



Jersey Care  
Commission

## **INSPECTION REPORT**

**Maison St Brelade**

**Care Home Service**

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

**24 and 27 August 2021**

## 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

This is a report of the inspection of Maison St Brelade. The 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.

Regulated Activity	Care Home
Conditions of Registration	<u>Mandatory</u>  Type of care: personal care, personal support, nursing care  Category of care: Adult 60+  Maximum number of care receivers: 51  Maximum number in receipt of personal care, personal support: 51  Maximum number in receipt of nursing care: Five  Age range of care receivers: 60 and above  Maximum number of care receivers that can be accommodated in the following rooms:  Rooms No: 1 – 50    One person

	Room 51  <u>Discretionary</u>  The Registered Manager Samantha Churchill must obtain a Level 5 Diploma in Leadership in Health and Social Care by 7 <sup>th</sup> December 2023.	One person (personal care or personal support respite stay only)
Dates of Inspection	24 and 27 August 2021	
Times of Inspection	9:30 to 3:30 and 9:00 to 10:50	
Type of Inspection	Announced	
Number of areas for improvement	Three	
Number of care receivers accommodated on the day of the inspection	51	

Maison St Brelade is operated by the Parish of St Brelade and the Registered Manager is Samantha Churchill.

Since the last inspection on 7 September 2020, the Commission received a Registered Manager application on 20 November 2020 for Samantha Churchill. This was approved by the Commission on 21 December 2020.

The discretionary condition on the service's registration was discussed with the Registered Manager who reported that they had enrolled in a level 5 course in Management and Leadership. However, they have now decided to transfer to another learning centre which offers a more health and social care focused course and will be commencing their studies this month.

Two informal visits were made to the home on the 14 April 2021 and 9 June 2021. The first visit was an introductory meeting for a new Regulation Officer, and the second was to discuss developments planned for the home.

The Regulation Officers discussed with the Registered Manager and team members, the impact that Covid has had for the care receivers and staff. Whilst the team felt they had responded well and had implemented effective practices in order to keep people safe, it was a time of fear and uncertainty for all. The Registered Manager and Deputy Manager felt that the resilience amongst staff was good and praised the efforts of the team during what has been a very challenging time. They also reported that they tried to provide a supportive and balanced approach to restrictions for residents but recognised the impacts for care receivers, particularly those who have busy lives with activities and families out with the home.

## 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.

Maison St Brelade has a warm and welcoming atmosphere. It is well presented and maintained. Bedrooms were found to be comfortable and personalised according to individual wishes and preferences. Social opportunities are a key feature of daily life within the home. Care receivers were found to be engaged in the activities provided and rapport between staff and care receivers was observed to be friendly and inclusive.

The home has a clear process for the recruitment and selection of staff which includes appropriate safer recruitment practices. Once staff are in post there are systems in place to support ongoing training and development of staff. Induction and appraisal are also provided for staff. There are no systems in place for the provision of formalised supervision.

There is a person-centred approach to care within the home. This was reflected in the care plans that are in place and the interactions witnessed by Regulation Officers during the inspection visit. Feedback from relatives and professionals of their experiences of the home, reinforced the positive approaches demonstrated by the staff team. This was also a common theme during discussions with care receivers.

The training in place to support care staff in their roles was found to be appropriate and management recognise the need to develop training opportunities for staff in accordance with the changing needs of care receivers. Existing skills and experience within the staff team are recognised and utilised to enhance the quality of care delivered. This has resulted in areas of good practice being identified in relation to dementia and end of life care. There is also a real willingness within the team to work collaboratively and adapt in order to meet individual need.

The Registered Manager and Deputy Manager have taken up their posts in recent months, and much of their focus to date has been on responding to Covid 19 by putting measures in place within the home to ensure the safety of care receivers and staff. Both have shown great resilience whilst transitioning into their new roles.

There are plans to look at the future development of the home. It is recognised however, that there needs to be investment in and advancement of the knowledge, skills, and experience within the care team, in order to meet the demands of new initiatives. This is not only essential within the care team, but for the ancillary staff who support the safe and effective running of the home.

There are several processes in place to monitor the ongoing quality and standards within the home which include feedback surveys, staff meetings, a complaints log and monthly quality assurance reports. Whilst the quality assurance reports were found to be detailed, some work is required to ensure that identified actions are tracked and achieved within appropriate timescales.

## INSPECTION PROCESS

This inspection was announced and was undertaken across two days by two Regulation Officers on the 24 August 2021, and by one Regulation Officer on 27 August 2021. Notice of the inspection visit was given to the Registered Manager on the day before the visit. This was to ensure that the Registered Manager would be available during the visit and to confirm the home's infection prevention and control arrangements.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

- **Staff recruitment, training and development**
- **Approaches to care and welfare of care receivers**
- **Staff competence relating to categories of care provided**
- **Care home environment**
- **Management of services**

Prior to the inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection reports, notifications, correspondence and the home's Statement of Purpose.

The Regulation Officer sought the views of six people who uses the service and was able to spend a period of time observing activities and daily interactions within the home. Discussions were also held with the Registered Manager, Deputy Manager and seven members of the staff team.

Following the inspection, six relatives were contacted via telephone and e-mail. The views of four professional were also sought.

As part of the inspection, documentation including policies, care records, incidents, complaints, induction processes, staffing rotas and training records were examined. A walk round of the home was also conducted by Regulation Officers.

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 and an action plan is attached at the end of the report.

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

## INSPECTION FINDINGS

At the last inspection, two areas for improvement were identified. An improvement plan was not submitted to the Commission by the registered provider within the agreed timeframe. This resulted in the report being published without provider responses. Contact was made with the Commission on by the Registered Manager in June 2021 and an action plan was submitted at this time.

The areas for improvement were discussed during this inspection and it was positive to note that one of the improvements had been made. This means that there was now evidence of an audit process being in place to review complaints.

It was concerning to note that insufficient progress had been made to address the second area for improvement. This means that the registered provider has not met the Standards in relation to formal supervision for care staff. However, the Regulation Officers did find evidence of work undertaken to resolve this which is discussed in more detail in the inspection findings.

### **Staff recruitment, training and development**

Reference was made to Standard 3 of the Care Home Standards which states: "You will be cared for and helped by the right people with the right values, attitudes, understanding and training."

The home has a large team of staff who support all aspects of care. The care team consists of the Registered Manager, Deputy Manager, deputy head of home, seven registered nurses and 32 carers. In addition, there is an activities coordinator in post who supports group and individual activities, both in and outside of the home. The team also includes domestic, kitchen, administration, and maintenance staff.

The home is also supported by some volunteers who assist with gardening and driving. However, they do not currently attend the home due to Covid restrictions.

Regulation Officers reviewed the recruitment files of six new staff who have been employed since the last inspection. There are robust recruitment processes in place and all safer recruitment checks were found to be in place, which included two references and a current Disclosure and Barring Service (DBS) check. The Registered Manager explained that the home retains copies of the criminal records checks supplied by the approved vetting service. This details the checks requested and the results recorded from the DBS check. All safer recruitment checks are reviewed by the Registered Manager prior to start dates being offered. The Registered Manager also identified that the existing staff team were due to have DBS updates carried out in line with Standard 3 of the Care Home Standards.

The staffing levels within the home were discussed, and the staffing rotas were reviewed. There are seven staff members on duty each morning and five each afternoon, one of whom is a registered nurse. The Registered Manager explained

that a new shift pattern is currently being trialled which will increase minimum staffing to eight staff in the morning and six in the afternoon. There are five staff on duty overnight which includes registered nurse cover. A nurse on-call system is in place for some night shifts to allow for days off.

There is an established induction process in place for new recruits which was viewed at the inspection. It contains details of relevant policies, fire procedures, expectations of staff and care routines within the home. In addition, all employees are issued with a staff handbook. The Registered Manager explained that they had identified that the handbook required some updates.

A full range of policies were found to be in place to support service delivery which cover a wide range of topics such as safeguarding, complaints, health and safety, whistleblowing, gifts and managing attendance. These were very detailed with appropriate references to supporting services and organisations contained within them. It was noted by the Regulation Officers that the policies did not have review dates. This was pointed out to the Registered Manager who agreed to put a plan in place to address this.

Training records were found to be up to date with all mandatory training updates being undertaken within agreed timescales. This includes First Aid, safeguarding, manual handling, food hygiene and infection control. During discussions with staff, they were found to be knowledgeable of the mandatory training topics and could explain how they have implemented their learning in practice. All training is overseen by the Training and Development officer.

Further examination of training records confirmed that over 50% of care staff hold a Level 2 or 3 Regulated Qualification Framework (RQF) or National Vocational Qualification (NVQ) in Health and Social Care which is the minimum requirement as set out in Standard 3.9 of the Care Home Standards.

Since coming into post, the Registered Manager has devised and implemented an appraisal process for staff. This has been rolled out throughout 2021 with all care staff due to receive an appraisal before the end of the year. The Registered Manager and Deputy Manager report that the process has been positive, helping to establish goals and development pathways for staff. This was echoed by staff spoken to during feedback.

At the last inspection in 2020, an area of improvement was identified as follows:

*“The registered persons must ensure that regular supervision sessions (at least four times a year) are in place for all staff. Supervision is a formal discussion about the worker’s performance against standards they are expected to meet”.*

To date there has been no progress in this area. The Registered Manager explained that they viewed the implementation of appraisals as a more appropriate starting point. The Registered Manager acknowledged the benefits of regular supervision sessions and will look to put a process in place which runs in conjunction with appraisals. Whilst the Regulation Officers recognised the positive outcomes of the

appraisal process, it is essential that formal supervision is introduced. This is an area for improvement which must be implemented with immediate effect.

### **Approaches to care and welfare of care receivers**

Reference was made to Standard 5 of the Care Home Standards which states: "You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences."

One Regulation Officer undertook a review of the care plans as part of the inspection process, and these were found to be informative. There are details of the person's life history and information about hobbies and interests. The care plans are holistic and look at the care and support required over a 24-hour period. The areas covered within the plans include medical and health needs, sleep patterns, spiritual, mobility and social needs. There is evidence to support regular reviews which are undertaken monthly by the nursing staff. It was noted by the Regulation Officer that some plans, such as social skills and isolation are a generic overview of needs. This could be developed to include specific information on individual preferences and wishes.

Relatives were generally happy with the information supplied to them in relation to their family members plan of care and felt they were kept up to date. However, one family member did express that they felt more regular updates could have been given to them when their relative was experiencing a fluctuation in their health needs.

There is a wide range of social activities available which is overseen by the activities co-ordinator. This consists of a programme of events within the home and opportunities to attend social activities within the community. A timetable of events is produced each week which is based upon ideas and suggestions of care receivers. Activities included walking groups, bingo, church services and cocktail evenings. One Regulation Officer observed a group of care receivers engaged in an arts and crafts session which was focused upon building a float for the 'Battle of Flowers' celebrations. Everyone was very engaged in the session and spoke positively of the up-and-coming celebrations that they would be attending. During feedback with the activities co-ordinators, they explained that they try to meet individual requests and plan activities around special events throughout the year. Celebrations were held for Liberation Day and care receivers made nursing hats, styled from the war, for staff to wear.

The team have been very proactive in recognising specific skills within the staff team which support preferred activities. This has included sessions for care receivers who are interested in art, or facilitating manicures and conducting reminiscence sessions.

The Regulation Officers found several examples of the team adapting support to meet individual wishes and preferences. In order to respond to care receivers who were impacted by social isolation during Covid, the Registered Manager secured a second activities co-ordinator from within the existing team. The purpose of this role



was to provide 1:1 support for individuals who were impacted by Covid restrictions or who did not enjoy participating in group social activities. This has been well received by care receivers who have time each week to focus upon the activities that they enjoy. The Registered manager gave another example of a care receiver who was having difficulty with their morning routine due to a change in need. As a result, an adjustment was made to the staffing rota which increased the support available to the care receiver when they needed it. This is an area of good practice.

Feedback from relatives was consistently positive in relation to the staff team and the care provided. One stated "It is a good home, well run, with an amazing team of staff", with another commenting "they are doing a great job".

Another family member talked of how the staff understand their relative's needs and deal with changes in presentation really well.

A professional commented that "the staff are always very pleasant, welcoming and happy to work with us as a team". They also reported that they had received positive comments from care receivers they were visiting in the home.

Care receivers themselves provided very positive feedback on their experiences of the home. Some of the comments received are captured as follows.

"You only need to ask, and it will be done for you if they can".

"This feels like my home and I was made to feel really welcome right from the start".

"Staff are lovely".

"Staff are good. I love them".

### **Staff competence relating to categories of care provided**

Reference was made to Standard 6 of the Care Home Standards which states: "Your care will be provided with consistency by competent care and support workers who have the necessary training and qualifications to meet your needs."
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One key advantage of the introduction of the appraisal system has been the identification of additional training needs. The Deputy Manager spoke of the eagerness amongst the team to undergo training and learn new skills. The team have begun to identify specific training needs in relation to the needs of care receivers. Recently a group of staff have attended a course on Parkinson's disease which focused on how this affects the individual and how they can be supported effectively. Other areas of training identified by the team include mental health, dementia, end of life and pressure care.

Discussions with the Registered Manager and members of the staff team identified that care staff know when to escalate concerns and are aware of working within their own sphere of competence. The Registered Manager gave examples of the pathways care staff will follow to report changes in a care receiver's presentation.

There are plans to further develop the skills, knowledge, and experience of care staff and this will run concurrently with plans to create senior carer roles within the team, as part of an overall plan to further the services that the home provides.

There is a training programme in place for the administration of medication by care staff. This consists of a series of practical sessions undertaken by nursing staff followed by three competency checks, or more if required. All staff competencies are reviewed on an annual basis. A system is in place to record and review medication errors and different levels of intervention will be applied, dependent upon the severity of the error.

A medication inspection was undertaken by the Senior Pharmacist from Health and Community Services on 20 July 2021. The findings indicated that some improvements were required in relation to transcribing. Guidelines have been supplied by the Senior Pharmacist and there was evidence that these had been disseminated to the staff team. The Regulation Officers also discussed the issue of missing signatures and codes on medication administration records (MAR). The Registered Manager agreed that additional audit checks needed to be in place. The existing audit system was reviewed within one week of the inspection and updated to include regular MAR reviews.

The Registered Manager shared examples of work that has been done to support care receivers who have dementia. Memory books have been introduced which are designed to provide reassurance by giving guidance on navigating their way through the home and providing information on likes and dislikes and people that are important to them. The booklet is supplemented with pictures of care receivers engaging in activities and provides important prompts, such as their room number. The booklets viewed by Regulation Officers were of a high quality and very person-centred. This is an area of good practice.

The team follow the Gold Standard Framework for end-of-life care. The Registered Manager explained that they are in the process of updating their standards in consultation with key members of the team who have specialist knowledge and experience in end-of-life care. They have developed an ethos of care for Maison St Brelade which incorporates best practice standards for end-of-life care. Memory books are also used in the end-of-life process and are given to relatives when family members pass away. These were also found to be developed to a high standard.

The Registered Manager and Deputy Manager are aware of the Capacity and Self Determination (Jersey) Law 2016, and training updates are underway for all staff. There are currently no Significant Restrictions on Liberty authorisations (SROL), in place within the home. The Registered Manager has submitted one SROL application since coming into post and is aware of their responsibilities in relation to the law and the process for making applications.

The notifications sent to the Commission by the home were reviewed prior to the inspection and found to be appropriate and relevant. A discussion with the Registered Manager confirmed that they would not hesitate to contact the Commission for advice and support if required. This is reflective of the communications noted to date.

## Care home environment

Reference was made to Standard 7 of the Care Home Standards which states: "The environment will enhance your quality of life and the accommodation will be a pleasant place to live or stay."

Maison St Brelade is situated in a quiet area on the edge of a housing estate. The home has extensive grounds which provides ample outdoor space for care receivers. The main outdoor area is a central courtyard area with seating areas and a water feature. Care receivers can mobilise freely between the home and outside areas. There is also a greenhouse and opportunities to participate in gardening activities.

There is a reception area which is the main entry and exit point for care receivers and visitors. Regulation Officers were subject to safety checks relating to Covid 19 which is a standard procedure for all visitors. Staff were noted to be wearing appropriate personal protective equipment (PPE). Appropriate supplies of PPE and clinical waste facilities were noted to be in place throughout the home.

The interior of the home was found to be very well maintained and presented throughout. It is bright and spacious and there is a variety of furnishings and seating within communal areas which appeared comfortable and appropriate to the needs of care receivers. The layout of the communal areas allowed for easy movement for people who may have additional aids, such as walking frames or wheelchairs.

There are different types of spaces available within the home which include a library, television area and activity room. There are also several quieter lounges available throughout the home. In addition, care receivers have access to a shop and hairdressing salon. On the day of the inspection, the salon was noted to be busy. The hairdresser explained that this was the first day that the salon had been opened for a period of time due to Covid restrictions and a number of care receivers were keen to access the service.

As part of the inspection, the Regulation Officers took time to walk around the home and observe the general interactions and activities. There was a positive atmosphere throughout the home. Interactions between staff and residents were found to be warm and friendly, with staff responding appropriately and promptly to care receivers needs and enquiries. Regulation Officers also noted good interactions between care receivers, with one explaining that they like to meet up with friends in the library after lunch. Others prefer to spend time within their own rooms, and this is respected by staff who will keep them informed of activities and events, but respect their wishes and preferences.

Bedrooms were found to be comfortable and spacious with personalised items of furniture and personal belongings, such as photographs and ornaments on display. Several care receivers spoke of how comfortable their rooms were and how they felt that they were supported to make them as personalised as they wished. A relative expressed that they felt the environment was very personalised and if their family member needed anything, the staff would let them know.

There is a large dining area which had been decorated for the 'Battle of Flowers' celebration. Care receivers have a choice of having meals in the dining room or eating in their rooms. All meals are served by staff but there is access to snacks and drinks in between mealtimes. One Regulation Officer observed a lunchtime period in the dining room. There was a good ratio of staff available to assist care receivers and the atmosphere was relaxed and friendly. Drinks were set up for care receivers dependent upon their specific preferences, with some choosing to have a glass of wine with their lunch. Menus were available on each table as a reminder of the choices available. Care receivers make their menu choices the day before, but any changes in preferences are accommodated. Discussions with the chef identified that there are always supplies available to meet individual preferences should people change their mind. This was confirmed through discussions with care receivers.

The Registered Manager shared with the Regulation Officers that there are plans to upgrade the dining area in 2022. This is to not only modernise the area but focus upon noise reduction. This has been raised as an issue for some residents when giving feedback. There are also plans to change the doors at the entrance to the dining room, in order to maintain easy access and support noise reduction.

Cleaning schedules, storage and temperature checks are all in place within the kitchen and were made available to the Regulation Officer. The kitchen area is staffed by a chef and kitchen porter each day.

There are laundry facilities available on site. These are situated in a separate area of the home away from communal areas.

Clinical areas are available within the home for the safe storage of medications and medical supplies.

The home employs a maintenance officer who undertakes all minor repairs and maintenance schedules within the homes. Maintenance checks are in place for fire safety, equipment, call bells and furniture and fittings. External contracts are in place for the management of water temperatures and checks, and the maintenance of hoists and slings. All records were made available to Regulation Officers at the time of inspection and found to be up to date.

One professional said of the home "Maison St Brelade is always welcoming when attending and staff will always be supportive. The atmosphere is pleasant, and the home is always clean and uncluttered".

### **Management of services**

Reference was made to Standard 11 of the Care Home Standards which states: "The care service will be well managed."
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There is a Statement of Purpose in place which clearly describes the range of services provided at Maison St Brelade and the systems in place to ensure a good standard of care delivery. The Regulation Officers noted that the Statement of Purpose required some minor amendments. This was brought to the Registered

Manager's attention and an updated version was submitted within three weeks of the inspection.

Both the Registered Manager and Deputy Manager have been in post for eight months. It has been a challenging time transitioning into their new roles and responding to the demands of the pandemic. However, Regulation Officers noted the enthusiasm and commitment demonstrated at the time of the inspection to strive for a high standard of care delivery which focuses upon the needs of the individual. This was evident when discussing the team's plans for future development of the service, which will focus upon an increase to nursing care beds and the development of specialist care delivery. As previously discussed, the team recognise that consideration will need to be given to skill development and advancement of new roles within the team, in order to support both nursing and residential care delivery.

The current staffing structure was discussed with the Registered Manager and Deputy Manager. Whilst clear lines of accountability exist between nursing and care staff, there are no levels of responsibility within the team of carers. This has been recognised and initial plans are underway to develop skills and opportunities for care staff by introducing a senior carer role. This will reinforce the lines of responsibility and accountability within the team and strengthen the team as the service develops. It will also be necessary to review the requirements for ancillary staff within the team, in relation to human resource and administration support. The Registered Manager currently manages all aspects of human resources with minimal additional support. This has resulted in several outstanding actions, such as the staff handbook, review of policies, and DBS disclosure and barring service updates. In order to maintain the requirements of the Care Home Standards, the Registered Manager must have access to a team of ancillary staff which can adequately support the operations of the home and the staff team, in order to maintain a high standard of care delivery. It is therefore essential that a review of the staffing structure within the home is undertaken which incorporates both care and ancillary staffing. This is an area for improvement.

Quality assurance reports are carried out each month by the Training and Development Officer. One of the 12 Care Home Standards is reviewed in detail each month. Reports for the last 12 months were reviewed at the time of the inspection. Regulation Officers found that there was no carrying forward of actions each month, therefore there was no tracking of when actions had been completed. This resulted in some of the same actions being present when a Standard was reviewed again after a 12-month period. Examples of this include the development of a staffing policy which was identified in 2020 and again in 2021. Monthly quality assurance reports must identify any actions required and demonstrate the steps taken to address such actions within appropriate timescales. This is an area for improvement.

There are regular staff meetings in place and minutes of recent meetings were reviewed by Regulation Officers. There was evidence of open discussions and action planning. An example of this was carers on night duty not having consistent opportunities to maintain their skills in the administration of medication. This was acknowledged by the Registered Manager and a plan put in place to address the issue.

Staff reported that they felt supported in their roles. They spoke positively of the training opportunities afforded to them. Some spoke of the supportive leadership shown by the Registered Manager and her desire to ensure a good quality of life for the care receivers.

Regulation Officers also observed evidence of the whole staff team being included in the processes for ensuring that the Care Home Standards are met. The team focus upon a different Standard each month and information is posted on the whiteboard in the staff office. This focuses on what the Standard requires and any actions that need to be taken for it to be met.

A complaints policy is in place and upon review was found to be satisfactory. Since the last inspection, the Registered Manager has introduced a complaints log in response to the identified improvement plan from the last inspection. The purpose of this is to track and audit complaints. There have been no formal complaints received since the last inspection. The Regulation Officers discussed with the Registered Manager and Deputy Manager the benefits of recording informal complaints and concerns. This helps to identify any potential patterns and record the efforts made by the team to resolve issues at an informal level. This could also apply to compliments received.

The home takes several opportunities to gain feedback throughout the year by surveying residents on a range of topics such as food quality and activities. Regulation Officers were able to view the results of a recent survey on food, the actions taken by the team to act upon feedback and the communication to care receivers on the changes made. Feedback is also sought from relatives at regular intervals.

There is a willingness from the Registered Manager and Deputy Manager to work with residents, professionals and families. The team were described as willing to explore options and solutions in order to meet individual needs.

One relative commented on how approachable the Registered Manager is and that they always make time for family members.

One professional spoke of the "good impression" they had been given of the home and especially of the Registered Manager who was knowledgeable, had a very good understanding of individual needs and wants the best outcomes for residents.

Another consistent theme of the feedback received was that communication had greatly improved since the new Registered Manager has come into post and any concerns are dealt with promptly.

## IMPROVEMENT PLAN

There were three areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 3.14</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The registered provider must ensure that all care staff are given regular opportunities to discuss their role and identify any issues through formal supervision.</p> <hr/> <p><b>Response by registered provider:</b></p> <p>The Registered Manager believes that measuring the progress of team goals and personal objectives is an important area of management and leadership. Furthermore the Registered Manager acknowledges ways of measuring progress can be achieved through annual appraisals and supervision.</p> <p>Annual appraisals had not been performed at Maison St Brelade Care Home, so the new Management Team felt that it was important to first introduce and use the appraisal system to really get to know each individual and show staff they were actively valued, supported and appreciated. The new appraisal system also helped to explore and identify areas for learning and development, which we believe helps individuals within the team feel motivated and passionate about their role.</p> <p>The Registered Manager does recognise that supervision is an important key to development as it can highlight further how the achievement of personal and team goals is moving forward. Supervision also offers the opportunity to develop through learning in action, reflection and education. Supervision will also help to support employees who may be experiencing difficulty.</p> <p>It is important to note that an open-door policy has always been available for all employees at Maison St Brelade Care Home. However to meet Standard 3.14 plans have been implemented and the introduction of clinical supervision has commenced.</p>
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<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>To be completed by:</b> within four months from the date of inspection (24 and 27 August 2021).</p>	<p>To undertake an immediate review of the staffing structure within the home in order to ensure that there are clear lines of accountability and responsibility which effectively support the care needs and working environment. Any such review must also take account of the ancillary staffing resources required to ensure the effective management of the home</p>
	<p><b>Response by registered provider:</b>  To enhance the staff structure of the home, an initial area for development has been the identification of the need for Human Resources support. The recruitment of a Human Resources Manager (part-time) has now been completed and will commence as of 1<sup>st</sup> December 2021. The new Human Resources Manager will help the Management Team to focus further on care delivery, and will compliment the Facilities Team also. There has also been a restructuring of the Facilities Team, with a review of reception and administration roles to support the Management Team further.</p> <p>The Registered Manager feels that the aforementioned changes will be extremely valuable and demonstrates the organisations commitment to supporting their employees whilst ensuring a positive working environment.</p> <p>Our Human Resources Manager will also enhance our compliance with changes in law and legislation.</p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>To be completed by:</b> two months from the date of inspection (24 and 27 August 2021).</p>	<p>The registered provider must ensure that monthly reports are in place which clearly identify any actions required and demonstrate the steps taken to address such actions. All actions must be addressed within an appropriate timescale.</p> <p><b>Response by registered provider:</b>  The Registered Manager has reviewed the layout of the Monthly Reports and there is now a clear format to identify outstanding actions and clear and achievable timescales have been implemented.</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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