



Jersey Care
Commission

INSPECTION REPORT

Maison St Brelade Care Home

Care Home Service

**Petite Route des Mielles
St Brelade
JE3 8FB**

7 September 2020

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services 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

Maison St Brelade Care Home is situated in St Brelade in a quiet estate with access to public transport to and from St Helier. There are shops, a pharmacy and a health centre close by.

There are well maintained grounds around the home with car parking provided close to the main entrance and all accommodation is on one level. The home is registered to provide personal care for up to 51 care receivers and this can include up to five care receivers who require nursing care.

The service became registered with the Commission on 21 June 2019.

Registered Provider	Parish of St Brelade
Registered Manager	Pearl Thebault
Regulated Activity	Care Home
Conditions of Registration	Type of care: Personal care/personal support for up to 51 care receivers. Nursing care for up to 5 care receivers Maximum Number of care receivers: 51 Category of Care: Adults 60+ Age range: 60 years and over
Dates of Inspection	7 September 2020
Times of Inspection	12 noon – 4pm
Type of Inspection	Announced
Number of areas for improvement	Two

The care home is owned by the Parish of St Brelade and the registered manager is Pearl Thebault. At the time of this inspection, there were 48 people accommodated in the home.

SUMMARY OF INSPECTION FINDINGS

An inspection was due to take place in May 2020. However, this had to be postponed due to Covid-19 restrictions.

The Commission maintained contact with the Registered Manager during the period of Covid-19 lockdown (March to May) and during a structured telephone discussion with a Regulation Officer on 29 April 2020 the range of areas including those addressed during this inspection was reviewed.

This inspection was undertaken over the course of four hours by two Regulation Officers and was announced with consideration of the restrictions imposed in response to the Covid-19 pandemic.

The Care Home Standards¹ were referenced throughout the inspection and the Regulation Officers focussed on the following areas during the inspection:

- the areas for improvement identified during the previous inspection
- the service's Statement of Purpose and Conditions on registration
- safeguarding (adults)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

Overall, the findings from this inspection were positive and there are two areas for improvement.

An inspection of the home carried out on 19 December 2019 identified an area of improvement relating to the processes in place for monitoring the quality of service provision. It was recommended that a quality monitoring report is compiled monthly.

During this inspection the reports of quality monitoring undertaken were reviewed and these had been completed by a member of the home's staff team. The Regulation Officers made a good practice recommendation that a member of the home's management committee assists with an arms-length review of the quality of care.

With regard to the Statement of Purpose, the Regulation Officers were satisfied that all conditions are currently being met.

Care receivers spoke positively about their care. In the reception area there is a poster which states that the ethos of the home is "Simple Kindness", and throughout

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

the inspection, interactions between care staff and care receivers were seen to be kind, caring and respectful.

Care staff understood their responsibilities and were able to provide details about individual needs of care receivers and how their needs are met.

Discussions with staff members demonstrated a good understanding of safeguarding issues. There was evidence that the manager and staff dealt with incidents and concerns appropriately. A discussion with care receivers during the inspection evidenced that the care receivers spoken to feel happy and safe in their home.

The Regulation Officers noted that minor issues arising are resolved in an informal way and that these are reviewed as part of the quality monitoring process. The manager confirmed and evidenced that there is a policy and procedure in place to manage and respond to more formal complaints. However, the home does not have a record of all complaints (informal and formal) kept together as a list or log. This is an area for improvement.

Recruitment processes were robust and there was an induction process for all staff. Staff who participated in the inspection indicated that they felt valued and that they were pleased with the support and training they received.

The manager said that senior staff are currently unable to provide supervision for all staff individually and on a regular basis. This is an area for improvement.

Care plans are holistic and include hobbies, interests and life history as well as health needs and risk assessments. The Regulation Officers noted a wide variety of activities on offer. There was evidence that other professionals (health and social care) have contributed to care plans and that they are consulted when necessary. The manager reported that care receivers are included in their care planning and this was confirmed in discussion with care receivers.

Responses reviewed from feedback mechanisms used with care receivers, family and friends, and staff were mostly positive and the use of surveys and questionnaires is an area of good practice for Maison St Brelade.

INSPECTION PROCESS

Prior to the inspection visits, information submitted to the Commission by the service since it became registered, was reviewed. This included any notifications and any changes to the service's Statement of Purpose.

Due to the Covid-19 situation, this inspection was announced and undertaken in accordance with the home's infection prevention and control measures. This meant that on this occasion, not all areas of the home were visited, and the duration of the inspection was reduced.

The Regulation Officers undertook a tour of the premises and this included some of the home's communal areas and a sample of bedrooms. Following this brief tour, the initiatives which had been introduced over the previous months to address the need for continuing infection control measures were discussed with the Registered Manager.

During the inspection records including policies, incident and accident records, staffing rosters, training records, quality assurance reports, and staff files were examined by a Regulation Officer.

A Regulation Officer sought the views of the people who use the service and spoke with managerial and other staff. Eight care receivers and three members of staff were spoken with during the inspection.

At the conclusion of the inspection, the Regulation Officers provided feedback to the manager

After the inspection visit a Regulation Officer contacted four relatives of care receivers and the responses to questions about the quality of care were very positive.

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 action plan attached at the end of the report.

INSPECTION FINDINGS

The areas for improvement identified during the previous inspection

There was an inspection on 19 December 2019 which resulted in an area of improvement that a quality monitoring process needed to be in place independent of the management of the home. Monthly quality monitoring reports are now completed by the Training manager who has previous experience of managing a care home. Audit reports from September, August and July were reviewed and the findings are further discussed in the section on quality monitoring.

The service's Statement of Purpose and Conditions on registration

The care home service's Statement of Purpose was reviewed prior to the inspection visit. The Standards outline the provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The Regulation Officers were satisfied that the registered manager fully understands their responsibility to manage the service in accordance with the Statement of Purpose and will keep the Statement of Purpose under review.

The care home service is, as part of the registration process, subject to the following mandatory conditions:

Conditions of Registration	<p><u>Mandatory</u></p> <p>Maximum number of care receivers: 51 Number in receipt of nursing care: 5 Number in receipt of personal care/personal support: 51 Age range of care receivers: 60 years and above Category of care provided: Adult 60+ Maximum numbers of care receivers in the following rooms: Rooms 1-50 one person Rooms 51 one person (personal care, or personal support, respite stay only).</p> <p><u>Discretionary</u></p> <p>There are no discretionary conditions.</p>
----------------------------	--

Discussion with the manager and examination of records, provided confirmation that these conditions on registration were being fully complied with and will remain unchanged.

The Statement of Purpose includes an aim to promote dignity, respect and independence within a safe and homely environment. Care receivers' responses to questions about the quality of their care reflected that these aims were being fully realised in practice. Conversations with care receivers, the responses of family members, and discussions with the manager and staff evidenced that Maison St Brelade's staff team follow the Statement of Purpose and try to build genuine relationships, create a sense of belonging, and makes everyone feel at home.

Due to Covid-19, restrictions had been placed on visiting opportunities, in line with Government advice. After the lockdown, once care receivers were able to have visits, a letter was sent out to all relatives and friends detailing the use of a rota and a booking system and setting out the rules for physical distancing and infection control. The current arrangements were drawn up after consultation with the Environmental Health Department.

Safeguarding (adults)

The Standards for care homes set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.

The training records showed that all staff have completed safeguarding training. Safeguarding training is delivered in-house and is reflective of the Safeguarding Partnership Board's learning outcomes. Discussions with staff members demonstrated a good understanding of safeguarding issues.

There was one Safeguarding alert to the Safeguarding Team, and a notification to the Commission. This was a serious allegation and there is evidence of a detailed investigation. The matter has been resolved and the resolution included some training for the staff team based on the home's safeguarding policy and procedures.

There were six more notifications of incidents, accidents or events to the Commission during the last 12 months. Many of these concerned care receivers' falls in the home, and there is evidence that the manager and staff dealt with these incidents appropriately.

A discussion with care receivers during the inspection evidenced that the care receivers spoken to feel happy and safe in the home.

Complaints

The Standards for care homes set out the provider's responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service's staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.

The Regulation Officers noted that minor issues arising are resolved in an informal way and that these are reviewed as part of the quality monitoring process. The manager confirmed and evidenced that there is a policy and procedure in place to manage and respond to more formal complaints. An example of a resolved complaint was described by the manager and this related to visiting arrangements during the lockdown period.

Complaints are recorded on the care receiver's care record. However, the manager does not keep a list/record (a log) of complaints and their outcomes. This is an area for improvement and the home's complaints records should be audited regularly to identify any recurring or significant issues arising.

Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)

The safe recruitment of staff is an important element of contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider's responsibility to ensure that there are at all times suitably recruited, trained and experienced staff available to meet the needs of care receivers.

The manager reported that at the start of the lockdown period some staff had to self-isolate at home, and some staff have since moved on to other positions. However, staff had returned to work, and the home had been able to recruit staff when they needed to.

Two new staff were recruited in August 2020 and a Regulation Officer reviewed their recruitment records. The records evidenced that processes were followed correctly and although there was only one reference on file for each employee at that time, there was evidence that second references were being followed up. The manager confirmed after the inspection that both references for each employee were in place before they started work.

The new staff were spoken to and stated that they had felt well supported during a two-week induction period when they shadowed more experienced care staff, and well supported since. Both new staff members provided positive feedback in relation to their induction period and the training received. Both members of staff stated that the staff team worked well together.

The Regulation Officer also reviewed the Disclosure and Barring Service (DBS) checks that had been completed for new and existing staff since March 2019 and these had been sourced and dealt with appropriately.

The Regulation Officers were shown a staff handbook which is issued to all staff. After discussion, the manager agreed with the advice of the Regulation Officers to include within the handbook, the "whistleblowing" policy which is currently kept separately.

A sample of staff rotas was reviewed and demonstrated that appropriate numbers of staff have been deployed to work in the home.

The manager described staff meetings and hand-over meetings which cover areas of education and training. The Manager also stated that individual supervision sessions were used when errors or low standards of practice were brought to her attention. The manager said that senior staff were currently unable to provide supervision for all staff individually and on a regular basis.

The Standard is clear that the registered persons must ensure that all care/support workers are given regular opportunities to discuss their role and identify any issues through formal supervision. This is an area for improvement.

Care planning

The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility to ensure that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.

The Regulation Officer reviewed three care plans and noted that these were handwritten and had been reviewed on a monthly basis.

The care plans were holistic and include hobbies, interests and life history as well as the care receiver's health needs and risk assessments. The manager stated that the day to day observation records are overseen by the senior staff team.

There was evidence that other professionals (health and social care) have contributed to care plans and that they are consulted when necessary.

The Manager reported that care receivers are included in their care planning and this was confirmed in discussion with care receivers.

The Regulation Officers saw evidence of a variety of activities on offer. One care receiver was busy organising an activity for other care receivers and clearly felt satisfied and valued. Some care receivers mentioned previous trips out to have a drink and watch the sunset, and trips out for lunch or coffees. One care receiver's admission records expressed a wish to attend church and the manager described the arrangements that have now been put in place to facilitate visits from the local Minister.

Monthly quality reports

The quality of services provided by this service should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.

The manager described a range of systems in place to seek the views of staff, relatives and care receivers about the quality of the service provided. Staff surveys and care receivers' questionnaires are used twice a year to elicit feedback on the quality of care, and these are discussed at meetings of the Parish management committee. A Family Members survey was undertaken in January and care receivers were encouraged to provide feedback on the quality of the meals during a survey in January and August.

Responses reviewed by a Regulation Officer from all these feedback mechanisms were mostly positive and this is an area of good practice for Maison St Brelade.

As already stated, the absence of monthly quality monitoring reports was identified at the previous inspection visit in December 2019. Monthly quality monitoring reports are now completed by the Training Manager who has previous experience of managing a care home. Audit reports from September, August and July were reviewed.

The quality report for July identified that there are no facilities for care receivers to wash, dry and iron their own clothes if they wish to. The advice from the Regulation Officers was that the manager should consider how this could be provided.

The September report comments on the “community” feel to the home and states that care receivers are involved with organising and participating in the delivery of some activities. The report identified that the roles and responsibilities for recruitment of volunteers needs to be updated in the recruitment policy.

The Regulation Officers agreed with the manager that the reports are thorough and effective. However, the Training Manager is managed by the Registered Manager, and this may compromise objective monitoring and reporting.

The Standard says that the registered provider must arrange for a representative to report monthly on the quality of care provided and compliance with registration requirements, standards and regulations. These reports will be shared with the registered manager and must be available for inspection by the Jersey Care Commission. The good practice advice of the Regulation Officers was that the Training Manager reports to a member of the management committee who, in turn, can hold the Registered Manager accountable for any actions that are necessary.

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>Regulation 22: Complaints</p> <p>Standard 10</p> <p>To be completed by: Immediate and ongoing Starting immediately.</p>	<p>A systematic audit of complaints must be carried out to identify recurring issues, and there must be mechanisms in place to use the information gained to improve the quality of the service.</p> <hr/> <p>Response by registered provider:</p>
<p>Area for Improvement 3</p> <p>Regulation 17: Workers</p> <p>Standard 3</p> <p>To be completed by: Immediate and ongoing Starting immediately.</p>	<p>The registered person will ensure that all care/support workers are given regular opportunities to discuss their role and identify any issues through formal supervision</p> <hr/> <p>Response by registered provider:</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.



Jersey Care Commission
2nd Floor
23 Hill Street, St Helier
Jersey JE2 4UA

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je