



**Jersey Care
Commission**

INSPECTION REPORT

**Les Charrieres Residential and Nursing
Home**

Care Home Service

**La Rue Des Charrieres
St Peter
JE3 7ZQ**

17 and 20 November 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 (as amended) 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 Les Charrieres Residential and Nursing Home inspection, which is located in St Peter. The home was purpose-built and completed in 2020 to provide personal support and nursing care to people aged 60 years and above. Care receivers' accommodation is set over three floors and has an en suite shower, toilet and wash basin facilities. A variety of communal areas are provided, including lounges, dining areas, a hairdressing salon and assisted bathrooms are provided on all three floors.

The Registered Manager, available in the home Monday to Friday, is supported by a team of registered nurses, care assistants, and domestic, catering and housekeeping staff. Nursing staff are available on a 24-hour basis. The home's Statement of Purpose outlines that the ethos of care is to promote care receivers' dignity and privacy and to enable them to express choice in their lives and be cared for in a way that is personalised to their needs.

Regulated Activity	Care Home Service
Conditions of Registration	<u>Mandatory</u> Type of care: Nursing care and personal care Category of care: Adult 60+ Maximum number of care receivers: 50

	<p>Maximum number in receipt of nursing care:40 Maximum number in receipt of personal care:10</p> <p>Age range of care receivers: 60 years and above (A variation to the conditions of registration is in place for one named person who is under 60 years of age) Maximum number of care receivers to be accommodated in the following rooms: Bedrooms 1 – 50 one person</p>
Dates of Inspection	17 and 20 November 2023
Times of Inspection	1:30pm – 6:30pm and 1:10pm – 5.00pm
Type of Inspection	Unannounced on 17 November Announced on 20 November
Number of areas for improvement	Two
Number of care receivers using the service at the time of inspection	50

LV Group Limited operates the Care Home, and a Registered Manager is in place. Since the last inspection, completed on June 1, 2022, there have been changes to the management team. The Registered Manager became registered with the Commission on August 9, 2022, and the provider employed the Deputy Manager around the same time.

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.

Based on the Regulations Officer's observations, discussions and feedback from care receivers, visitors, relatives and external health professionals, the home provides a good, quality service. Care receivers appeared to be well cared for, and their views and preferences about their lives were acknowledged and respected by the staff team. They described the home as homely and relaxed and felt they were listened to and had opportunities to make life choices. Families felt very well informed and involved in the care and support of their relatives, and they spoke of

their freedom to come and go as they pleased. They said the management team was always visible and approachable.

The management team provides effective leadership by overseeing the home and ensuring an effective and safe service. There were many instances of good practices in the home, including medication management, staffing levels, infection prevention procedures, and maintenance of equipment and governance arrangements. External health and social care professionals were complimentary of the standards and quality of care.

The design and layout of the home promoted free movement and relaxation; the home was tastefully furnished, decorated, and clean and hygienic. The atmosphere during the inspection was found to be lively and uplifting. There are opportunities for care receivers to engage and socialise both within and outside of the home.

The home complied with the five areas for improvement made on the last inspection, and two areas for improvement resulted from this inspection. These relate to evidencing that care receivers are involved in the care planning and review process and providing written information about the home.

INSPECTION PROCESS

This inspection took place over two days. The first visit was unannounced, this took place on a Friday afternoon, and was completed the following Monday afternoon. At the end of the first day, the Registered Manager was informed that the second inspection visit would take place the following Monday.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

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

- **Management of the service**
- **Care and support**
- **Choice and safety**

Before our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report. Part of the pre-inspection planning included reviewing information regarding notifiable events that the home had submitted.

The Regulation Officer sought the views of eleven care receivers living across all floors of the home and five visitors/ relatives visiting the home at the time of inspection. The Regulation Officer observed care receivers in communal areas and their bedrooms and spoke with them in detail during both visits.

A poster was displayed in the home, informing visitors that an inspection was underway. It invited people to contact the Regulation Officer to share their views.

The Registered Manager facilitated the inspection and was present on both visits. The Deputy Manager also contributed positively to the inspection process and provided a detailed description of clinical matters and nursing practices within the home. Staff, including registered nurses, care and activities staff, and the Head Chef, were also spoken with and provided information about their roles and the needs of care receivers in their care.

The views of six health professionals were also requested as part of the inspection process; three people responded.

Records, including medication administration and care records, incidents, social activities programmes and sample menus, were examined during the inspection. Service records, fire safety records, staff personnel files, training records and staffing rosters were also reviewed. The Regulation Officer spent time on each floor and observed social activities, interactions and conversations between staff and care receivers.

After the inspection, the Regulation Officer provided feedback to the Registered Manager and brief written confirmation of the inspection findings. This report outlines 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

The previous inspection of the home in May and June 2022 had identified several areas that required improvement. The registered provider submitted an improvement plan to the Commission, outlining how these issues would be addressed.

The improvement plan was discussed with the Registered Manager during the inspection, and it was positive to note that the areas had been addressed. Improvements were found in the home's staffing levels, training in dementia care was provided, and care receivers were provided with better opportunities for socialising outside of the home. The two health and safety matters had also been addressed. The service continues to develop and make progress and complies with the Regulations and Standards.

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 home is managed in such a way that encourages and facilitates care receivers to have a good quality of life. The provider had addressed the improvement plan following the previous inspection in June 2022, and there is a dedicated and stable leadership team, who described their commitment to working alongside the staff team to deliver a quality care service. The Registered Manager shared the service development plan, which set out the home's vision and priorities, performance, progress made and improvement actions for 2023.

The Registered Manager had updated the home's Statement of Purpose (SoP) upon their appointment and submitted a copy to the Commission. Through discussions with the staff team, the Regulation Officer concluded they understood the range of care needs provided and the home's values, aims, and objectives as described in the SoP.

The day-to-day running structure of the home consists of the Registered Manager and Deputy Manager, who are primarily supernumerary and are supported by registered nurses, care assistants, catering, housekeeping, and maintenance and administration staff. Out-of-hours on-call for emergencies was provided on a rotational basis by the home's management team.

The management team has been appointed since the last inspection and has relevant experience caring for the older person. The management team have a visible presence in the home, which was evident during the inspection and confirmed by care receivers, visitors, and health professionals, who all said they have frequent contact with them. Staff spoke positively of the open and transparent management style and described a positive working environment where they felt part of a good team, supported by colleagues, and satisfied in their roles.

The staffing levels have significantly increased since the last inspection, and several staff members have been recruited, so there is now a full staffing compliment. Staff turnover is lower now in comparison to the previous inspection. The Registered Manager reported that the sickness absence rates had decreased over the past few months.

The Regulation Officer spoke with many staff of various job roles individually, and they consistently reported a healthy and positive work environment. They described that the team worked well together, supported each other, and there was often a sense of camaraderie in the home. They said the management team acknowledged and appreciated the team's efforts, and there were opportunities for them to enhance their skills and grow in their roles.

Samples of staff rosters confirmed that the ratio of staff to care receivers consistently meets the Standards requirements. During the inspection, staff told the Regulation Officer the staffing levels allowed them to provide personalised care, and they were sufficient staff to meet care receivers' needs. The team with whom the Regulation Officer spoke described a happy, fun-filled work environment; many said they were proud to work in the home.

The management team assesses needs to demonstrate that the service can meet care receiver needs and evidence the home is caring for people in line with the registration conditions. Written agreements detailing the terms and conditions of the service and care fees are provided, which meets Standard 1.5.

There was no information about the home available for people who are considering the care service. Feedback from one care receiver who had recently moved in indicated that they would have found this information helpful. This area for improvement was discussed with the Registered Manager, who had recognised this deficit and started to develop a written guide by the time the inspection had concluded.

The home has a transparent and accessible complaints procedure and is committed to addressing concerns and ensuring the well-being of care receivers and their visitors. The home had received one complaint earlier in the year from a visitor. The response to the complaint was effective enough in that there was no further contact from the complainant, which suggests that it was addressed to their satisfaction. Care receivers told the Regulation Officer they felt they could express any concerns to the staff team, and relatives complimented them on always keeping them updated and proactively checking if they were happy with the care provided.

There was evidence of a comprehensive and ongoing schedule of audits in the home, for example medication, care planning and observation of care practices. The home regularly seeks feedback from care receivers about what could be improved and considers this a key priority for quality improvement. The outcome of a care receiver/ relative survey carried out in May 2023 resulted in an action plan

which provided a structure to drive improvements. The records showed that the overall feedback was complimentary, and people said they would be confident to approach the management team if they needed to discuss something.

Regular meetings between the team take place, and in addition to the handover of information during shift changeover, there are daily flash meetings where essential issues are discussed. Staff told the Regulation Officer they found communication was a key strength amongst the team, and they felt well informed about issues within the home.

The provider representative visits the home monthly as part of the management quality and safety monitoring system. A sample report was reviewed, which showed health and safety matters were identified, feedback from care receivers was obtained, and the representative attended a staff meeting. Actions from the previous review had led to improvements.

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 design and layout of the home were noted to meet both individual and collective needs of care receivers, and the environment was bright, homely, clean, and maintained to a good standard. Suitable seating was positioned throughout the home, and the reception area was welcoming and stimulating with various features. Care receivers were seen mobilising around the home independently or with staff assistance, and the communal areas were being well used.

The overall atmosphere during the inspection period was characterised as stimulating and energetic. Visitors and care receivers expressed positive feedback to the Regulation Officer and described a consistent, pleasant atmosphere, and visitors always feel welcomed. One health professional also commented positively about the home's atmosphere.

Staff members were noted to understand care receiver needs well, and interactions between staff and care receivers were conducted caringly and respectfully. They knew the range of health conditions among the care receivers and described how support was provided. The Registered Manager actively oversees care receiver dependency needs, which helps ensure staffing levels align with care requirements.

In summary, the home has a well-designed and maintained environment that promotes independence and social interaction among care receivers. The positive atmosphere noted suggests a welcoming and supportive community within the home. Some comments made to the Regulation Officer during the inspection included;

"I visit daily, and the management is very good; the staff are consistently thoughtful, kind, helpful and respectful. On the first meeting, I felt confident, and the home has lived up to those expectations. The staff are amazing. I never hear them shouting, and they're very patient, and I'm really impressed with the care here." [from a relative].

"It's lovely; they treat you very well and are very kind. They always speak calmly."

"It's wonderful here. They're very patient and kind, and we're very involved in the care. We feel comforted knowing X is being well cared after; we cannot fault it. The staff are always smiling, they're caring, and dedicated. We can see that they do their best, and we never see or hear anything that worries us. The home's always full of energy, and it's a happy place." [from a relative]

"It's a super home, and I love it here. I feel the staff actually care and they treat you as a person. I feel very involved, and I can say what I want. I had a fall a few weeks ago, and the staff were brilliant, and they were very patient with me. There's no concerns here, and I would speak to them if I had any."

"I love it, and the girls are all great. They do my dressing, and they take such care when they do it, and they tell me how it [the wound] is getting on. I rarely ring my bell, but when I do, it's answered really quickly. I've got no problems here."

"There's nothing to complain about here, and there's plenty to do if you want. I like to keep myself quiet, and I love my room. I feel very happy, and I like the tranquillity of my room. The food is good, and there are plenty of choices. They come quickly if you ring the bell, and I have no worries."

"It's wonderful, and I really have nothing to complain about. I'm very well looked after, and it's a well-managed home. The staff are very understanding and attentive, and they really do their best to make you feel better about yourself. I get a timetable of activities, and you get lots of opportunities to do many different things here, but I choose not to go, but I always hear it's good fun."

"We really feel that this is our home now. I feel very happy coming here, and I'm always welcomed. I feel very confident that X is cared for so well, and the staff all speak to X, and they call me and keep me informed. They keep X immaculate, and I'm so happy that X is here. The girls always come in with a big smile, and X gets on great with them all." [from a relative]

Three health and social care professionals expressed high satisfaction with the quality of care provided, which is a positive testament to the efforts of the management and staff team.

Samples of care records for five care receivers were examined, showing a wide variability and diversity in support requirements, and care plans are tailored to the care receivers' individual needs. The care records showed that different levels of assistance were required, and a personalised approach to care was provided. Care plans were evident in medication administration, wound care, oral hygiene, social stimulation and diabetes management. The records for one person admitted to the home with wounds were supplemented with photographs that visually highlighted the positive changes compared to those taken upon admission.

The care plans were descriptive and detailed; however, they needed to consistently capture care receivers' views and preferences and evidence their active involvement in the care planning and review process. This is an area for improvement, which will

not only meet the standards but also reflect what care receivers and their families described to the Regulation Officer.

During supper time, the Regulation Officer discreetly observed staff supporting care receivers with their meals, and they were sensitive to their pace and were calm and considerate in their approach.

Choice and safety

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.

Samples of staff files were examined, which showed that they contained documentation relating to each staff member, including relevant qualifications, identity checks, immigration status and enhanced criminal records checks. Some gaps and inconsistencies were noted in one person's employment history and references, which was discussed with the Registered Manager, who agreed to explore further.

Records showed that new staff are provided with a structured induction and assigned to work alongside a more experienced colleague in their initial employment phase. The induction programme includes training and introduction to safety protocols, including fire safety and evacuation procedures. One new member of staff who had started in the home before the inspection told the Regulation Officer that they had been made to feel very welcome and described their role and limitations in providing care. They felt there were opportunities for clarification and knew the reporting structures and lines of communication.

A comprehensive range of training in various subjects ensures that staff have the knowledge and skills to provide care. Regular updates and ongoing training sessions are incorporated into the training and development plan to keep staff updated. There is a blended learning approach to training, and practical face-to-face training is provided for staff where relevant. Some examples of additional training

delivered by health professionals included dental and oral hygiene care, palliative care and dementia awareness.

Development opportunities are offered to staff, including vocational certification programmes in health and social care, leadership training for staff who may transition into management roles, and Nursing and Midwifery Council (NMC) nurse registration for care assistants who have completed nurse training overseas. Several staff have completed a Level 2 or Level 3 vocational qualification; some are progressing, and others will start once the opportunity with the education provider arises.

Supervision is provided to staff in line with the Standards and records retained. A discussion was held with the management team to explore adaptations and provide flexibility in supervision formats. Supervision includes reflective practice discussions and feedback about work experiences. Appraisals are carried out annually and provide feedback on each staff member's strengths and areas for development.

Notifications are submitted to the Commission, and from the information received, it is clear that there is an open, transparent reporting culture in the home and relatives or families are notified appropriately of incidents and accidents. Family members spoken with during the inspection confirmed that they are informed of any changes to their relative's health or condition.

Equipment is serviced and maintained safely as per the manufacturer's recommendations. Records show that equipment such as hoists and slings, kitchen equipment, and lifts are serviced routinely by external contractors. Internally, the home's maintenance team checked bed rails, window restrictors, wheelchairs and water temperatures, and records supported this approach. The Registered Manager had developed an adverse weather risk assessment that looks at how disruption risks to the service can be reduced in the event of severe weather. The Regulation Officer suggested some lighting in the car park may be enhanced during the hours of darkness, which the Registered Manager agreed to address.

Fire safety records were reviewed, which showed the service followed the schedule of safety checks as required by the Fire and Rescue Service. The records show that staff are provided with regular fire drills and evacuation training at intervals that meet the timescales set by the Fire Service. Staff confirmed they also receive regular fire training.

Samples of medication administration records (MAR) and medicine storage facilities were reviewed, which noted a robust medication management system that complies with the standards. Registered nurses and care staff administer medication, with care staff completing vocational training. Weekly medication audits ensure accuracy and identify discrepancies in the MAR. Samples of care plans for care receivers receiving covert medication were detailed and included the rationale for that approach and collaboration with other health professionals as part of the decision-making process.

Samples of food menus were reviewed, and care receivers expressed overall satisfaction with the quality of food, snacks and drinks. Choice was offered at all mealtimes, foods were freshly prepared, and the evening meals looked well-presented and appealing. Care receiver's dietary needs were assessed and met, and staff were observed supporting them at mealtimes. The Regulation Officer noted that meat and fish were featured in the daily menus; however, vegetarian options were absent, although they would be provided if requested. The Regulation Officer discussed this with the Registered Manager and suggested consulting with care receivers to seek their views about vegetarian foods being incorporated on the menu.

The Regulation Officer spoke with the Head Chef, who described their role in contributing to care receiver's well-being. They said the planning of menus included considering health conditions that require special attention and offering a variety of foods to meet different tastes and preferences. The Chef had detailed knowledge of who needed a texture and modified diet and liaised with care staff to ensure hydrating and calorie-boosting options were provided to support overall health. The Environmental Health Team provided a 4* food hygiene rating on November 13,

2023, and the Chef explained that a food allergen policy had been developed due to that visit.

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: Standard 1.2</p> <p>To be completed: within 1 month from the date of this inspection (20 December 2023)</p>	<p>The registered provider must ensure information is available for people, their relatives and others who are considering the care service.</p>
	<p>Response of Registered Provider:</p> <p>Welcome leaflet has now been completed, this will be placed in all the care receivers' rooms. This information is accessible for new care receivers and anyone considering the care service.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 2.4</p> <p>To be completed: within 1 month from the date of this inspection (20 December 2023)</p>	<p>The registered provider must ensure that care receivers are involved in developing their personal plans and detail how their needs will be met.</p>
	<p>Response of Registered Provider:</p> <p>This has being actioned and we have had informal discussions with all staff. Training on documentation and care planning has been implemented to ensure the team are provided our residents choices and preferences and allowing their voice to be heard. .An aide memoire has been devised for staff to show what is required and expected for the documentation.</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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