the Care Home Standards from this service. The Regulation Officer viewed evidence of a thematic internal audit of these notifications which resulted in improved care planning for care receivers. This is an area of good practice.

The care plans viewed as part of the inspection were person-centred, with evidence of the individual needs of care receivers recognised, for example, risk of falls, pressure ulcer management, and skin integrity care plans. There was evidence of regular review of these care plans.

The safety of care receivers in this service is paramount. Policies and procedures are in place alongside a comprehensive induction programme, staff handbook, staff training, and quality assurance audit activity. In addition, fire procedures and precautions were adhered to, alongside recommended infection control and food hygiene measures.

Training and supervision of care staff is a priority in this service. Care staff received regular reflective supervision, and a comprehensive training package was in place per the Standards for Adult Care Homes. Care staff are also able to identify and contribute to ongoing training.

The range of activities offered to care receivers in this service was a strength. Feedback from care receivers and their relatives was complimentary in this regard.

INSPECTION PROCESS

This inspection was completed on 6 and 30 June 2023. The inspection was announced, this was to ensure that the Registered Manager would be available during the visit and that any infection control measures in place would not impact the inspection.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Management of the service**
- **Care and support**
- **Choice and safety**
- **Review of the areas of improvement from the last inspection of this service in June 2022.**

Prior to the inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection reports.

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 four care receivers and five of their relatives. These contacts were face-to-face. The views of two professionals were also obtained as part of the inspection process.

Records, including policies, care records, incidents, and complaints, were examined during the inspection. This inspection included a tour of the premises.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager. 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.

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

INSPECTION FINDINGS

At the last inspection in June 2022, two areas for improvement were identified, and an improvement plan was submitted to the Commission by the Registered Provider setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that all the areas for improvement had been addressed. This means there was evidence that the building perimeter was secure. The service now also had specialist syringe driver equipment on site; additional syringe drivers were also available in the wider organisation and through Jersey Hospice Care.

Management of the service

The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size, and complexity of the service.

The Regulation Officer viewed the development plan for this service and noted that it provided a comprehensive review of the previous year. However, the plan needed to fully explore future service priorities or how service deficits would be managed and resolved. The Registered Manager acknowledged that the service development plan required additional work.

The Registered Manager had a clear philosophy on how care and support should be delivered to people who access this service. The Registered Manager commented, *'We must always remember that we are providing care and support in their home and must create a homely and happy atmosphere where people want to be, essentially a home from home.'* Care staff spoken to during the inspection made similar comments, which assured the Regulation Officer that this philosophy was evident in practice throughout the service.

In addition to the above, the Registered Manager promotes care receivers' continued independence where possible through person-centred planning to maximise daily skills retention and resilience. However, this service recognises the delicate balance between care receivers' safety and positive risk-taking. One professional who has regular contact with this service and some of the care receivers commented that *'maintaining as many independence skills is a real strength in this service and something they have witnessed on many occasions.'* This is an area of good practice.

Staff recruitment and retention has continued to be challenging since the last inspection in June 2022. The Registered Manager reported that it takes considerable time to induct, train and build the experience level of new care staff. Unfortunately, on several occasions recently, experienced care staff have either moved to other providers or left the care sector, resulting in the process starting again with inexperienced new staff.

A review of staff rotas assured the Regulation Officer that this service continued to meet the minimum care staffing requirements as per the Adult Care Home Standards and in line with this service's Statement of Purpose. The Registered Manager stressed the importance of providing staff with a good level of work/life balance to avoid carer burnout and resulting sickness. This is an area of good practice.

This service has a comprehensive staff handbook in place, which includes expectations regarding the caring role of staff and how the service ensures that it provides an appropriate environment, adequate support, and training to ensure high-quality care. As part of the induction procedure for this service, the Registered Manager ensures that new care staff are provided with adequate time to read the staff handbook.

This service has a comprehensive induction policy and procedure for new care staff, which includes a fully supervised period of a minimum of two weeks to familiarise themselves with the care tasks, values of the service and build positive relationships with care receivers. Regular supervision is provided to care staff during their induction period, alongside three and six monthly appraisals.

One care staff member who was consulted provided evidence that their experience of induction was positive and supportive. The Regulation Officer examined the induction checklist for this staff member and was assured that the policy and procedure had been followed.

The Regulation Officer randomly sampled four personnel files of care staff and one from the housekeeping staff team. These were found to be comprehensive and had been internally audited to make sure specific documents were present. Reflective supervision records evidenced that supervision of care staff had taken place per the Adult Care Homes Standards. Annual appraisals were also present on the files sampled.

The Regulation Officer viewed the central training record for all care staff, including housekeeping staff. The Regulation Officer was satisfied that this service met the minimum mandatory training requirements as per the Adult Care Home Standards. In addition, supplementary training was offered to care staff via several different forums, which included e-learning, bite-size ten minutes training sessions, and bi-monthly training delivered face to face. Care staff confirmed that the training offer was comprehensive, and they could also contribute ideas for future training needs.

Monthly reports have been completed and were evidenced to be comprehensive. In addition, this service conducts quality assurance audit activity on 18 separate areas of care delivery and governance. This quality assurance activity viewed by the Regulation Officer evidenced thorough review in each area, which included action plans and feedback from care receivers and relatives. This is an area of good practice.

Appropriate notifiable events as per the adult care home Standards are regularly received from this service. The outcome of an audit of these notifications during pre-inspection activity was shared with the Registered Manager. The Regulation Officer was assured from discussions with the Registered Manager that this service undertakes a review of these notifications, which helps inform care planning for care receivers and service development.

Care staff spoken to provided evidence of a strong and supportive senior team in this service, with the following comments:

'I feel very supported, any issues are resolved quickly, and when I provide feedback, I am listened to.'

'The training offer is good, and nurses and manager are very supportive. I feel good about coming to work and feel like I am part of a large family.'

'This is their [care receivers] home, and we are working in their home. The manager leads by example, and the staff team step up to support each other. How care is delivered in this service is just how it should be. I feel lucky to work here, and we become part of the care receivers family.'

Care and support

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.

When first accessing this service, all new care receivers and their families are given a welcome pack. The values and philosophy of care are evident, alongside a service user guide. This is an area of good practice.

The Regulation Officer examined care plans and care receiver records. All care receivers had multiple care plans related to their individual needs.

There was evidence of regular monthly reviews of these care plans; however, care plans were reviewed more regularly when there were changing needs of care receivers. As part of the pre-inspection activity, an audit was completed on the notification of notifiable events to the Commission as per the Adult Care Home Standards. The Regulation Officer noted that specific care plans were in place to prevent or reduce falls, pressure ulcers, and the skin integrity of care receivers. This is an area of good practice.

The Regulation Officer noted that where risk assessments were in place, the outcome of these fed directly into care receiver care plans. In addition, 'getting to know me' assessments were completed with all new care receivers accessing this service. There was evidence of comprehensive daily notes being completed by care staff, for example, care receiver presentation, fluid intake, or where care receivers were supported in the prevention or management of pressure ulcers. This is an area of good practice.

The delivery of personal care and support was evidenced to be person-centred in this service. Care plans focused on the elements of care, support, and treatment that matter most to the care receiver and their family. Care plans and the delivery of care observed by the Regulation Officer evidenced that dignity, respect, and consultation were central tenets to how care was provided, alongside promoting independence. The Registered Manager reported that the daily care needs of care receivers are broken down into specific tasks and are regularly reassessed, for example, when a care receiver requires additional support with personal care.

The Regulation Officer observed care staff delivering care to care receivers. Care staff showed dignity, respect, and warmth toward care receivers. Interactions between care staff and care receivers were not rushed, body language and positioning were considered, and care and support was delivered with a smile.

Care receivers and their family members are consulted regarding what is a priority and what is most important to them. This is done daily; however, in addition, bi-monthly multi-disciplinary meetings take place that also involves three care receivers and three relatives.

Minutes and actions of these meetings are made available to care receivers and their families, as well as updates on previous actions. This service operates a social media group for family members and produces bi-monthly newsletters for care receivers, relatives, and care staff. The broader organisation of this service also undertakes an annual client/resident survey, which helps inform the service where they are performing well or need to improve.

This service employs a full-time activities coordinator who provides a range of activities in the home and the community. The activity program is well-planned and is well-received by care receivers and their families. The Regulation Officer observed one activity and noted a high level of care receiver involvement. Videos and photographs are shared with care receivers' families through a secure social media platform. Some of the activities provided were:

- Live music and singing
- Laughing Yoga, exercise classes, and drumming
- Wet Wheels
- Visiting the beach
- Sunflower competition and vegetable garden
- Care receivers are regularly provided with access to animals, such as birds, a rabbit, and dogs.

This service promotes regular family/friend time between care receivers, their families, and friends, with an open-door policy for visiting throughout the day. Family members and friends are invited to take meals with their loved ones and attend events and activities provided by this service. The Regulation Officer observed several family members visiting during the inspection, joining in with the activities provided.

This service provides care and support to individuals in need of high support, for example, care receivers living with dementia or those requiring high-level nursing needs and are prone to pressure ulcers. The ratio of staff to care receivers is adequate to meet the care needs in this service.

For those care receivers living with dementia, this service uses a support tool called 'this is me' to enable person-centred care and can be used to record details about a person who cannot easily share information about themselves.

Care receivers and their family members were consulted as part of this inspection. Their feedback was consistently positive, with a few comments detailed below:

'The staff get my five-star rating as they do an amazing job. Care staff provide care showing dignity, respect and deliver care with humour and kindness. I would not want my relative living anywhere else.'

'My relative loves it here, she has company, and they provide great activities for all the residents, which they appear to enjoy.'

'The energies, enthusiasm, and smiles of the staff bring so much kindness, care, and love to us all.'

You provide *'so much joy and stimulation to my relative.'*

Choice and safety

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| <p>The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. People will be supported, enabled, and empowered to be as independent and autonomous as practicable. People's rights will be supported and protected.</p> |
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Care receivers in this home are offered a range of organised activities that are promoted daily and planned well ahead. Care receivers are encouraged to get involved; however, their choice is respected. Some care receivers in the home choose to stay or sometimes take meals in their bedrooms; however, care staff regularly engage with them.

This service provides nutritious meals to care receivers that a chef on-site cooks. Care receivers are offered two choices regarding their main meal but can also make specific food requests.

The Regulation Officer was satisfied that this service had a food hygiene policy in place and was following guidance regarding the safe storage, preparation, and cooking of food. The chef also provided evidence that care receivers known allergies were considered in the preparation and cooking of food. Cheval Roc received a five star 'Eat Safe' rating by the Environmental Health Department in March 2022.

Religious beliefs are respected in this service. Religious services are held regularly, and care receivers are supported to attend services in the community where possible.

At the time of the last inspection in June 2022, the perimeter of the car park was noted to be insecure, with a small gap in the fencing, which allowed access to the cliff edge for maintenance. This has been rectified, with the Regulation Officer noting that a notice is now attached to the barrier reminding any person removing it to ensure it is put back in place. This is no longer an area for improvement.

For care receivers deemed to lack the capacity to consent to the arrangements made for their care or treatment, this service manages these situations as per the code of practice connected with the Capacity and Self Determination (Jersey) Law 2016. Significant Restriction of Liberty authorisations are in place for several care receivers in this service. The Registered Manager evidenced effective governance in respect of these authorisations and the renewals process. A professional involved in capacity assessments commented that 'the staff in this service are always respectful, will have open conversations and protect the rights of the individual where possible.'

This service undertakes safe recruitment practices. The Regulation Officer examined a random sample of personnel files, which provided evidence that criminal record checks were in place, which were renewed where necessary. In addition, two references were present on these files, and the Registered Manager has a central record detailing when the renewal criminal record checks were due.

The Regulation Officer examined the incident log. This evidenced robust internal audit of significant events or near misses and indicated if the incident was notifiable to the Commission. There was evidence of audit activity and learning from this log in the monthly reports.

All medications are stored in lockable cupboards or trollies within a locked clinical room. In addition, controlled drugs are stored separately and in a British Standards compliant safe. The Regulation Officer noted evidence of regular audit activity from a random sample of Medication Administration Records.

This assured the Regulation Officer that there was appropriate sign-off by the Registered Nurses and suitably qualified staff who have completed the Level 3 medications module. A policy and procedure was also in place for the disposal of medications. This is an area of good practice.

The Regulation Officer noted that all the care receiver files accessed contained personalised Personal Emergency Evacuation plans, which detailed a risk rating in supporting the care receiver to evacuate the premises in the event of a fire.

The Regulation Officer examined the States of Jersey Fire Precaution Logbook and noted that all fire alarm (weekly), and self-closing door tests (three monthly) had been conducted in line with recommendations. It was noted that the emergency lighting test had been missed by the appointed contractor for the last two months prior to the inspection, however the Regulation Officer was satisfied that this has now been addressed by the service. In addition, fire drills (six monthly), annual fire equipment servicing, and a yearly inspection of the test routines were evident.

The Regulation Officer examined a recent internal infection control audit. This comprehensive document provided this service with an overall score of 85.6% compliance with infection control measures. The Registered Manager evidenced an action plan based on the audit, including policy revision, practice implementation, and staff training.

IMPROVEMENT PLAN

No areas for improvement were 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
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je