



**Jersey Care
Commission**

Summary Report

Maison St Brelade

Care Home Service

Petite Route des Mielles

St Brelade

JE3 8FB

9, 13 and 22 April 2022

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.

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 in accordance with the Regulations and Standards.</p> <hr/> <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>
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<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> <hr/> <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> <hr/> <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>

The full report can be accessed from [here](#).