



**Jersey Care
Commission**

INSPECTION REPORT

**Les Charrieres
Residential and Nursing Home**

Care Home Service

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

16 and 18 December 2024

**Published:
28 January 2025**

1. 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.

2. ABOUT THE SERVICE

This is a report of the inspection of Les Charrieres Residential and Nursing Home and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Care Home
Mandatory Conditions of Registration	
Type of care	Nursing care and personal care
Category of care	Adult 60+
Maximum number of care receivers	50
Maximum number in receipt of nursing care	40
Maximum number in receipt of personal care	10
Age range of care receivers	60 years and above
Maximum number of care receivers that can be accommodated in each room	One person

Discretionary Conditions of Registration

There are none

Additional information:

There are two variations to the conditions of registration in place, which allows two care receivers under the age of 60 years to live in the home

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was unannounced and carried out over two days. The Registered Manager was present throughout the inspection, and on the second day, the Pharmacist Inspector attended to focus specifically on medicines management within the home.

Inspection information	Detail
Dates and times of this inspection	16 December 2024 10:45 – 18:00 18 December 2024 10:00 – 18:00
Number of areas for development from this inspection	One
Number of care receivers accommodated on day of the inspection	48
Date of previous inspection:	17 and 20 November 2023
Areas for development noted in 2023	Two
Link to previous inspection report	IR-Les-Charrieres-Home-2023.11.20-complete.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for development identified at the previous inspection on 17 and 20 November 2023 as well as these specific new lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for development identified at the last inspection

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

The improvement plan was discussed during this inspection, and it was positive to note that both improvements had been made. This included evidence of an information brochure for care receivers and confirmation that care receivers are involved in their care planning.

4.2 Observations and overall findings from this inspection

The home's management team continue to be actively engaged and accessible within the home and have an open style of management that encourages communication at any time. Care receivers, family members, external health professionals, and staff stated that they found them approachable. Since the last inspection, staff turnover has been minimal, and there are enough staff employed to ensure that staff do not have to work excessive hours. The home's staffing levels consistently meet the required minimum Standards.

New staff are recruited and inducted safely. A review of recently employed staff recruitment records confirmed adherence to the Standards. Ongoing criminal records checks are conducted for all staff, as evidenced by the records, following the Standards. Newly recruited staff reported receiving a thorough induction along with adequate training. Staff commented on the good quality of training provided by the organisation. Supervision sessions are provided, and staff expressed satisfaction in their work, commenting that they felt valued by the management team.

The provider has quality assurance arrangements to ensure compliance with the standards and identify areas for improvement. Sample reports demonstrated a comprehensive review of the home's care provision.

Care receivers, their relatives, and external health professionals were complimentary of the care provided, expressing confidence that care receivers were well looked after. Relatives said they felt supported and welcomed, commenting that they could visit freely and had built up good relationships with the staff team, whom they spoke of highly.

A comprehensive activities programme is arranged, which is varied in terms of what is offered and when. Opportunities are provided for care receivers to go out, and social engagements are recognised as an essential activity.

The two areas for improvement identified last year have been met. Following this inspection, one area for development has been identified, which relates to the consistent use of sensor alarms.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care Home Standards were referenced throughout the inspection.¹

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

Before our inspection visit, we reviewed all the information held by the Commission about this service, including the previous inspection reports from 17 and 20 November 2023, reviews of the Statement of Purpose, variation requests, and notification of incidents.

The Regulation Officer gathered feedback from twelve care receivers and three of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by three professionals external to the service.

Records, including care records, staff files, supervision and training records, service and fire safety records, sample menus, written agreements, and complaints, were examined as part of the inspection process. The pharmacist inspector also reviewed samples of medication administration records, medication stocks, and drug storage systems.

After the inspection, the Regulation Officer provided feedback to the Registered Manager.

This report outlines our findings and includes areas of good practice identified during the inspection. Where areas for development have been identified, these are described in the report, and an improvement plan is attached at the end of the report.

5.2 Sources of evidence

The sources of evidence reviewed as part of this inspection are listed in Appendix 1.

6. INSPECTION FINDINGS

Is the service safe?

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

The pharmacist inspector reviewed samples of medication administration records, stock levels, and storage systems, finding that safe practices were in place overall. Suggestions were provided to the Registered Manager for consideration to enhance certain aspects of medication management, including developing protocols for 'as required' medication and reviewing the temperature control of one of the drug storage rooms.

Medication is administered by Registered Nurses or care staff who have completed a vocational training award in medication management, as required by the Standards. Records indicate that annual competency checks are conducted. Insulin is administered by care staff who have completed the necessary training and have been delegated this responsibility by community nurses.

The environment was maintained well and clear of obvious hazards, and handling and domestic equipment were found to be appropriately stored to ensure safety. The corridor and communal areas were sufficiently lit, and one care receiver told the Regulation Officer how the environment supported their independence in navigating their wheelchair. Additionally, call bells were noted to be within easy reach of care receivers resting in their bedrooms.

The care staffing levels were reviewed by examining samples of completed and planned duty rotas, which showed that minimum staffing standards are consistently maintained. Enough staff are employed to ensure care staff do not work excessive hours and remain within the required standards. The duty rotas show each staff member's vocational qualifications and professional status, allowing the skill mix of staff working at any time to be seen.

The Registered Manager and Deputy Manager are excluded from the staffing numbers and are considered supernumerary, allowing them to concentrate on managerial responsibilities. The Deputy Manager is a registered nurse who plays a key role in supporting clinical practice, overseeing care delivery and mentoring staff.

A review of the personnel files for five staff members recruited since the last inspection showed a safe approach to recruitment. The files contained all necessary recruitment documents in line with the Standards, confirming that all checks are completed before staff are employed in the home. Additionally, there was evidence of regular criminal records checks being completed, ensuring continued adherence to this Standard. Staff turnover has remained low since the last inspection, with some team members having been employed since the home was registered in 2020.

The personnel files included evidence of the home's induction programme, which provides shadowing opportunities and competency checks tailored to the specific requirements of each role. The programme will be reviewed to determine whether it could be further improved. Two staff members told the Regulation Officer they had a positive induction experience, felt well-supported and clearly understood their responsibilities.

The samples of maintenance records reviewed showed a safe and diligent approach to equipment use and monitoring. These records included annual fire sprinkler system inspections, water temperature monitoring, including legionella checks, servicing of handling equipment and profile beds, gas appliance maintenance, and checks on laundry and kitchen equipment and the passenger lift.

Fire safety records showed that an external company conducted a fire safety risk assessment in May 2024 in addition to the required Fire and Rescue Service checks. Staff training includes a review of fire evacuation procedures and the use of evacuation aids. A few weeks before the inspection, a simulated fire event was conducted to test progressive horizontal evacuation practices, the use of aids, and the fire panel's operation.

Some care receivers have been assessed as requiring sensor alarms as part of their risk management approach to prevent falls. However, during both visits, it was noted that some sensor alarms had been inadvertently switched off. When alarms are used as a fall prevention measure, they must be used consistently and effectively following care plans, which is an area for development.

Is the service effective and responsive?

Assessing the organisation of the service so that care receiver's needs are respected and met.

Three professionals external to the service told the Regulation Officer that the staff were knowledgeable about care receivers' needs and provided responsive support. They highlighted that staff were proactive in addressing concerns, and committed to delivering a good quality service and provided person centred care. They said;

"The team take pride in the care given to each resident. The setting always feels warm, homely and welcoming. It feels settled and in control. The management clearly have high standards and expectations."

"They are very responsive to my client's needs and support them in a very caring and holistic way and go out of the way to make sure all needs are met. All the team are very professional and they are knowledgeable, efficient and professional. I cannot rate Les Charrieres highly enough; the staff team are all warm and friendly and my client loves the home."

"I always feel very welcome and at ease when visiting the home in which the Manager or Deputy will provide updates of my client in a person centred manner, protecting their integrity and ensuring their needs are met effectively and safely."

The Statement of Purpose outlines that the Registered Manager, the Deputy, or both will carry out pre-admission assessments to confirm that the home can meet care receivers' needs before they move in. Examples of pre-admission assessments were reviewed. They were comprehensive and holistic, incorporating health and social care needs. They included prognostic indicators to highlight the care receiver's level of need.

Family members and care receivers spoke positively of the admission process, acknowledging that they had the opportunity to meet with the management team before moving in and felt fully included and involved in every step of the procedure. The Registered Manager continuously assesses care receivers' needs to ensure that the home remains suitable for providing care. Where their conditions deteriorate or their needs become more complex, arrangements are made to transition them from personal care to the nursing registration. Alternatively, placements were arranged when the home could no longer safely meet their needs, which was observed during the inspection.

Written agreements, as the Standards require, are in place. Samples of signed agreements were reviewed alongside invoices detailing care fee charges. The Registered Manager explained the systems implemented to provide clear information about fees, any increases, and payment methods.

Feedback from a family member:

"It's wonderful, and they embrace the family. They look after us as a family, and we feel really confident. The staff keep us updated and send emails too."

Some care receivers have Significant Restrictions of Liberty (SRoL) authorisations. The home complies with the requirement to notify the Commission of these authorisations. It has systems demonstrating a clear understanding of its responsibilities under the Capacity and Self-Determination (Jersey) Law 2016. The reviewed records highlighted authorisations' expiry dates, documented renewal applications, and included considerations related to SRoL authorisations.

Various communication processes are in place to help share information among the team. In addition to regular handovers at shift changeovers, discussions occur throughout the day to ensure relevant information is shared and effectively communicated. Staff members clearly understood the current situations and needs of care receivers when spoken to; highlighting that information is being shared effectively.

Feedback from a care receiver:

“It’s lovely, they give you lots of love and they look after you very well. I leave my door open all the time as I feel so well cared for.”

The home seeks feedback from care receivers as part of its quality monitoring process. The most recent feedback indicated high satisfaction with the standard of care provided. However, some individuals expressed a desire for

improvements in the food options. The Chef has considered this feedback and explained how they intended to address these concerns while continuing to accommodate individual preferences.

The Registered Manager shared the findings of an after-death analysis record conducted following one care receiver’s death in the home. This collaborative review involved other care providers who had supported the individual in the last few days of their life. The analysis identified that the home needed additional equipment, while other providers acknowledged areas where their practices could have been improved. This demonstrates good practice in the home’s commitment to responsiveness, reflection, and continuous improvement.

Is the service caring?

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

Feedback from visiting professionals:

“They’re always hospitable and we always feel welcome.”

“The environment is wonderful, clean and homely and the team are professional.”

During the inspection, visitors were observed freely coming and going from the home. Many were seen speaking with the management team and shared with the Regulation Officer that the home has a welcoming and relaxed atmosphere.

Care receivers appeared well presented and well cared for. Those in bed seemed comfortable, with soft lighting creating a calming atmosphere. Some care receivers were seen making use of the communal facilities, while others enjoyed private, quiet time in their bedrooms. Feedback from care receivers, their relatives, and visiting health professionals indicates that the home is meeting its aims and objectives as outlined in the SoP. They were all positive about life in the home, highly praised the staff, and felt well supported and cared for. Their feedback on the home included the following comments;

“I love it here, they’re so kind. I love the staff, and they really make an effort. The food is lovely, we get two options but you can have other stuff if you want.”

“I’m so well cared for, I wouldn’t want to be anywhere else. You just ring your bell and they come any time day of night.”

“I think it’s wonderful, the people here are very kind. They help you with everything and I feel well looked after. The food is pretty good.”

“The staff are very patient and very caring. My room is always nice and warm, I like it here, there’s always lots of fun.”

“All good and there’s no complaints. They are a very nice team and they try their best. Nothing is too much trouble.”

“I get offered a bath or a shower every day and I like that. You can do what you like here and it’s very relaxed.”

“I feel happy here and the food is very good. Sometimes the beeping noise [call alarm system] gets to me.”

I like it, there’s a lovely atmosphere and the management are excellent. The laundry comes back nice and all the staff are lovely. The ambience is lovely and it’s very welcoming. We felt it was a good home as soon as we visited.” [from a relative]

During the discussion with a few care receivers, some commented about the food options, noting that on some occasions, the quality did not meet their expectations. The home had already identified this prior to the inspection.

The home’s key strength is regularly planned social activities, events, and stimulation. During the inspection, many care receivers were seen participating in and enjoying social interactions. The activity programme was varied, purposeful, and planned to meet care receivers’ abilities. Opportunities are provided for care receivers to engage in activities such as swimming, cycling, and fundraising.

Samples of care records were examined, which provided details about the individual’s background and life and gave a sense of the person and their life before moving into care. The records showed that risk assessments in pressure ulcer prevention, fall prevention, nutrition and choking were considered and regularly evaluated to manage these risks effectively.

Samples of care in various matters relevant to individual health conditions and findings from risk assessments were reviewed. These were detailed with specific actions and interventions to meet individual needs, wishes and preferences. Some of the plans were written in language used by care receivers, reflecting their involvement in developing the plans whenever possible. Feedback from care receivers during the inspection confirmed that they made decisions about their care, and two family members stated they were familiar with their relatives’ care plans.

Care plans and daily records showed the involvement of health professionals when guidance or advice was needed to ensure appropriate care was provided. This was evidenced in the care plan for one care receiver who was receiving medication covertly, which showed consultation and planning with external health professionals. One health and social care professional commented positively on the quality of care planning, which they found helpful in review processes, as well as the home's transparent communication with health professionals and families regarding the needs of care receivers.

Is the service well led?

Evaluating the effectiveness of the service leadership and management.
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The management team's presence was highlighted as one of the service's strengths, with staff, care receivers, visitors and external health professionals being complimentary of their efforts in promoting an inclusive culture, which they felt had a positive effect on the home. Additionally, the management team are available outside of hours to provide support and advice to staff when needed. Feedback to the Regulation Officer indicated good relationships between staff and care receivers, and family members said they could approach the management and staff team whenever needed.

Records of complaints are maintained, and one complaint requiring review has been received since the last inspection. Details of the actions taken and records maintained showed that the outcome was resolved to the complainant's satisfaction and was managed in line with the home's complaints policy.

A revised Statement of Purpose was submitted during the inspection phase.

This inspection found compliance with the conditions on registration and care receivers' needs were in line with the home's registered care category. The Registered Manager has demonstrated an understanding and acknowledgement of their responsibilities by consulting the Commission when considering admitting care receivers who fall outside the usual registration conditions. During inspection discussions, the management team shared detailed information about the needs of certain care receivers. This was further evidenced through discussions with care staff, who explained their roles and highlighted the support provided to these care receivers. Care staff with a Level 3 vocational qualification are rostered to work on the floor where no care receivers require nursing care. This shows that where care staff work without the supervision of a registered nurse, they are required to complete additional training.

Samples of staff supervision records were reviewed, showing regular supervision discussions occur. The records demonstrated that when practice issues are highlighted, the team engage in constructive and supportive discussions to resolve matters. Samples of group supervision records showed discussions were held relating to the importance of fundamentals of care. One example noted was that the team addressed concerns about standards of care not meeting expectations, and the records showed that the team felt comfortable raising and openly discussing these issues. Annual appraisals are also conducted.

Staff spoke with the Regulation Officer throughout the inspection and consistently expressed satisfaction with their roles. They reported feeling happy in their work environment and feeling well-supported and valued. The management team described various initiatives in place to enhance staff well-being, one of which included offering relaxation treatments.

Feedback from staff:

"The training here is great, I love it here and the shifts are planned in advance which is brilliant"

"It's a very supportive home, there's a great atmosphere"

The provider's governance process meets the Standards. Reviews of monthly governance reports showed that the Standards are regularly reviewed, and action plans are developed to address gaps. The reports were comprehensive, including feedback from care receivers and demonstrated a strong analytical approach.

Training records showed a blend of e-Learning and practical, hands on training is provided. During the inspection, practical training relating to the management of choking was being delivered. Several staff have vocational training qualifications, meeting the requirement of having at least 50% of the staff team at a Level 2 Award, or higher. Additionally, a training and development plan in place to identify staff to undertake this training also.

DEVELOPMENT PLAN

There was one area for development identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p>Area for Development 1</p> <p>Ref: Standard 4.6</p> <p>To be completed: with immediate effect</p>	<p>The Registered Provider must ensure that where sensor alarms are considered as a falls prevention measure, they should be used consistently and effectively in accordance with the care plan.</p>
	<p>Response by registered provider:</p> <p>We have reviewed each sensor that is in place for falls prevention, to ensure that A) batteries are checked and working B) staffs understanding of the importance of the sensor and the correct use. We have completed with all staff, including Domestic team, in house training on the use of sensors and a competency completed</p>

Appendix 1 – Sources of Evidence

Follow up on previous areas for development	
Focus	Evidence Reviewed
Written information	The home's welcome leaflet
Personal plans	Samples of care planning records and assessments
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<ul style="list-style-type: none"> • Fire safety records • Samples of medication records • Medication administration competency records • Staff rosters • Recruitment records • Criminal records checks • Service records • Induction programme • Walk through the home and review of some bedrooms
Is the service effective and responsive	<ul style="list-style-type: none"> • Samples of menus • Pre admission assessments • Written agreements • Samples of invoices • SRoL register • After death analysis documents • Statement of Purpose • Care needs analysis

<p>Is the service caring</p>	<ul style="list-style-type: none"> • Feedback from care receivers, their relatives and external health and social care professionals • Observation • Social activities planner • Samples of care records and risk assessments
<p>Is the service well-led</p>	<ul style="list-style-type: none"> • Discussions with Registered Manager, Deputy Manager and staff • Samples of governance reports • Samples of supervision records • Samples of appraisal records • Governance reports • Complaints policy and log • Training records

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for development 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