



Jersey Care
Commission

INSPECTION REPORT

Maison St Brelade

Care Home Service

Petite Route des Mielles

St Brelade

JE3 8FB

9, 13 and 22 April 2022

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 the parish of St Brelade in a quiet estate with access to public transport to and from St Helier and other west of island locations. There is a shopping precinct, pharmacy and 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

	<p>Maximum number in receipt of personal care / personal support: 51</p> <p>Maximum number in receipt of nursing care: Five</p> <p>Age range of care receivers: 60 and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>Rooms No: 1 – 50 One person</p> <p>Room 51 One person (personal care or personal support respite stay only).</p> <p><u>Discretionary</u></p> <p>The Registered Manager Samantha Churchill must obtain a Level 5 Diploma in Leadership in Health and Social Care by 7th December 2023.</p>
Dates of Inspection	9, 13 and 22 April 2022
Times of Inspection	1:15pm-7:30pm, 7:15am-2:50pm, 9am-2.30pm
Type of Inspection	Announced
Number of areas for improvement	Three
Number of care receivers accommodated on the day of the inspection	49

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

Since the last inspection on 24 and 27 August 2021, the Commission received an application from the Registered Provider on 3 December 2021 to vary a condition on

the service's registration. This was to include dementia as a category of care for a time limited period, to allow an alternative placement to be found for one care receiver. The variation was granted for a seven day period, with an extension of a further three days being granted on 10 December 2021.

An application for suspension of conditions due to Covid19 was received on 23 March 2022. This was granted for a 28 day period by the Commission and subsequently expired on 20 April 2022.

The Commission received an updated copy of the service's Statement of Purpose. This was submitted following a general review. The Statement of Purpose was also reviewed by the Regulation Officer as part of the inspection process and some minor amendments were identified. This was acknowledged by the Registered Manager who agreed to submit an updated copy to the Commission.

The discretionary condition on the service's registration was discussed with the Registered Manager who reported that she is progressing well with her Level 5 Diploma in Leadership in Health and Social Care.

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.

Overall, the findings of this inspection were positive. The Registered Manager and staff team engaged fully in the inspection process and ensured that all requests for information were met. In addition, care receivers' representatives and professionals were happy to provide feedback on the home which was generally positive.

The home has a warm and friendly atmosphere. Care and support provided was observed to be of a high standard. The staff team were observed to be professional and friendly in their approach and aware of the needs of the care receivers. Staff

were also able to demonstrate a good level of knowledge in relation to specific health needs.

There are good internal systems for the reporting and management of incidents. However, there is evidence of under-reporting of notifiable incidents to the Commission. This is an area for improvement.

The home has a range of robust policies in place to support safe and effective practices within the home. No evidence was found to satisfy the Regulation Officer that regular reviews of policies are undertaken. This is an area for improvement.

Fire risk assessments, evacuation plans, and maintenance schedules for equipment were found to be in place but some attention is required to ensure that regular fire drills are undertaken within the home. This is an area for improvement.

There is a strong commitment to learning and development within the team. This was demonstrated through the training provided and plans for future training initiatives. There is a focus upon upskilling care staff to be able to take on new roles and responsibilities within the team structure. The home also supports student nurse placements.

INSPECTION PROCESS

This inspection was announced and was undertaken over three days by one Regulation Officer on 9, 13 and 22 April 2022. Notice of the inspection visit was given to the Registered Manager on the day before the visit. This was to confirm the home's infection prevention and control arrangements. The visit on the 22 April was arranged to ensure that the Registered Manager would be available.

The Care Home Standards were referenced throughout the inspection.¹

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

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 service's Statement of Purpose, communication records, safeguarding alerts and notifications of incidents to the Commission.

The Regulation Officer sought the views of the people who use the service, and/or their representatives, and spoke with managerial and other staff.

During the inspection, the Regulation Officer spoke with the Registered Manager, Deputy Manager and six members of staff. There was also an opportunity to speak to seven residents and five relatives.

Following the inspection, the Regulation Officer established contact with six professionals who were happy to provide feedback on the home.

During the inspection, records including policies, care records, recruitment files, inductions, training records, maintenance records and incidents were examined. This inspection included a walk round of the premises.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager and Deputy 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 improvement plan is attached at the end of the report.

INSPECTION FINDINGS

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

The improvement plan was discussed during this inspection and it was positive to note that two of the improvements had been made as follows:

- Regular formalised supervision sessions are now in place for all care staff.
- A review of the staffing structure has been undertaken with a process of changes underway to ensure clear lines of accountability and responsibility.

The area of improvement relating to monthly reports is explored in more detail within the inspection findings. Whilst the Registered Provider has not yet met the Standard in relation to this area, there is evidence that significant improvements have been made.

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.

The Regulation Officer undertook a review of the organisational policies and procedures in place to support the safe and effective running of the home, focusing upon the content of the prevention of falls, complaints, safeguarding, safe handling, medication, admissions and disciplinary policies. These were found to be reflective of the requirements of the Care Home Standards. The Regulation Officer noted that there were review dates on only four policies. This was discussed with the Registered Manager who explained that she had recently commenced a review process with the Human Resources (HR) officer. Nonetheless, it had been noted at

the previous inspection that this was an outstanding task, therefore this is now an area for improvement.

A review of falls incidents was undertaken by the Regulation Officer and cross referenced to the notifications submitted to the Commission. It was noted that there were 35 falls reported between January and April 2022. All incidents are recorded on an accident form and stored centrally. All incidents are reviewed by a member of the management team and any actions / outcomes are recorded.

Further examination noted that there were four incidents which met the criteria for notification to the Commission, but no submissions had been made. During the first inspection visit, the Regulation Officer also noted that there was a situation within the home where emergency medical assistance was sought, which met the criteria for notification. This was highlighted to the Registered Manager and Deputy Manager and a general discussion was held in relation to the threshold for submissions of notifications. It was agreed that the updated information will be disseminated to the staff team to ensure appropriate submission of information. This is an area for improvement.

The environment of the home is well maintained and pleasantly decorated throughout. Corridors and communal areas are kept clear of obstacles to allow free movement of care receivers who have mobility aids and for the prevention of slips, trips and falls.

Maintenance, repair and fire logs were examined in detail. All details of repairs carried out within the home are recorded by the Maintenance Officer who is also responsible for the regular checking of equipment such as, profiling beds, call bells and window restrictors. Other maintenance checks are regularly carried out by an external company, this includes water management and regulation.

A fire evacuation plan is in place for the home and all care receivers have personal emergency evacuation plans in place. Fire safety logs relating to maintenance of alarms, fire doors and emergency lighting were found to be kept up to date, however

there was no evidence of fire evacuation drills taking place stipulated within the logbook. This is an area for improvement.

A total of eight recruitment files were examined. Information was easy to access and was found to comply with the requirements for safe recruitment as identified in Standard 3 of the Home Care Standards.

The Registered Manager reported that there was one Significant Restriction of Liberty (SROL) authorisation in place. The staff team have undergone capacity training which focuses upon Capacity and Self Determination (Jersey) Law 2016 (CSDL). The Registered Manager is aware of her responsibilities in relation to SROL authorisations.

The home has an Infection Control policy in place and robust infection control measures were observed by the Regulation Officer for staff and visitors during all three inspection visits.

There are appropriate supplies of personal protective equipment (PPE) available throughout the home and for visitors to access at the main entrance. The Registered Manager and staff team received praise for their willingness to follow advice and engage with the appropriate professionals when infection control advice is required. Relatives are regularly updated by the home regarding requirements for visiting.

The home follows local and national best practice guidelines in the prevention and management of pressure ulcers. The team use assessment tools appropriately, have a good understanding of pressure prevention methods and are aware of the need to seek specialist advice and support when required. This was evidenced in the knowledge demonstrated by care staff during feedback and in the care plans and risk assessments in place for care receivers.

Monthly quality reports are undertaken by the Training and Development Officer. The home chooses to look at one Care Home Standard per month to review in depth. At the previous inspection, monthly reports were identified as an area for improvement. The home has made good progress and the Registered Manager has taken steps to share the changes made with the Regulation Officer prior to the

inspection process. Monthly reports now have clearly identified actions, however some work still needs to be done to ensure that they are more succinct and that actions, once completed, are removed. This will be kept under review by the Regulation Officer.

The Registered Manager confirmed that Maison St Brelade is registered with the Jersey Office of the Information Commissioner (JOIC).

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.

Maison St Brelade has a large team of staff who support the day to day running of the home. There is a care team consisting of qualified nurses and carers. In addition, there are administration, maintenance, catering, domestic and waitressing staff. The staffing structure has been reviewed and several changes have been made with more anticipated in the coming months.

An HR officer has been recruited to the team on a part time basis. As a result, work has been undertaken to review and update job descriptions, working practices and develop recruitment processes.

The Registered Manager has focused upon the care team and reported that she and the Deputy Manager have spent time providing an opportunity for care staff to develop their skills and experience through both accredited and in-house training initiatives. This has led to the creation of new senior carer posts, which were due to be advertised at the time of the inspection. The new posts will create a more robust staffing structure within the residential area of the home, creating clearer lines of accountability and responsibility. This will allow nursing staff to focus upon the nursing care beds within the home.

Registered Nurses have an integral role within the team. The Regulation Officer observed strong leadership from nursing staff who lead the team when they are on duty. There is an inclusive approach with learning opportunities utilised when they occur. One such instance was the induction of a member of staff who had recently returned to employment in the home being supported with re-orientation and assessment to undertake medication administration.

The nursing team also actively support pre-registration nursing placements. Feedback received from the placement organisers praised the team for their holistic approach to care and their enthusiasm for having students work alongside the team. The Registered Manager also shared feedback received by the home from student nurses on placement which described a supportive learning environment. Other professionals described the home as open to any opportunities for learning.

As part of the inspection process, the team completed a care needs questionnaire which explored the levels and types of dependency present within the home. This was reported as being a useful exercise as it drew attention to the high levels of support required by the majority of care receivers. The Regulation Officer and Registered Manager discussed the importance of monitoring dependency levels on a regular basis in conjunction with staffing resources. This will help to determine that the correct staffing levels are in place to adequately meet the changing needs of care receivers.

At the time of the inspection, staffing levels were found to be above the minimum staffing requirements, as set out in Standard 3 of the Care Home Standards.

The Regulation Officer observed staff activity as part of two of the inspection visits, one of which involved the team responding to a number of complex health needs. Handovers provide the care team with a good understanding of the daily needs of care receivers and highlights any areas of concern, appointments, visits and actions that need to be taken relating to individual care requirements. Staff demonstrated a good understanding of their roles and responsibilities and were able to explain the different types of health needs they may be required to provide support for, what interventions may be required and when they would require the support of

professionals or specialist services. The team were observed to work well under pressure.

It was also noted that the team presented with positive and friendly attitudes towards care receivers, colleagues and visitors to the home. There was good communication and care receivers' needs were met to a high standard. An example of this was observed during the evening meal. Staff were assigned different roles in order to ensure that meals could be accommodated both within the dining area and in individuals' rooms. One care receiver changed their preference at short notice and this was picked up immediately by staff who adapted to meet their needs. Individuals who required assistance were also given time and appropriate levels of support and encouragement to enjoy their meal.

During feedback, staff spoke positively about their work environment. They generally felt very supported by the management team and were welcoming of the opportunities to learn and develop. There has been a lot of changes within the home in recent times. While most staff viewed this as a positive experience, others expressed concern over the pace of the changes.

The home has a robust pre-admission policy and process in place. An assessment is undertaken prior to a placement being offered. Care receivers then receive a contract which sets out the terms of the placement and a welcome brochure. The Registered Manager and Deputy Manager explained the importance of conducting a re-assessment before individuals return to the home following hospital admission. This process is detailed in the home's admission policy and is in place to ensure that care receivers do not return to a placement which no longer meets their needs, or would result in the home operating out with their conditions of registration.

A sample of six care plans were examined in detail by the Regulation Officer. All were found to be well maintained with clear evidence of regular reviews. Plans are based on activities of daily living and the specific health needs of individuals. Entries were regularly recorded by staff on the presentation and progress of care receivers. One professional noted that care plans were "easily accessible and up to date". The Regulation Officer noted that some types of information included in the plans as part

of treatment plans were not date recorded. This was raised with the Registered Manager and Deputy Manager who agreed to take action to rectify this moving forward.

The Deputy Manager shared with the Regulation Officer their plans to undertake some further work in order to make care plans more person centred. At present there is evidence to support that care receivers are consulted on the content of plans and are asked for their views. However, further development of more personalised plans would be of benefit.

The home has a full time activities co-ordinator. The purpose of the role is to provide a range of group activities within and outside of the home based upon the interests of care receivers. The Activities Co-ordinator explained to the Regulation Officer that they try to create activities throughout the week which will meet all preferences. This can be difficult with such a diverse group of care receivers. They also had to balance their time between group activities and ensuring that they spent time with people who preferred 1:1 time. A timetable of events is produced and circulated each week. One care receiver used their individual copy as a reference when providing feedback stating that they join “whatever they want to”.

Restrictions created by Covid19 have made wider community activities difficult. There has also been some restrictions to hosting events in the home or the regular use of volunteers. Some care receivers expressed their frustration of the impact Covid19 restrictions had placed on their ability to undertake normal social activities and that there had been a reduction in general participation within the home. However, they were pleased that residents’ meetings were due to commence which would give them an opportunity to communicate their views. Relatives also spoke of missing the interactions with care receivers that would naturally occur when they were free to visit with family members anywhere in the home. This was shared with the Registered Manager who will consider the comments as part of the review of visiting guidelines for the home.

Feedback from care receivers and relatives was consistently positive with several people commenting on the willingness of the home to have a flexible approach and actively listen to concerns. Some comments included:

“Staff are very welcoming and compassionate”

“There is a homely atmosphere”

“Staff are good and kind”

“Staff are very good, they put themselves out”

“Management are very responsive”

One professional described the home as “absolutely brilliant”. Another commented on how they were made to feel like part of the team when they visited.

Training

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.

There is a robust induction programme in place for the home which covers a wide range of objectives and standards. The induction booklet is completed and signed off as individuals progress. In anticipation of the new senior carer roles, a development booklet has been devised to support successful candidates in their new role.

Formalised supervision sessions have been implemented for all care staff and appraisals are undertaken on an annual basis.

Mandatory training records were reviewed by the Regulation Officer and found to be up to date. This included topics such as fire safety, health and safety, safe handling,

infection control, food hygiene, safeguarding and First Aid. It was noted by the Regulation Officer that a number of residents in the home have a diagnosis of dementia and that training for all staff in this area would be of benefit.

There is a blended approach to training with a good balance of online and practical training being offered. The team also utilise other in-house methods such as de-brief and micro / bite size learning sessions.

The Registered Manager and Deputy Manager spoke of their plans to introduce training for end of life care and utilise the knowledge and experience of the nursing team to expand the in-house training programme. In addition, there is a commitment to support the ongoing professional development of registered nurses and the Registered Manager is open to ideas from the nurse team in relation to training needs. Examples of recent courses undertaken include sepsis, male catheterisation and mentorship.

The Registered Manager reported that there are 12 members of staff who have a Level 3 Regulated Qualification Framework (RQF) or National Vocational Qualification (NVQ) in Health and Social Care. Eight members of staff have a Level 2 RQF/NVQ. This constitutes over 50% of the total staff team which is the minimum requirement as set out in Standard 3.9 of the Care Home Standards.

The minimum standard for medication training before carers can undertake the administration of medication is a level 3 Regulated RQF in administration of medication. Competencies are reviewed on an annual basis and recorded against a competency checklist.

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>Area for Improvement 1</p> <p>Ref: Standard 4.3</p> <p>To be completed by: with immediate effect.</p>	<p>To put in place suitable measures to ensure that notifications of accidents, incidents and other significant events are reported to the Commission in a timely manner and an accordance with the Regulations and Standards.</p>
	<p>Response by registered provider:</p> <p>Prior to the Inspection an internal review had commenced into Standard 4.3. This included reviewing the policies around reporting accidents involving residents, accidents involving staff and accidents involving visitors. All the policies now clearly state what procedure to follow should an accident occur and highlight the need for a notification of incident form to be completed to inform the Jersey Care Commission of any accident that occurs whereby a resident requires first line assessment and treatment by the Paramedics and/or the Emergency Department.</p> <p>To expand the team's knowledge base and education around accident reporting, examples of detailed accident forms are displayed in the internal accident folder to support all staff in the completion of accident forms. A guide is also available in the internal accident folder to ensure documentation of accidents is detailed and meets the Jersey Care Commission standards</p> <p>The Jersey Care Commission also requested that notification of incident forms are completed for any GP/Emergency Department admissions to the Jersey General Hospital for acutely ill residents and this information has been cascaded to the Senior Care Team.</p> <p>Internal reviews of the reporting and management of incidents will continue.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 1.6</p> <p>To be completed by: three months from the date of inspection (22 July 2022).</p>	<p>To ensure that all policies and procedures are reviewed and updated and a system put in place to ensure that reviews are undertaken and recorded at regular intervals.</p> <p>Response by registered provider:</p> <p>The area for improvement around all policies and procedures being reviewed and updated and a system put in place to ensure that reviews are undertaken has started and had started prior to the Inspection. The Registered Manager acknowledges that not enough work had been undertaken in this area since the last inspection and that there is further work needed. There is plan in place to work with the Human Resources Manager to continue to work through the policies which are outstanding for review to meet Standard 1.6.</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 4.6</p> <p>To be completed by: with immediate effect.</p>	<p>To ensure that regular fire evacuation drills are undertaken as stipulated within the home's fire logbook.</p> <p>Response by registered provider:</p> <p>Weekly fire alarm testing and maintenance of fire equipment is in place. A regime for the fire drill training has commenced this month, ensuring that all staff will have completed this by the end of June. The night staff will repeat this, every 3 months and the day staff every 6 months as per policy in the future. Our trainer coordinator is exploring dementia training for the staff (page 14 of report) and has identified an online course with The Jersey Care Academy that will help to support and develop the care teams knowledge base. It is planned for both dementia and end of life care training to be implemented over the next 3 to 6 months as staffing levels allow. This will ensure that Standard 4.6 is met.</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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