



**Jersey Care
Commission**

INSPECTION REPORT

Maison St Brelade

Care Home Service

**La Petite Route des Mielles
St Brelade
Jersey
JE3 8FB**

11, 14 and 17 November 2024

**Published:
16 January 2025**

1. 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 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

2. ABOUT THE SERVICE

This is a report on the inspection of Maison St Brelade, where a Registered Manager is in place.

Maison St Brelade Care Home is a service provided by the Parish of St Brelade. It is a purpose-built building with landscaped grounds close to the local amenities. There are several spaces for communal living, including quiet lounges, a library, a spacious dining room and a shop. A hairdressing facility is open twice weekly, and every six weeks, a chiropodist visits the home. A small kitchen is available on both the residential and nursing side of the home for visitors and staff to utilise. The home has two cats who are well cared for and loved by the care receivers.

A family representative described - *"The outlook from the home is fabulous."*

Since the last inspection, completed in October 2023, the Commission has received telephone contact from the service as and when queries have arisen, and notifications submitted as the Regulations and Standards require.

Registration Details	Detail
Regulated Activity	Care Home
Mandatory Conditions of Registration	
Type of care	Type of Care: personal care, personal support, nursing support
Category of care	Adult 60+
Maximum number of care receivers	52
Maximum number in receipt of nursing care/personal care/personal support	16 nursing & 36 personal supports
Age range of care receivers	60 and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1-50, one person Rooms 15b and 23b, one-person, for respite stay
Discretionary Conditions of Registration	
There are no discretionary conditions	
Additional information	
The Regulation Officer conducted an introductory courtesy visit on 12 th July 2024	

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager seven days before the visit. This was to ensure that the Registered Manager would be available during the visit. Two regulation officers were present for the first day of the inspection and one Regulation Officer for the second day. References to who gathered the evidence and information during this inspection may change between the Regulation Officer and the regulation officers. Any additional information requested was provided following the inspection.

Inspection information	Detail
Dates and times of this inspection	11 November 2024, 09:30-17:00 14 November 2024, 13:30-16:30 17 November 2024, 14:25-16:40
Number of areas for development from this inspection	None
Number of care receivers accommodated on day of the inspection	49
Date of previous inspection:	11 and 17 July 2023
Areas for development noted in 2023	None
Link to previous inspection report	IR-Maison-St-Brelade-17072023-Complete.pdf

3.2 Focus for this inspection

This inspection will focus on the following lines of enquiry:

- Is the service safe
- Is the service effective and responsive
- Is the service caring
- Is the service well-led

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for development identified at the last inspection

At the last inspection, no areas for development were identified.

4.2 Observations and overall findings from this inspection

During the inspection, it was apparent to the regulation officers that Maison St Brelade follows its mission statement by taking pride in providing person-centred, high-quality care while promoting dignity, respect, and independence for all care receivers within a safe and homely environment. The home is well led by a motivated Registered Manager who has been in the post for four years and is well respected by the care receivers and staff team. The Registered Manager shared that they are constantly striving for continuous improvement in the standard of care delivery for the benefit of both care receivers and staff team. The philosophy of care is one of kindness and professionalism, delivered by a team of staff with a blend of qualifications and experience that meet the needs of the care receivers. A visiting health professional stated care receivers have told them, *“The manager and staff are professional but also caring and personable.”*

Staff feedback –

“Xxx is a really good manager, co-ordinates well and has harmony in the home.”

A carer shared - *“I love my job, and I wouldn't change to do anything else!”*

A carer feedback, “*They feel looked after by Xxx (Registered Manager) who they find accessible and easy to talk to*” and a visiting health professional’s assessment of the home was that in their opinion, “*It is one of the best all round care homes on Jersey.*”

Overall, the Registered Manager, staff team, and the home impressed the regulation officers.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care Home Standards were referenced throughout the inspection.¹

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report from July 2023, reviews of the Statement of Purpose, variation requests and notification of incidents.

The Regulation Officer gathered feedback from five care receivers and two of their representatives. They also had discussions with the service’s management and staff, eight in total. Additionally, feedback was requested from five professionals external to the service, and two were provided.

As part of the inspection process, records including policies, care records, incidents and complaints were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager, followed up by an email.

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

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

5.2 Sources of evidence

The sources of evidence reviewed as part of this inspection are listed in Appendix 1.

6. INSPECTION FINDINGS

Is the service safe?

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

Maison St Brelade are committed to ensuring that care receivers receive person-centred, high quality and evidence-based care. The home prides itself on, *“Maintaining a homely and welcoming environment for residents, their families and friends,”* and this was the experience of the regulation officers during a tour of the home.

The regulation officers found the home clean, tidy, and well maintained. They observed six care receivers relaxing, watching the television, and music playing at the home entrance. Care receivers are encouraged to personalise their rooms with their furniture, paintings, and photographs. One care receiver shared that while the furniture is comfortable in the home’s communal areas and the colour of the walls pleasant, they would like to see more paintings on the walls. There are currently two respite rooms with an overhead hoist facility; one has access to a bathroom, while the other has en suite facilities.

At the home entrance, evidence of six-monthly fire alarm inspection records was seen, and bespoke annual fire safety and prevention training was delivered to staff in the home. The care receivers Personal Emergency Evacuation Plans (PEEPS) are within care plans and include a photograph of the individual. The PEEPs are reviewed twice a year.

An index system is available in the nurse’s office, and the regulation officers were informed that it could be accessed more quickly in an emergency than electronic records where the information is duplicated.

Important information about each care receiver is recorded and includes any known allergies, the General Practitioners (GP) phone number, next of kin phone numbers, any Significant Restriction of Liberty (SROL), and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) status.

The Statement of Purpose was updated during the first day of the inspection visit to accurately reflect the number of care receivers that can be in receipt of nursing care, the qualifications staff have and the number of care receivers that can be accommodated in the home.

The Registered Manager informed the regulation officers that there has been some staff movement since the last inspection. They reported staff left for several reasons, including career progression and more attractive terms and conditions offered by alternative care providers. During their exit interviews the staff shared that the home had provided them with a great work/life balance, the team was supportive, and they would recommend working at Maison St Brelade. The home is well staffed and can exceed the minimum expected staff numbers on shift as set by the Commission in the Care Home Standards. This is an area of good practice.

A member of staff shared –
“Xxx (Registered Manager) is amazing, and the home is great and a happy place.”

One of the medication rooms was reviewed during the inspection and found to be clean, with safe storage of medications. A sample of Medicine Administration Record (MAR) charts was also examined and found to comply with the home’s medication policy. Allergies were recorded on the front of each MAR chart along with a dated photograph of the care receiver. Each MAR chart was accompanied by a “My Medication Support” page, records of hospital appointments, GP letters, observation charts, and pain charts where required. The medication storage fridge temperature is checked and recorded daily, and a system is in place for when the temperature is out of normal range.

A sample of five monthly provider reports was reviewed by the Regulation Officer and found to be very comprehensive. The reports include any required policies and procedures and tracks the completion of any outstanding actions. Of the five reports provided, no feedback had been captured from staff or relatives of care receivers, but there was one positive feedback from a health professional and one from a care receiver. The number of accidents/incidents each month is recorded in the monthly report, and the regulation officers observed thoroughly completed accident/incident forms.

The Registered Manager shared with the Regulation Officer that they would benefit from additional human resource support to help with pre-employment checks. A sample of five organised personnel plans was reviewed during the inspection. One reference that was absent on day one of the inspection was available for review by the second inspection day.

It was positive to see a completed interview assessment sheet for each staff member, and the majority were interviewed by a panel of two, complying with the home recruitment policy. Minutes of one monthly provider report considered including a care receiver on the interview panel for their invaluable insight into the qualities and skills essential for staff to provide the best possible care. Disclosure and Barring Service (DBS) checks had been conducted.

Is the service effective and responsive?

Assessing the organisation of the service so that care receiver's needs are respected and met.
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The Registered Manager meets with care receivers to make an initial assessment of their care needs, considering the mandatory conditions of the home and the care receiver's preferences, needs and wishes. The Registered Manager explained that information regarding the home is provided in a way that meets the individual's preferred communication method, supporting them in making an informed decision regarding a move to Maison St Brelade. An informative handbook and leaflets are provided to support the verbal information given. The initial assessment and signed contract, including the monthly fees, were seen on file.

An Information Technology (IT) platform stores care receivers' personal information, care plans, and daily records. A documented "About me" record, includes important celebrations, hobbies, and the contact details of family and friends, which can be used to support the care receiver when settling into their new home.

A Healthcare Professional feedback –

"Care plans are person centred and always up to date."

The IT platform supports legible, contemporaneous record keeping, and the resident-of-the-day system ensures monthly reviews of risk assessments and care plans are undertaken. The reviews are conducted with the care receiver so that they can share any changes in their lifestyle, wishes, and preferences. A variety of risk assessments were evident and include, but are not limited to, the risk of falls, pressure sore risk, a nutritional assessment, and personal emergency evacuation plans.

Compliance with the completion of monthly reviews of care plans and risk assessments is an area of good practice.

Care receivers are empowered to remain independent and autonomous as practicable. Regulation officers saw evidence of carers respecting the wishes and privacy of care receivers and the promotion of dignity whilst visiting the home and within the written records. A carer was observed knocking on the door of a room, asking for consent before entering, and offering support with personal care.

Within the sample of care plans reviewed, there was also evidence of collaborative working with allied health professionals, which resulted in significant improvement of a wound. The regulation officers were also informed about a care receiver who exceeded the expectations of healthcare professionals because of their determination and the dedicated support of staff to regain some lost independence.

It was shared by the Registered Manager that open and honest discussions are facilitated with care receivers and their families to empower decision-making regarding advanced care planning and end-of-life wishes. The Registered Manager has worked closely with specialists to upskill staff in the provision of end-of-life care, with an emphasis on spiritual support and the involvement of families.

This has increased staff confidence. Where applicable, a DNACPR certificate was in care records.

Is the service caring?

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

The staff team was enthusiastic about their roles and the difference they could make to care receivers. During feedback, a carer shared, *“I really like caring for the residents and seeing them happy, comfortable, and loved.”* A care receiver described the staff as *“Kind and helpful.”*

A carer shared -
“Nice to help people; I am here for the residents.”

The home has been awarded a five-star-eat-safe award, and within the kitchen, there is a dietary board that displays the needs, likes, and dislikes of the care receivers. A care receiver shared that the food, *“is excellent and there is good variety,”* and the weekly menu was available in the dining room, which operates on a four-week rotation, offering a seasonal menu.

The laundry was well organised, neat, and tidy, and staff uniforms were laundered to adhere to infection and prevention controls. A staff room, shower and changing rooms with locker facilities are available.

The regulation officers saw the large activities room and evidence of Christmas decorations that a care receiver shared they had enjoyed making. It is evident that care receiver fulfilment features highly, and a motivated bank activity co-ordinator has introduced new activities. An example is a scrapbook that the care receivers have decorated, which contains photographs of them enjoying activities and can be shared with their families.

A volunteer in the home shared –
“The (bank) activity co-ordinator is amazing.”

A weekly activities schedule is provided, and various activities are included, such as games and arts and crafts. The “Fuzzy Duck” bar opens for drinks and nibbles, a church service held in the home, and regular minibus trips are available. The home is fortunate to be supported by nine volunteers assisting with outings on the minibus, the shop, and the Christmas pantomime.

Weekly physiotherapy and Tai Chi sessions are held in the home, and the deputy manager reported a reduction in accidents and falls since the commencement of these classes, designed to improve balance, mobility, and stability.

The cast for the pantomime, “Lad in the Manger,” involves care receivers wishing to take part and staff, with families, invited to come and watch. The much-anticipated pantomime has created an air of excitement within the home.

A former staff member suggested that more opportunities should be made available for families to be involved in activities. Verbal feedback gained during the inspection from care receivers indicated that they had no further suggestions for additional activities. However, the Registered Manager shared that a request had been made for a pétanque pitch, which had been considered but came at a considerable cost, so it may not be possible.

Resident meetings are held every two months, and feedback is responded to. The minutes of one meeting covered items including the home newsletter, meals, and any issues care receivers wished to raise, demonstrating that care receivers are provided a formal opportunity to give feedback.

A complaints and compliments log were shared with the regulation officers. No complaints have been made to the Jersey Care Commission since the last inspection, and many compliments are visible within the home’s compliments and complaints log. Any concerns raised about the service have been resolved informally by the Registered Manager. Each care receiver and their family are provided with a copy of the home’s complaints policy statement and instructions on making a complaint. A laminated leaflet copy is also available in each care receiver’s room. Care receivers and their families confirmed they knew how to raise a complaint and felt confident any complaint would be suitably handled.

This year, a letter sharing the results of the care receiver and family feedback surveys was disseminated. Families requested their loved ones be called by their preferred name and not by a nickname and the management team responded by stating they would remind staff of the importance of calling the care receivers by their preferred name. This demonstrates the management team's willingness to listen and respond.

Supervision is conducted on a three-monthly basis and appraisals annually. This provides the opportunity for care/support workers to discuss their role and identify any issues. The Registered Manager can access their own supervision every two months. The IT system highlights when supervision is within the due date, due, or overdue. The service was able to show compliance with achieving regular supervision and appraisals.

Is the service well led?

Evaluating the effectiveness of the service leadership and management.
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The Registered Manager believes in leading by example and promotes and encourages open and honest conversations. They regularly meet with the committee members to discuss the home finances, staff training, and home improvements and a quarterly newsletter is disseminated to care receivers, their representatives, and staff to inform them of any updates. There are plans to introduce facial identification recognition for staff entering and leaving the home, which will link to payroll and rotas to be added to the IT platform.

The number of nursing beds has increased this year, and there is the potential to further increase the number of beds in conjunction with an uplift in the number of suitably skilled staff to ensure the continued delivery of safe care and maintain staff wellbeing.

A staff well-being survey is conducted every year, and staff receive a healthcare package that contributes to medical and dental fees. Staff well-being is pivotal to the home, and every week, "Sunday Reflection" time is held, which is a dedicated time for staff to talk openly in a safe space. A bereavement counselling service is available when required.

A carer described –

"Xxx (Registered Manager) introduced staff to the benefits of health insurance. They look after us."

The Registered Manager holds weekly meetings with the heads of departments to discuss, share, and respond to matters such as new admissions of care receivers into the home, identified environmental concerns, and any increase in care receivers needs and outcomes of risk assessments.

There is evidence of a robust governance framework within the home, which is an area of good practice and includes listening and being responsive to feedback, regular audit activity, up-to-date policies and procedures, and a training programme that provides specific training required to meet the needs of individual care receivers. It is positive to note that there is adequate compliance with staff receiving their mandatory and statutory training. The training log will shortly be moving to the IT platform, allowing improved staff accessibility and identifying when training is due, overdue, or completed. The regulation officers saw folders in the nurse's office and staff room which contained future training opportunities.

The home is fortunate to have a staff training co-ordinator and identified healthcare leads have recently been introduced. Healthcare leads have additional responsibility for teaching or point of contact for advice regarding subjects such as safeguarding, continence care, mental health, capacity, and neurology. Skilled subject trainers are invited into the home to support the delivery of specialist knowledge, and if completion of competency assessments is required, staff whose first language is not English are supported in completing the assessments.

The Registered Manager promotes and encourages career progression, and Maison St Brelade is accredited to mentor pre-registration nursing students. A carer has recently left her role to pursue a career in nursing, and there has been the recent introduction of two practice development carers who are responsible for promoting practice improvement within their peer group.

A list of audits conducted in the home during 2024 was provided, as well as samples of completed audits, including medication, infection control, hand hygiene, record keeping, and a kitchen audit. Staff are involved in the audits, and findings and recommendations are shared at staff meetings and handovers.

The Regulation Officer was informed by the deputy manager that re-audits are conducted three to six monthly to ensure compliance with the recommendations introduced in the previous audit. A review of written records has been undertaken, and as a result a new documentation/record-keeping policy is being written.

An informative employee handbook is provided to new starters, which advises them about how the home operates, employment terms and conditions, and policies and procedures. There are also staff induction booklets for carers and nurses containing workplace induction objectives that must be completed during the two-week induction period. The booklet also includes the mandatory training to be attended and copies of the home's policies. The provision of person-centred care is evident throughout the booklet, and competency assessments are included, such as an assessment to ensure the correct use of a hoist. New staff members initially work in a supernumerary capacity, which can be extended if necessary.

Nine policies were requested for review as part of the inspection process, and all were found to be comprehensive and been reviewed during 2024, with a review date set for 2025. A policy is currently in progress to support the nurses and senior carers in delegating certain tasks to the carers.

This year, a mock inspection was conducted based on the Commission's care home standards to ensure high standards are maintained throughout the year. This area of good practice demonstrates the home's commitment to maintain standards and continuous improvement. The mock inspection was mainly positive, and any identified issues were actioned immediately. One suggested area for improvement was for a key to be provided for the different colours used on the off-duty to help understand the colour code. During the review of the rotas, the Regulation Officer found the key to be beneficial.

There was a blend of staff with qualifications and experience that met the Commission's standard for the maximum number of hours worked by a member of staff each month and exceeded the minimum number of staff required to work a shift. A carer shared, "*Because staffing levels are good, they have the time to care*". Staff members confirmed that rotas are provided 10 to 12 weeks in advance. Handover is within the paid working day but has recently been shortened from 30 to 15 minutes.

Shift times were changed in spring 2024 to ensure equality for all staff by providing paid breaks and adequate rest periods within each shift. A carer shared that they prefer the new shift times as they still have some of the evening left after finishing work and confirmed they receive their breaks and finish work on time. The regulation officers were informed that the decreased handover time had not impacted care delivery.

Staff meetings are conducted every three months and are divided into individual staff groups, such as domestic staff, carers, and night staff. The minutes of meetings reviewed included:

- staff well-being
- findings from the mock inspection
- plans for an annual general meeting led by the parish of St Brelade at the beginning of 2025.

Feedback was collated from various sources following the inspection, and a member of staff shared, *“People work with their hearts in Maison St Brelade.”* A care receiver said they, *“Love it here”* and their family said they *“Have nothing but praise!”* A volunteer who was present in the home during the inspection revealed they, *“Love being here. It’s a phenomenal place to be!”* And one professional shared, *“I hold the care home in very high regard. This is from my own observations alongside the very lovely compliments given by residents, which is a testament to the care provided.”*

A family member shared –
“The home is amazing, and they couldn’t do more for him!”

DEVELOPMENT PLAN

No areas for development were identified during this inspection, and a development plan is not required.

Appendix 1 – Sources of Evidence

New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<p>Policies including:</p> <ul style="list-style-type: none"> • Safe recruitment and selection policy • Comments and complaint policy • Complaints procedure for residents • Disciplinary procedure • Grievance procedure • Medication Policy • PRN medication policy • Safeguarding adult policy and procedures • Whistleblowing policy • Fire safety, drill and PEEPs • Discussion with the staff team • The service Statement of Purpose • Review of the indoor environment • Staff training records • Care records • Carer/nurse induction records • Employee Handbook
Is the service effective and responsive	<ul style="list-style-type: none"> • The service information leaflet • Care records • Feedback from care receivers • Feedback from professionals external to the service
Is the service caring	<ul style="list-style-type: none"> • Observation • Feedback from care receivers • Resident meeting minutes • Care records

Is the service well-led

- Discussion with staff
- Minutes of staff meetings
- Staff rota

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for development 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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