



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Maison La Corderie**

**Care Home Service**

**Green Street  
St Helier  
JE2 4UG**

**3 and 12 July 2023**

## 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 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 (as amended) 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 on the inspection of Maison La Corderie Care Home. It is a three-storey building accommodating up to 32 care receivers. The accommodation consists of single bedroom accommodation with en suite facilities of toilets and wash hand basins as a minimum. Communal rooms throughout the home, including lounges, dining areas, and an activity room. The external grounds allow care receivers free access to well-maintained paved areas, which plants, flowers, and shrubs surround.

The home is in a residential area of St Helier, close to the town centre, a bus stop, and a public car park. Personal care is provided for care receivers on a long-term or respite basis. The home employs care staff, with the support of housekeeping, catering, administration, laundry, and maintenance staff.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u>  Type of care: personal care, personal support  Category of care: Adult 60+  Maximum number of care receivers: 32

	<p>Maximum number in receipt of personal care / personal support: 32</p> <p>Age range of care receivers: 60 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>Rooms 1 – 23 &amp; 25 – 31: one person  Short stay ground floor: one person  Short stay first floor: one person</p> <p><u>Discretionary</u></p> <p>1. The two bedrooms referred to as 'short stay ground floor' and 'short stay first floor' (which do not meet the minimum 12m<sup>2</sup> space standard) are to be used to provide respite care only.  2. The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 22 February 2026.</p>
Dates of Inspection	3 and 12 July 2023
Times of Inspection	1pm – 5.15pm and 9.30am – 11.40am
Type of Inspection	Unannounced on 3 July Announced on 12 July
Number of areas for improvement	One
Number of care receivers accommodated on the day of the inspection	29

The Care Home is operated by Methodist Home for Aged (Jersey) Limited and there is a Registered Manager in place.

The discretionary condition on the service's registration was discussed, and the Registered Manager advised that they have commenced the Level 5 Diploma.

Since the last inspection, completed on April 8, 2022, the Commission received an application from the Registered Provider to vary a condition on the service's registration. This is related to an increase in the number of care receivers that can be accommodated, from thirty-one to thirty-two. An application was also received for a new Registered Manager; the registration was completed on February 22, 2023.

## **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.

Care receivers are happy with the standard of care and support they receive and are complimentary of the staff team. They can be active inside and outside the home as their abilities allow, and the home is welcoming, homely, and comfortable. Care receivers were complimentary of the food standards, care, and support they received. They all described they had choices and freedom to come and go as they chose to, which was noted during both inspection visits. Health professionals were complimentary of the standards of care and they had no concerns regarding the care and support provided.

The environment was well maintained, and the Provider is committed to improving and upgrading the home furnishings and décor. Safe recruitment practices are in place for newly employed staff. Training is provided, and a senior, experienced care worker is on duty. There are adequate numbers of staff to ensure care receivers receive care and support when they need it. There are governance arrangements in place to support the smooth operation of the home and help ensure it is safe and effective.

All staff are provided with the same training, including mandatory subjects and other topics relevant to care receiver needs. Supervision is provided, and staff said they felt supported and worked well as a team. They said they enjoyed their work and were seen to be showing kindness and respect to care receivers. There are a range of policies and procedures for staff to follow, and regular staff meetings are held to keep them up to date.

Samples of care receivers' plans were limited in detail and needed to provide information about the person's background or abilities consistently. The need to enhance and improve care planning arrangements is the only area for improvement identified from this inspection.

## INSPECTION PROCESS

This inspection was carried out over two separate visits. The first visit was unannounced and took place when the Registered Manager was unavailable; therefore, arrangements were made to return to the home at a suitable time to meet with the Manager on the second visit.

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

This inspection focussed on the following lines of enquiry:

- **Management of the service**
- **Care and support**
- **Choice and safety**

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 at home during the visit and spoke with the Registered Manager, Deputy Manager, care staff and catering staff. The views of five external health and social care professionals were requested and two people provided a response. A poster was displayed in the home, advising visitors that an inspection was in progress and that feedback about the quality of care would be welcome.

Samples of care records, medication administration records, monthly governance reports, training records, staff recruitment records, and fire safety records were examined. This inspection included a walk through the home and several bedrooms viewed.

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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.je/Standards/>

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 improvement plan is attached at the end of the report.

## **INSPECTION FINDINGS**

At the last inspection, no areas for improvement were identified that required any follow-up on this visit.

### **Management of the service**

The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size and complexity of the service.

Since the last inspection, the home has had a Registered Manager and Deputy Manager. The first inspection visit coincided with the Registered Manager's planned absence, and the home was well managed during their time off. The management team is experienced and knowledgeable about care and older people, and a large percentage of the staff team also have similar experiences. There is typically low staff turnover; several care staff have worked in the home for many years. There was a strong sense of teamwork amongst staff, who felt a proactive, well-respected Manager led them.

The staffing levels are consistent and sufficient to meet care receivers' care and support needs. Staffing rosters showed that the levels meet the Standards associated with staffing requirements, with most staff having worked in the home for a significant period, which supports good continuity. There is always a senior carer on duty with the required knowledge and expertise to take responsibility for the home. All care staff have a Level 2 vocational training qualification in health and social care as a minimum, some have completed a Level 3 Award, and two are nearing completion of Level 3.

Staff confirmed that they have regular 1:1 supervision with the Manager to discuss their work and other relevant topics. The training programme provides opportunities for staff to develop their knowledge and practice further. Appraisals are carried out annually and are ongoing. Samples of supervision records were seen in staff personnel files.

Staff told the Regulation Officer they were happy in their work, worked well as a team, and respected each other. They were seen to be polite towards care receivers and treated them respectfully. Care receivers praised the staff team's abilities and said they built a good rapport and relationships with them. Team meetings are held regularly, and all team members can meet with the Registered Manager to talk collectively about their roles.

The Provider has governance arrangements in place to support the operation of the service. The individual responsible for governance visits the home monthly to keep themselves up to date with how the home operates. They produce a report following their review. Samples of quality monitoring reports were examined, which showed actions are identified following the review, and care receivers' views of the home are captured regularly

The home's policies have been updated and reviewed. Staff knew how to access them and were fully knowledgeable about safe working practices and procedures. One example was how the medication was stored and checked following the home's policy. The Registered Manager explained that staff meetings are held where staff views are sought on aspects of the service, and information such as amended policies are shared amongst the team.

The layout of the home allows sufficient space for care receivers and a variety of needs. The home was welcoming and comfortable, and care receivers used the internal and external communal areas well. The Provider is committed to investing in the building to make it homely and safe for care receivers. In addition to routine maintenance, a new stair lift, boiler, and replacement radiators have been provided since the last inspection; there are further plans to improve the environment. This includes the redecoration of the lounge, new seating, replacement blinds, and

additional garden features. Care receivers have been involved in choosing the décor and carpet for the lounge.

Meetings are held to allow care receivers to discuss the home and make suggestions for its improvement. They are provided with written information about the home when they move in, which includes details of the home's complaints procedures. The Registered Manager had investigated one complaint since the last inspection; the records showed all correspondence relating to the investigation and its outcome.

The home's Statement of Purpose was updated once the Registered Manager was appointed, and this remains relevant to describe the services offered.

### **Care and support**

<p>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.</p>
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The staff team provided information about care receiver support needs, which showed that the home offers personal care and support in line with its conditions on registration. Where care receivers require nursing interventions, referrals are made to the district nursing service. At the time of inspection, the district nurses routinely attended to some care receivers' nursing needs. The staff team explained that they undertake specific tasks, having been deemed competent by the district nursing team. This showed that the home clearly understands its limitations, seeks registered health professionals' advice, and refers to them appropriately. The staff team said the staffing levels were sufficient, allowing them to provide care and support according to care receiver needs.

Where people's needs deteriorate or change, referrals are made to health professionals promptly. Staff are attentive to care receivers' health needs and proactively respond to changes in their health and presenting symptoms. This was evidenced through a review of records, discussion with staff, care receivers and



information relating to notifiable events in the home that are communicated to the Commission.

Equipment, including pressure prevention mattresses, cushions, and domestic profile beds, were noted in bedrooms to help care receivers retain their independence and mobility skills and mitigate pressure trauma risks. A hoist is available to support care receivers from the floor in the event of a fall. Since the last inspection, a stair lift has been fitted to the stairs to access to all floors. Bedrooms were highly personalised, provided a real sense of identity for care receivers, and reflected their tastes.

Care staff interactions with care receivers were noted to show great respect and kindness, and humour was used to good effect and appropriately. Care receivers told the Regulation Officer that the staff team was kind and caring and promoted their well-being. During the inspection visits, care receivers were seen coming and going from the home as they wished; some were participating in organised social activity, and others were leaving the home of their own accord to go for walks. They told the Regulation Officer no restrictions were placed upon them preventing them from leaving the home as they wished.

Care receivers spoke highly of the standard of catering, referred to the healthy, nutritious food offered and commented favourably on the presentation of their meals. The Chef provided an overview of their role, which included obtaining care receiver's feedback on the food quality and menu choices. In addition to the menu choices, which have meat, fish, and vegetarian options, other foods are provided based on individual preference. Care records showed that nutritional needs are reviewed and weight monitored to ensure appropriate amounts of food are eaten. Support is provided by staff to one care receiver to ensure they eat a proper diet.

The home offers care receivers opportunities to participate in a broad and regular programme of activities. Feedback from care receivers was that they enjoyed the organised in-house and community outings. Two care receivers had been provided with the weekly schedule of activities and had them in their bedroom for reference. One care receiver told the Regulation Officer they liked to spend long periods in their

bedroom as was their preference, but knew they could partake in activities if they wished.

Samples of care records were reviewed, including plans on how daily living aspects are to be met. While the plans provided some detail, they lacked personalisation and primarily appeared standardised, as suggested by the electronic record-keeping system templates. The records did not show that care receivers have been involved in developing or reviewing their care plans, which is at odds with what they reported to the Regulation Officer.

The plans did not include information relating to past life histories, assessment of current needs, nor end of life planning arrangements. Some records were very detailed and provided explicit instructions for staff to follow when providing care, but the standard of care planning needed to be more consistent. The need to improve care planning arrangements as referenced in Standard 2.4 is an area for improvement.

The Regulation Officer sought the views of care receivers about their experiences of the home; they said they were very happy with the care provided and made the following comments:

“My experience has been great, the staff are lovely, they’re really helpful and they’re great at solving things and helping you. When I visited to have a look round, I felt it had a nice feel and I’ve got no worries about being here.”

“I’m very comfortable here and it’s just what I want. I’ve got this lovely room and I love the view to follow the seasons and the sunsets. I really feel like I’m well looked after and I’m very happy.”

“It’s absolutely wonderful, we’ve got the van to go out and there’s a list of places where you can go. You get a lovely menu and the selection of food is good and it’s all tasty and well presented. There’s loads of entertainment to keep you occupied. The staff are adorable and just fantastic.”

“The staff are wonderful and the food is lovely. I’m picky and strict with my food and I know I present them with problems and challenges, but they respect that and make sure things are sorted.”

“It’s so lovely here and it’s very homely and relaxed. The staff are always on hand to help you and I’m really settled here and happier than I expected to be.”

Feedback from healthcare professionals was complimentary of the standard of care provided, and one described the efforts the home had taken in supporting one person to settle nicely into the home.

### **Choice and safety**

The Standards outline the Provider’s responsibility to ensure that people will feel safe and are kept safe. People will be supported, enabled and empowered to be as independent and autonomous as practicable. People’s rights will be supported and protected.
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Following the last inspection, a medicines inspection was carried out on June 30, 2022, which found a discrepancy in the recording of certain medications. The Registered Manager took immediate action then and implemented additional measures recommended by the Pharmacist to address this oversight. The medication policy had been reviewed, and all staff were familiar with its content.

The arrangements for storage, ordering, and administering medication were explored during the inspection, and samples of medication administration records (MAR) were reviewed. These contained all required information and were completed correctly with staff entries when medication was administered. Staff receive training on medication administration to ensure they remain sufficiently skilled. There are good procedures for controlled drugs and for returning and disposing of medication no longer required, as was explained by the staff.

The home informs the Commission of notifiable events, which includes occurrences where care receivers have Significant Restrictions of Liberty (SRoL) authorisations in place. Staff clearly understood what may constitute restrictions on liberty and provided an example whereby the need to balance care receiver’s restriction on

liberty against their right to freedom. This showed that the home could weigh up the risks and benefits of their continued placement in the home and how their overall rights and needs could be met.

The home has mechanisms in place to safeguard care receivers. Training is provided in safeguarding, and policies and procedures are available to follow should safeguarding concerns arise. The home has raised safeguarding alerts appropriately, notified the Commission, and engaged with the adult safeguarding team.

Samples of records showed that the home's equipment and facilities are routinely serviced and inspected to ensure they remain safe for use. Fire safety records show that checks are completed as the Fire and Rescue service requires. During a walk through the home, it was found clean, hygienic, and well maintained with clear and unobstructed fire exits.

Staff recruitment folders were examined, which confirmed staff have been subjected to a rigorous recruitment process. There was evidence of safe recruitment checks completed before staff took up their roles. Staff receive an induction in line with the Standards, and the records showed that probationary reviews are met and their performance monitored and assessed. Copies of training certificates were seen in staff folders, which included recent training in heart failure and suicide awareness.

## IMPROVEMENT PLAN

There was one area for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<b>Area for Improvement 1</b>  <b>Ref:</b> Standards 2.4, 2.5 and 2.6  <b>To be completed by:</b> 2 months of the date of this inspection (12 September 2023)	Care receivers' care plans will identify their personal goals and preferences and evidence their involvement in development and review.
	<b>Response of Registered Provider:</b>  This has been actioned with immediate effect.

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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