



**Jersey Care
Commission**

Summary Report

Maison La Corderie

Care Home Service

**Green Street
St Helier
JE2 4UG**

26 March and 01 April 2025

**Date Published
13 May 2025**

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.

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> <hr/> <p>Response by the Registered Provider:</p> <p>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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The full report can be accessed from [here](#).