



Jersey Care
Commission

INSPECTION REPORT

Maison St Brelade

Care Home Service

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

11 & 17 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 of the inspection of Maison St Brelade. The service 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. It is a purpose-built, single-story building set in its own landscaped grounds. It has three lounges, a library, a shop, a hairdresser/chiropractic room, and three kitchenettes.

All bedrooms (except the respite) have en-suite wet rooms and three communal bathrooms with specialist baths.

The home is situated near local shops, bus routes, the community centre, and sports facilities.

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 / support: 41</p> <p>Maximum number in receipt of nursing care: 10</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: 1 – 51 one person</p>
Dates of Inspection	11 & 17 July 2023
Times of Inspection	09.30 – 14.45 & 13.00 – 15:50
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	51

The care home is operated by The Parish of St Brelade and there is a Registered Manager in place.

The care home's philosophy is to promote dignity, independence, diversity, equality, and respect for all the care receivers within a safe and homely environment. They believe 'kindness builds genuine therapeutic relationships and helps the care receivers feel a sense of belonging and value'. Achieving kindness ultimately ensures the care receivers experience 'individualised and person-centred care' within a culture of non-discrimination, whilst enabling them to live a fulfilled and enjoyable life and thrive within a safe and homely care environment.

Since the last inspection in April 2022, the Commission has removed the discretionary condition as the Registered Manager has completed the Level 5 Diploma in Leadership in Health and Social Care.

Following a general review, the Commission received an updated copy of the service's Statement of Purpose. The Regulation Officer also reviewed this as part of the inspection process with the Registered Manager, and some minor amendments were identified. The updated copy has been submitted to the Commission.

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 very positive. The Registered Manager, Deputy Manager, and care staff were engaged in the inspection process and ensured all required documentation was available to view. The home has recently introduced a care management software system called Fusion eCare. The Regulation Officer accessed the online care records during the inspection.

The care home has a warm, friendly atmosphere, is cleaned to a high standard, and the care and support observed were of a high quality. The care staff were friendly and supportive in their approach and aware of the needs of all the care receivers.

The care home works in partnership with other organisations to ensure person-centered care delivery and positive outcomes for the care receivers' physical health, mental health and social well-being. They work within the Gold Standard Framework in providing end-of-life care in partnership with other allied health professionals. The management team are working towards accreditation.

A selection of care receivers' friends and relatives were happy to provide feedback on the home, along with some staff and other professionals who visit the home.

There were no areas for improvement.

INSPECTION PROCESS

This inspection was announced and was completed on 11 and 17 July 2023. Notice was given to the Registered Manager by email the previous week. This was to ensure that the Registered Manager would be available during the visit.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Areas of improvement from the 2022 inspection**
- **Management of the service**
- **Care and support**
- **Choice and safety**

Before our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection reports, notification of incidents, and correspondence regarding the service since the last inspection.

The Regulation Officer contacted six care receivers and ten staff members over both inspection days. This contact was face-to-face.

Care receivers' representatives were contacted via email for their feedback. Four replied and gave positive comments.

The views of two professionals were also obtained as part of the inspection process.

Records, including policies, care records, incidents and complaints, and fire logs, were examined during the inspection.

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

This inspection included a tour of the premises.

After the inspection, the Regulation Officer provided feedback to the Registered Manager.

This report outlines our findings and includes areas of good practice identified during the inspection.

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 all the improvements had been made. This means there was evidence that notifications of accidents, incidents, and other significant events are notified to the Commission promptly, a system is in place to ensure all policies are updated at regular intervals. Fire evacuation drills are undertaken and recorded.

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.

The Regulation Officer and the Registered Manager reviewed the Provider's Statement of Purpose, and minor amendments were made during the inspection. The updated version was emailed to the commission immediately and met Standard 1.1 of the Care Home standards.

The Regulation Officer undertook a review of all the policies to support the safe and effective running of the home. Particular attention was given to accidents, Health & Safety risk assessments, complaints, administration of medicines, admissions, and recruitment. All the policies linked to the Care Home Standards have been updated this year.

It was positive to note that the monthly quality reports are completed comprehensively and in line with the Standards. The Registered Manager has enlisted the support of an independent person to complete the compliance information and identify any actions. The actions are removed once completed.

The Registered Manager completes a 'post-fall analysis' at the end of each month. The aim is to recognise and manage falls in the home by putting measures in place such as sensor beams, and the home employs a physiotherapist once a week to carry out exercise classes which are well attended. There is evidence that falls have reduced over the past few months. This is an area of good practice.

The provision of training for the care staff is paramount in this home. All staff have undergone their mandatory training this year. At the same time, the Registered Manager is keen for the team to complete training relevant to the care receivers' needs, including but not limited to End of Life, Sepsis, Equality and Diversity, and Percutaneous Endoscopic Gastrostomy (PEG) management. These are facilitated by the Training and Development Coordinator within the home and meet standard 6.3 of the Care Home Standards.

The liability insurance certificate was updated and displayed in the home on inspection. All maintenance logs and water management checks were current. Governance measures include monthly audits to ensure safe practices within the home. These include environment, infection control, medication management, personal protective equipment, waste handling, hand hygiene, laundry management, and spillages. This is an area of good practice.

The Regulation Officer reviewed the risk management folder during the inspection. It was noted to be comprehensive and fully updated in June 2023. A suggestion was made to include a risk assessment of the window openings as one side of the home has no window restrictors, per Appendix 10 (13) of the Care Home Standards.

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 is run by a dedicated team of carers, senior carers, registered nursing staff, and Deputy Manager and Registered Manager. With the support of the registered nurses, the senior carers facilitate the day-to-day running of the residential side to enable the registered nurses to focus on the nursing side. This helps nurses prioritise the needs of the nursing care receivers. In addition, there are catering, domestic, waiting staff, maintenance, activities, administration, HR, and finance, along with training and development coordinators. Several volunteers assist with the trips out.

During the inspection, staffing levels were above the minimum requirements, as in Appendix 5 of the Care Home Standards. The Registered Manager has incorporated into the rota two carers starting their early shift at 6.30 AM to enable any residents who require assistance to have a shower earlier if they choose to.

The Registered Manager attends the morning handover to address any issues or concerns which have occurred overnight and have oversight of care receivers. The handovers are a valuable tool in identifying increasing or new care needs individually.

The Registered Nurses also support the Senior Carers in their roles. There are twice daily “huddles” which allow both parties to discuss individual care receivers and potential changes in their care needs.

During the inspection visits, the Regulation Officer observed the staff interacting and supporting the care receivers while promoting independence where suitable. The staff observed were respectful and understanding of the care receivers’ needs. There was excellent communication between staff, care receivers, and any visitors to the home.

Most care receivers choose to eat in the dining room and have a variety of options to choose from each day. One care receiver commented that as their food is taken in their room, it can be a little cold sometimes as they are served last. The Registered Manager acknowledged that this could be better and will put a plan in place to rectify this.

The Regulation Officer explored a sample of six care plans using the online care management system Fusion eCare. The care plans are based on the specific needs of each individual and are well-detailed. The online software has a traffic light system for updating the care plans every four weeks unless there is a need for more frequent updating.

Every care-receiver has a "getting to know me" section about their life, likes, and hobbies. All staff spoke to have quickly adapted to the online care system and liked its ease of use. This area of good practice complies with Standards 2.5 and 2.6 of the Care Home Standards.

The home has several significant restrictions of liberty (SROLs) in place, and they are correctly authorised under standard 4.4 of the Care Home Standards.

As the last inspection report highlighted, the home has a robust admission process for potential care receivers. All admissions are planned. The Registered Manager or Deputy Manager completes a full assessment, including a Social Needs Care Assessment, to determine the care receiver's health and care needs before

admission. This is essential to ensure the home stays within the conditions of registration. A welcome pack is given, and a home tour is offered where applicable. Written agreements between the home and the care receivers are completed as specified in 1.4 and 1.5 of the Care Home Standards.

All care receivers have an identified key worker responsible for providing information about the home, care planning, and helping the new care receiver familiarise themselves with their surroundings.

The Registered Manager has implemented a variety of innovative ideas, including a home newsletter, regular resident meetings, a subscription to the Daily Sparkle newspaper, nutrition awareness, reflection Sundays, team leader training, a new home brochure, and displays of photographs of events in the home. This is an area of good practice.

Choice and safety

<p>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.</p>
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There is a well-established staff application process for Maison St Brelade. The recruitment files reviewed during the inspection had all the documentation as set out in the Care Home Standards 3.2. Disclosure and Barring certificates were checked and verified by the Regulation Officer.

The home has a robust supervision and appraisal programme for all staff, with all meetings documented appropriately and inputted onto a spreadsheet. Supervisions take place every three months, and appraisals are annual. All staff receive a period of induction and supervision by a staff mentor in conjunction with the training and development coordinator.

Although no Student Nurses were observed during the inspection, feedback from the Education department within Health and Community Services was favourable and

reassured the Regulation Officer that student nurses were valued and experienced numerous learning opportunities during their placements.

The care receivers are offered a varied diet prepared by a qualified chef. The menu rotates every four weeks, is seasonal, and varies based on regular surveys. Drinks and snacks are readily available for care receivers, family, and friends at their request. Dietary requirements are always considered, and an alternative is always available.

The home employs a full-time activities coordinator. While care receivers are encouraged to maintain their current hobbies, there are a variety of daily activities, and they are displayed on a notice board weekly for all residents should they choose to join in. They also have minibus trips twice a week. Feedback from relatives/friends of care receivers confirmed that *"there is always something to do."* The care home has a wheelchair-accessible vehicle that representatives can use once insured to do so.

The Registered Manager has introduced a "Resident of the Day", whereby a care receiver is chosen each day, and is given the choice of what they would like to do on that special day. This is an area of good practice.

Feedback from care receivers and relatives was incredibly positive, and they all spoke highly of the Registered Manager. Some of the comments included:

"Staff are very friendly, helpful, and approachable."

"My father is always very well turned out."

"The staff all wear name badges, which are easy to read."

"I go to bed and feel safe knowing there is always staff around."

"The night staff are caring, thoughtful and always nearby when I need them."

"It's a very social place and always plenty to do."

Feedback from professionals and care staff reiterated what a well-run home Maison St Brelade is and how the carers proactively assist professionals who attend the home. Some of the comments included:

"It's like home, the manager is very forward-thinking, and the carers are up for learning new things."

"I feel privileged to work here and very well supported."

"Superb working environment and the manager sorts out any issues immediately."

"The staff care about the residents."

"We love the residents and know them all well."

"As the workload increases, it's recognised in advance, and the staff numbers increase."

The Registered Manager, Deputy Manager, and all the staff were fully engaged in the inspection process.

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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