



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Maison La Corderie**

**Care Home Service**

**Green Street  
St Helier  
JE2 4UG**

**8 April 2022**

## 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 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 La Corderie care home. The service is situated in a residential area of St Helier within close proximity to the town centre and close to a bus stop and public car park. The home is registered to provide both personal care and personal support to people over the age of 60 years, and both long term and respite care can be accommodated. There are two bedrooms specifically allocated for the provision of respite care.

The home is a three storey building and bedroom accommodation is provided on all floors with communal areas provided on both the ground and first floor. All bedrooms have en-suite facilities, and the communal facilities include a lounge, dining room, activities room and a hairdressing salon. There are paved outdoor areas which care receivers can freely access from the exit points on the ground floor.

The aim of the home, as described in the Statement of Purpose, is to '*provide excellent residential care for the older person aged 60 plus, inspired by our Christian concern, while at the same time continuing to support and promote their independence. To assist residents to live in a home from home environment, whilst empowering them to make their own choices*'.

Regulated Activity	Care home
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care, personal support</p> <p>Category of care: 60+</p> <p>Maximum number of care receivers: 31</p> <p>Maximum number in receipt of personal care / support: 31</p> <p>Age range of care receivers: 60 years and over</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:  Rooms 1 – 23 &amp; 25 – 30: one person  Short stay ground floor: one person  Short stay first floor: one person</p> <p><u>Discretionary</u></p> <p>The two bedrooms referred to as short stay ground floor and short stay first floor are to be used to provide respite care only.</p>
Date of Inspection	8 April 2022
Time of Inspection	10.30am – 4.00pm
Type of Inspection	Unannounced
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	29

The Care Home is operated by Methodist Homes for the Aged (Jersey) Limited. Since the last inspection completed on 27 January 2021, the Commission received a notification of absence of the Registered Manager on 18 January 2022. The notification included details of the Provider's interim managerial arrangements. The Interim Manager is Fiona Brogan, who previously held the Deputy Manager's position and who has worked in the home for a number of years.

The discretionary condition on the service's registration was discussed and the Interim Manager is fully aware of their responsibilities in ensuring that the two dedicated bedrooms are used for respite care only.

## **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.

Respectful and person centred care is provided by a team of kind and competent staff. Care receivers spoke positively of their experiences and said that they are supported by a staff team who understand their individual needs and described them as attentive, caring and kind. The Interim Manager takes an active role in the daily operation of the home and the Provider representative visits regularly, to ensure oversight of the home.

Care records and direct feedback from care receivers show that care and support is provided to reflect individual needs and personal preferences. There are opportunities for them to engage in activities that interest them both inside and outside of the home. Appropriate provision is made for care receivers to access health professionals and the home operates in line with registration conditions and Statement of Purpose.

Staff are recruited safely and regular training is provided for staff appropriate to their role. Staff are appropriately supervised and supported to carry out their roles. There are sufficient numbers of staff on duty at all times to meet care receivers' needs. Staff described the Interim Manager as approachable and knowledgeable and they feel well supported in their day to day work.

The environment was found to be pleasant and homely which is decorated and maintained to a good standard. Bedrooms are personalised to individual tastes and the standard of hygiene and cleanliness was found to be good. Improvements to the environment are underway which includes replacing carpets, the installation of a chair lift and upgrading water safety measures.

Visiting restrictions remain in force but there are plans to move towards more open visiting to allow care receivers the opportunities to spend time with their families to benefit their health and wellbeing.

## INSPECTION PROCESS

This inspection was unannounced and was completed by one Regulation Officer.

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

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report. The Regulation Officer sought the views of eight care receivers and spoke with the Interim Manager and other staff.

A poster was displayed in the home, informing visitors that an inspection was underway, which invited people to contact the Regulation Officer to share their views, if they wished. The views of four health and social care professionals were requested as part of the inspection process and one person provided a response.

During the inspection, records including care records, contracts, monthly quality monitoring reports, training records and staff files were examined. This inspection included a tour of the premises.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Manager. This report sets out our findings and includes areas of good practice identified during the inspection.

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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, no areas for improvement were identified that required any follow up on this visit.

### Safety

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.

New staff are recruited safely. Three staff have been recruited since the last inspection and an examination of one staff member's personnel file confirmed a safe approach to recruitment, with evidence of all necessary checks in place before they had started work. One member of administration staff described the recruitment process that was underway for one new member of staff and provided evidence of their recruitment checks that had been provided to date. They explained that the staff member would be starting work once their criminal records check was provided. This shows that a safe approach to recruitment is followed and reflect the requirements in the Standards. As staff files contain sensitive and confidential information, they are stored safely in locked areas and it is intended that all staff files will be retained together, once the office refurbishment is completed.

The staffing levels in the home were reviewed and found to consistently meet the minimum Standards and reflect what is set out in the Statement of Purpose. Discussions with staff confirmed that they felt comfortable with the staffing levels and enabled to carry out their roles effectively. There is at least one, often two, named senior carers identified on each shift to take charge and provide direction to the whole staff team. During the inspection, the Regulation Officer observed staff attending to care receivers in both the communal areas and in their bedrooms. Care receivers told the Regulation Officer that they experienced well-timed responses from staff whenever they requested assistance.

The Interim Manager described the quality assurance and governance arrangements that are in place to ensure that the home operates in accordance with its registration

requirements and Standards. A sample of monthly quality monitoring reports, completed by the Provider's representative, were examined which were found to be informative and demonstrated that the home is formally assessed against the Standards.

The needs and dependencies of care receivers were discussed with the Interim Manager, who was able to describe that a number of care receivers were encouraged and promoted to maintain skills to enable them to self-care in some aspects of their lives. Each person is assessed prior to admission, to ensure that the home is able to meet their needs and part of the assessment includes an ability to maintain their own safety. The manager recognises that there are various exit points leading from the home and takes this into account as part of the assessment process, when for example it is known that care receivers have characteristics and symptoms of living with dementia.

At the time of inspection, there were no care receivers subject to any significant restrictions on their liberty although the Manager was able to describe a previous situation where there had been a need to apply for an authorisation of a Significant Restriction on Liberty (SRoL) in respect of one care receiver. This had been required for the individual based upon their inability to safely leave the home of their own accord. Care receivers, at the time of inspection had consented to their placement in the home and the Regulation Officer noted through some discussions, that they were content with their living arrangements.

The home's registration conditions allow for personal care and personal support to be provided. The Manager described that care staff were aware of their limitations and should any nursing tasks be required, referrals are made to the community nursing service. This included referring one care receiver to the service as the home had identified they were in poor health and they were at risk of pressure ulcer development. A community nurse visits regularly to monitor their health and in addition staff in the home monitor their ongoing risk to pressure ulcer development.

Care staff observe one care receiver in administering their own Insulin, although this task would be either carried out by the community nursing team or delegated

appropriately by them to staff if a care receiver was unable to manage independently.

The standard of hygiene and cleanliness in the home was good at the time of inspection and domestic staff were seen to be cleaning communal areas. Samples of care receivers' bedrooms were personalised to individual tastes, were noted to be in good decorative order and appeared hygienic in their appearance. The findings from an infection control audit completed by the Community Infection Control Nurse in July of last year, had found the home to be largely compliant with infection prevention practices. The Interim Manager has proactively arranged for a repeat audit to be completed to identify whether any improvements or changes in practice are needed. This is an example of good practice and is an example of the home's commitment to ongoing reflection and improvement.

There are ongoing maintenance checks in place to ensure all equipment used in the home is safe and fit for use. Samples of records showed that this includes regular servicing of profile beds, hoists, passenger lifts and baths. The home's maintenance worker described and demonstrated the records maintained to evidence safe water management systems, which included ongoing checks of hot water temperatures in bedrooms. The safety measures in place to reduce risks of scalding are being upgraded throughout the home.

The home was issued with a new fire certificate in January 2022 and the records of testing and maintenance of fire protection equipment were reviewed and found to meet the requirements of the Fire Precautions (Jersey) Law 1977. Fire safety evacuation chairs have also been provided. The Manager explained, that whilst fire safety training is provided for all staff, there are plans to enhance the training to include specific training provided by the fire safety department. The home had its public liability insurance displayed in the reception area which was found to be in date.

Care receivers are provided with a contract of residency. An example of a contract of residency was reviewed which described what is provided by the home in terms of the aims, values and the type of care and support that can be provided. It contained



practical information including termination rights, types of care and support to be provided and the complaints process and is in line with the Statement of Purpose.

### **Care and support**

The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.

The Provider is committed to make improvements to the building to benefit the safety and well-being of care receivers, and was undertaking a programme of works in the home. This included replacing hallway carpets and curtains, installing a chair lift, replacing fire doors and redecoration of some of the communal areas. In addition, the staff accommodation on the first floor is no longer used and is being changed into offices for the whole staff team.

Care receivers gave positive feedback of their experiences of living in the home and expressed satisfaction in relation to the care they receive and interactions with the staff team. They said they would have no issues in raising any concerns with staff and felt comfortable in their surroundings. They told the Regulation Officer the following:

“It’s lovely, I’ve lived here for a few years and I love my room with all my own furniture and I’m very happy. The food is delicious, I’ve never refused anything and the staff are just marvellous, they really do help you”

“It’s a wonderful home and the food is very good. They always knock on the door and they’re very respectful, the staff are really nice”

“It’s a Godsend I’m here, it’s wonderful and it’s always so clean. I don’t know how I would have coped if I hadn’t moved here, there’s no need to hesitate you just lift the phone and ask for help. They’ve always got plenty of time for you I honestly can’t describe how happy I am, I know I’d have gone downhill if I hadn’t been here. I’m really comfortable, safe and never feel frightened”

“I’ve had no experience of care homes, but I’d say this is very good and I think it’s run up to standard. I can’t complain about anything”

“It’s very good, it’s a nice place to live as there’s always plenty to do and I always see plenty of people around”

“You’ve got everything you want here and they wait on you hand and foot. If you need anything all you have to do is ask and they’ll get it for you, they’re very nice and treat you very well”

“It’s very comfortable and very safe, I’ve got no fears. They’re very helpful and if I had a query I’d ask, you get out when you want too”

“They’ve taken all my worries away and this feels like home from home and the staff are angels. They look after you really well, I’m delighted to be here it’s amazing”

Care receivers can be active in the home if they choose and daily activities are offered. At the time of inspection, a number of care receivers spoke of an outing that had been provided in the morning that they had enjoyed. During lunchtime, the Regulation Officer overheard care receivers chatting amongst themselves about the earlier outing and described their purchases. There are two dedicated activities staff to offer small group and 1:1 activities. A number of care receivers were observed participating in a general knowledge quiz during the afternoon of visit.

The home had closed to visitors in February 2022 due to some occurrences of Covid-19. By the time the inspection took place, the home had reopened to visitors, although visiting times were limited to 30 minutes duration. This was discussed with the Manager to move towards more open visiting to allow care receivers the opportunities to spend time with their families to benefit their health and wellbeing. The home remains proactive in adhering to infection prevention practices which including checking whether visitors’ status to Covid-19.

Samples of care receivers’ care records were examined which were found to be informative and up to date with information relating to individual needs and

preferences. Pre-admission assessments were carried out and personal plans identified how personal care, nutrition, medication, communication, mobility and social support requirements. The plans took account of the ways in which care receiver's independence is maintained and included their views and wishes as to the provision of care and support.

Validated risk assessments were routinely completed to assess risks of falling and pressure ulcers. Plans are implemented to address risks where necessary. The records showed evidence of ongoing referral and review by a variety of health and social care professionals to support care receivers' needs. One health professional informed the Regulation Officer that whilst they had only visited the home once, the care receiver they visited was "quite happy" being in the home and "reported that they felt well looked after".

The home is compliant in submitting incident notifications to the Commission as necessary. The Manager has recognised that this responsibility needs to be shared across the staff team and is making sure staff know how and what to report during her absence.

## **Training**

<p>The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.</p>
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Newly recruited staff go through a comprehensive induction programme and are appropriately supervised at the outset of their employment to orientate and introduce them to their role. A sample of induction records were reviewed which showed that all fundamental aspects to the care assistant role and information about the safety of the building were covered during the induction process. There was evidence of good oversight of staff training and records confirmed that mandatory training is provided to all staff. Training is provided by a blend of face to face and e-learning.

A discussion with one staff member who had been recruited last year confirmed that they understood their responsibilities in respect of safeguarding and had an

understanding of the dementia journey due to the training that had been provided. The Interim Manager described that there are plans to provide additional learning and development opportunities for the staff team. Another staff member described the limitations associated with their role as they were aware that additional training was necessary for them to carry out certain tasks.

There are supervision systems and appraisal programmes in place. A sample of records showed that staff are provided with opportunities to meet with the Manager to discuss their role. The Manager described the benefits of the 1:1 supervision discussions as it has allowed her to get to know the staff teams strengths' and development needs in more detail.

All staff who provide support with medication administration have been provided with recognised training (Regulated Qualification Framework (RQF) in administration of medication). All staff are in possession of this qualification and competencies are reviewed on an annual basis.

Senior care assistants have completed a Level 3 QCF award and at least one senior member of staff is on duty at all times. The majority of care staff have a Level 2 award or are working towards this level. Catering staff also have relevant food safety training.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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