



**Jersey Care
Commission**

INSPECTION REPORT

Maison La Corderie

Care Home Service

**Green Street
St Helier
JE2 4UG**

26 March and 01 April 2025

**Date Published
13 May 2025**

1. THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014 ('the Law'), 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 of the inspection of Maison La Corderie Care Home. The Care Home is operated by Methodist Home for Aged (Jersey) Limited and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Care Home Service
Mandatory Conditions of Registration	
Type of care	Personal care and personal support
Category of care	Adult 60+
Maximum number of care receivers	33
Maximum number in receipt of personal care/personal support	33
Age range of care receivers	60 years and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1 – 31: one person Short stay ground floor: one person Short stay first floor: one person

Discretionary Conditions of Registration
<ol style="list-style-type: none"> 1. The two bedrooms referred to as 'short stay ground floor' and 'short stay first floor' (which do not meet the minimum 12m² 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.
Additional information:
<p>Since last inspection, the Commission received:</p> <ol style="list-style-type: none"> 1. Variation request to increase the number of beds. 2. An Updated Statement of Purpose in relation to staff changes.

As part of the inspection process, the Regulation Officer evaluated the home's compliance with the mandatory conditions of registration and additional discretionary conditions required under the Law. The Regulation Officer concluded that all requirements have been met. The Registered Manager gave assurance that they continue to be on track with the Level 5 Diploma in Leadership in Health and Social Care.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager one week before the visit. This was to ensure that they would be available during the visit. One Regulation Officer was present for the first day, and a Regulation Officer and a Pharmacist Inspector were present for the second visit.

Inspection information	Detail
Dates and times of this inspection	26 March and 01 April 2025
Number of areas for improvement from this inspection	One
Number of care receivers accommodated on day of the inspection	28
Date of previous inspection:	1 and 2 May 2024
Areas for improvement noted in 2024	None
Link to previous inspection report	20240502MaisonLaCorderieIR.pdf

3.2 Focus for this inspection

This inspection included a focus on the below 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 improvement identified at the last inspection

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

4.2 Observations and overall findings from this inspection

Staff recruitment follows the requirements of Care Home Standards. The recruitment policy was reviewed and is clear and aligns with best practices. The Regulation Officer reviewed a sample of completed induction packs for new staff members, which were structured and supportive. Staff rotas are well-managed, ensuring adequate coverage, as per Care Home Standards. The training matrix was reviewed, and staff feedback confirms they feel well-prepared to meet care receivers' needs. The Registered Manager monitors the training closely and ensures all staff are up to date.

The Statement of Purpose is clear and reflects the service provided. Regular team meetings are organised, and feedback from staff is positive. Additionally, regular care receiver meetings are also organised, and care receivers and their representatives feel satisfied with the ongoing communications in place. The concerns and complaints policy is up to date and no formal complaints have been recorded. A business continuity plan was provided, and it ensures the service can respond effectively to emergencies.

A structured staff wellbeing policy is in place. Care plans and risk assessments are up to date in the service system. Mealtimes are well-organised, providing a dignified and enjoyable experience for care receivers.

Written agreements and financial records are clear and well-maintained. Policies and procedures are up to date and available at all times. The organisational structure ensures accountability, and staff understand their roles.

A medication review found safe practices aligned with standards. However, there are some areas that require further improvement such as implementation of protocols for 'when required' medication, temperature checks, documentation, and incident recording. The Registered Manager confirmed these will be addressed.

Registered Manager remains proactive in maintaining quality, ensuring staff are well-supported, and responding effectively to care receivers' needs.

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 of the information held by the Commission about this service was reviewed, including the previous inspection report, reviews of the statement of purpose, variation requests and notification of incidents.

The Regulation Officer sought feedback from ten care receivers and their representatives, six provided a response. They also had discussions with the service's management and sought feedback from thirteen staff members, eight provided a response. Additionally, feedback was sought by six professionals external to the service, four provided a response.

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

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager, which was followed up with written feedback after all relevant feedback was gathered.

This report sets out our findings and includes any 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.

¹ All Care Standards can be accessed on the Commission's website at <https://carecommission.je/>

5.2 Sources of evidence

New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<p>Staff recruitment</p> <p>Induction Pack</p> <p>Recruitment Policy</p> <p>Rotas</p> <p>Training matrix</p> <p>Staff feedback</p>
Is the service effective and responsive	<p>Statement of Purpose</p> <p>Care receivers and representees' feedback</p> <p>Team meetings</p> <p>Supervisions and Appraisals</p> <p>Concerns and complaints policy</p> <p>Business continuity plan</p> <p>Medication Management reviewed</p>
Is the service caring	<p>Staff wellbeing Policy</p> <p>Staff, Care receivers, representees' feedback</p> <p>Care plans and risk assessments</p> <p>Mealtime observation</p>
Is the service well-led	<p>Written agreements & Finances</p> <p>Accident and incident</p> <p>Policies and procedures</p> <p>Organisational Chart</p>

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The Regulation Officer focused on the home's recruitment processes, including staff files, employment checks, and compliance with safer recruitment practices. The recruitment policy aligns with regulatory requirements. The home follows a robust recruitment process, ensuring that all staff undergo the necessary background checks, including Disclosure Barring Services (DBS) verification and reference checks. A sample of files were reviewed and were found to be well-maintained and aligned with internal policies.

A structured induction pack is in place, guiding new staff through essential training, policies, and expectations before starting their role.

Staff scheduling was reviewed to ensure adequate coverage and continuity of care. The rota sample that was provided for this inspection was found to be well-organised, with adequate staffing levels to meet care receivers' needs.

A structured training matrix is in place, documenting completed training for each staff member. Training is up to date, with staff regularly attending refresher courses. A mix of face to face and eLearning training was noted. The Registered Manager is responsible to ensure that the matrix is up to date and all staff completed their training in line with the Care Home Standards.

Feedback from staff:

All staff complete annual mandatory training, and we are lucky enough to have a director who provides additional training to compliment the mandatory training.

The Regulation Officer sought feedback from staff and their views on support. Feedback was positive, with employees expressing confidence, and staff feel well-prepared to carry out their roles effectively.

Is the service effective and responsive?

Care, treatment, and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

The Statement of Purpose is up to date and aligns with the service delivered. It defines the home's aims, objectives, and the needs of the care receivers it supports. The Regulation Officer noted minor administrative amendments, which the Registered Manager acknowledged and assured that this would be addressed.

The views of care receivers and their families or representatives regarding the service were sought. Feedback was positive, with care receivers and their representatives' expressing satisfaction with the care and communication from staff. They feel that Maison La Corderie is their home and are very much involved in the day-to-day operations of the home. Regular meetings also take place, which was seen as an extra layer for their communication routes.

Team meetings occur formally and informally. The home has an open-door policy, and this was observed during the inspection visit. Staff, residents and health professionals are at ease in the home and access the main office, and communication was shown to be effective.

A clear and accessible concerns and complaints policy is in place. Although no complaints have been received, staff understand the procedure for logging in and addressing concerns if they arise.

A detailed business continuity plan is in place, outlining procedures for handling emergencies, such as staffing shortages, power failures, or other disruptions. The Registered Manager explained that the document is carefully monitored by the board of trustees and is currently under review.

A medication management review was conducted with the Pharmacist Inspector, including the home's medication storage, administration, policies, procedures, training, and record keeping.

A separate report with detailed findings and recommendations was provided to the home. Overall, the home practices safe medication management in line with its internal policies and the Care Home Standards. However, some areas for improvement were identified. These include introducing protocols for the use of 'when required' (PRN) medications, improving the recording and monitoring of room and fridge temperatures, formalising procedures for self-administration and transcribing, ensuring proper documentation for discontinued and disposed medicines, and strengthening the audit trail for incident management. The Registered Manager acknowledged the feedback and confirmed that appropriate actions will be taken to address these areas. Medication management is an area for improvement.

Is the service caring?

Care is respectful, compassionate, and dignified. Care meets people's unique needs.

A structured staff wellbeing policy is in place, ensuring that staff receive appropriate support, regular supervision, and access to resources that promote their mental and physical health.

Supervisions and appraisals are carried out in line with Care Home Standards and follow a strength-based model. Staff reported feeling well-supported and confident in their ability to provide high-quality, person-centred care. They also expressed job satisfaction and a sense of teamwork.

Feedback from a family member:

The staff are very responsive; are very caring and helpful.

Feedback received by care receivers and their representatives was positive, with care receivers and their families highlighting the caring nature of the staff and the respectful way they are treated.

Care plans are tailored to each individual's needs and preferences. Risk assessments are regularly updated to ensure safety while promoting independence. Daily entries from staff were noted. Evidence of health care professionals' input was also observed in the care plans.

Appropriate 'do not attempt cardiopulmonary resuscitation' (DNACPR) forms were completed for relevant care receivers, ensuring that their wishes regarding resuscitation were clearly documented. To maintain discretion and dignity, staff use a subtle system to remain aware of residents' DNACPR status, enabling them to respond appropriately while respecting the privacy of those in their care.

The Regulation Officer observed mealtimes during the inspection visit. These are well-organised, with a variety of food choices available to meet dietary needs and preferences. Staff provide assistance where required, and mealtimes are seen as a social and enjoyable experience for care receivers. The home had a recent 'Eat Safe' inspection, where they maintained a five-star rating.

Is the service well led?

The leadership, management and governance of the organisation assures delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

Clear written agreements are in place for all care receivers, outlining the terms of care provision, associated costs, and financial responsibilities. It was noted that the agreements have the old address of the Jersey Care Commission. Therefore, the Regulation Officer requested this to be updated, which was taken on board by the finance team and the Registered Manager at the time of the inspection visit. The fees charged by the home are available for any enquiries, and it was noted that there are no discrepancies, which provided equity and accessibility. Financial records are well-maintained, ensuring transparency and accountability.

A reporting system is in place to ensure that accidents and incidents are logged and reviewed in the Information Technology (IT) platform used by the home, however this is only stored in each individual's care plan. Staff understand the reporting process and follow procedures effectively. Although the home has a process in place, it was found that it would be beneficial to implement a central log system for all reported accidents and incidents; in order for the home to be able to access and act more effectively, it was recommended to produce an internal log, which the Registered Manager acknowledged the benefits.

The Regulation Officer reviewed all notifications received by the Commission and also a sample of care plans during the inspection visit, and no discrepancies were found with the reporting system.


Feedback from Staff:

I am confident that the home has a full suite of policies and procedures which are regularly reviewed, updated and readily available for staff.


The Regulation Officer reviewed a sample of policies. The reviewed policies were up-to-date and aligned with Care Home Standards and relevant local legislation. Staff are aware of these policies, and they are always available in-house.

A clear organisational chart is in place, outlining roles and responsibilities within the home. This is discussed at an induction level and is additionally displayed at the main office at all times. Staff understand the leadership structure and know who to approach for support or decision-making.

What care receivers and relatives think of the home:

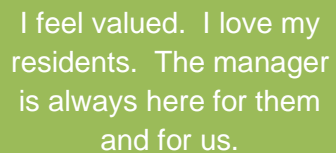


I love it here; the staff are amazing! The manager is very proactive and helpful. They run a well organised and caring.

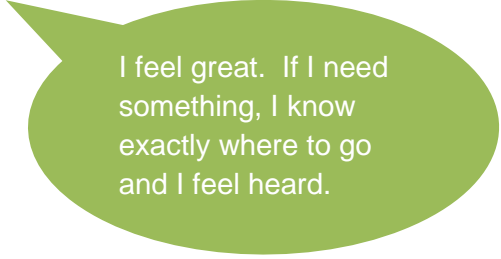


Someone is always available to talk to and discuss issues as and when they arise.

What staff said:




I feel valued. I love my residents. The manager is always here for them and for us.

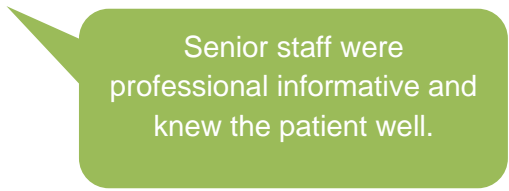


I feel great. If I need something, I know exactly where to go and I feel heard.

A professional's view:



The staff are working well together. The residents are happy with the care they received, and the activities provided. They have a very good manager and well led.



Senior staff were professional informative and knew the patient well.

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.

<p>Area for Improvement 1</p> <p>Ref: Standard 6.8; Appendix 9 Regulation 14 (1) (2)</p> <p>To be completed: 01/08/2025</p>	<p>Medication management should be strengthened to ensure safe and consistent practice. Key areas include protocols for the use of 'when required' (PRN) medications, improving the recording and monitoring of room and fridge temperatures, formalising procedures for self-administration and transcribing, ensuring proper documentation for discontinued and disposed medicines, and strengthening the audit trail for incident management.</p> <p>Response by the Registered Provider: All PRN medications have been reviewed and where required GP's have been contacted to alter instructions. Reid's Pharmacy are now using a separate MAR sheet for all PRN medication. Team meeting has been held to discuss the administration and documentation of PRN medication. Updated documentation is now in place for the recording of fridge temperatures. New thermometers are now in use for recording both fridge and room temperatures. We now have a specific book for discontinued and disposed medicines. A weekly audit is already in place for checking medication. This is to be updated to include an audit of incident management.</p>
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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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