Jersey Care Commission

INSPECTION REPORT

Maison St Brelade

Care Home Service

La Petite Route Des Mielles
St Brelade
Jersey
JE3 8FB

Inspection Dates
22 and 23 October 2025

Date Published
10 December 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 St Brelade Care Home. The care home is operated by the Parish of St Brelade and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Care Home Service
Mandatory Conditions of Registration	
Type of care	Nursing, personal care and personal support
Category of care	Adult 60+
Maximum number of care receivers	52
Maximum number in receipt of nursing care	20
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 Room 15b one person for respite stay/end of life care Room 23b one person, for respite stay only
Discretionary Conditions of Registration	
None	
Additional information	
A courtesy visit was conducted on the 18 June 2025 to facilitate a visit by an external regulator.	

As part of the inspection process, the Regulation Officers evaluated the home's compliance with the mandatory conditions of registration required under the Law. The Regulation Officers concluded that all requirements have been met.

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 inspection. This was to ensure that the Registered Manager would be available during the visit.

Two regulation officers were present for the first visit, and one Regulation Officer was accompanied by the Pharmacist Inspector for the second day. References to who gathered the information during the inspection may change between 'the Regulation Officer' and 'regulation officers'

Inspection information	Detail
Dates and times of this inspection	22 October 2025 09:00-16:55 23 October 2025 09:00-16:30
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	50
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	11, 14 and 17 November 2024 None IRMaisonStBrelade2024.11.17Final.pdf

3.2 Focus for this inspection

This inspection included a focus on these specific new lines of enquiry:

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

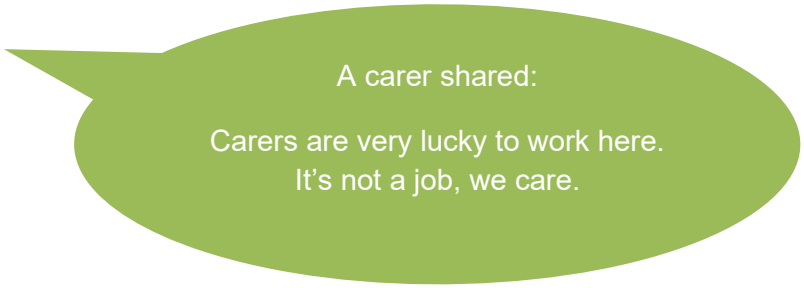
4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for development identified at the last inspection

At the last inspection, no areas for development were identified. Areas for development will now be referred to as areas for improvement.

4.2 Observations and overall findings from this inspection

During the inspection, regulation officers found the Registered Manager and their team to be highly motivated and committed to delivering person-centred care. Teamwork was evident, with strong mutual support and respect for both colleagues and care receivers. Staff described the Registered Manager as approachable and good at communicating with employees, care receivers, and their representatives.



A comprehensive induction programme is in place, and one carer shared that they felt well supported during this process and confident to work independently. The team is fully compliant with training requirements and receive tailored training to meet the specific needs of care receivers, enabling care to be delivered in line with best practice.

Staff wellbeing is a clear priority. Carers reported regular supervision sessions and annual appraisals, which they value. A review of staff rosters confirmed that the home is appropriately staffed, with carers not exceeding their contracted hours. Staff also stated they have sufficient time to engage meaningfully with care receivers.

The care receivers' representative feedback:

The carers always ask mum what she wants, and everyone has been amazing.

The home strives to make "every moment matter", and feedback from a care receiver's representative highlighted that their loved one's preferences and choices are consistently respected.

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, reviews of the Statement of Purpose, variation requests and notification of incidents.

The Regulation Officer gathered feedback from three care receivers and three of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by three professionals external to the service.

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

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager.

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

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

5.2 Sources of evidence.

New key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Induction Records Policies and procedures Employee handbook Training matrix Staff feedback Care records Risk assessments Rosters Monthly reports
Is the service effective and responsive	Statement of purpose Staff feedback Care receiver representative feedback Professional feedback Monthly reports Leaflet about working in the home to attract staff Application to enter Maison St Brelade Care Home
Is the service caring	Staff wellbeing Care receiver representative feedback Care receiver feedback Monthly reports Care records
Is the service well-led	Organisational chart Care receiver information Training matrix Policies and procedures Spring newsletter

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The Registered Manager has a strong understanding of both the staff team and the care receivers. They are present in the home for morning handovers four times a week, ensuring they remain informed about care receiver wellbeing, any incidents, and providing support to the team.

The Registered Manager is passionate about leading a team that feels empowered to deliver safe, compassionate care grounded in the latest best evidence.

Feedback received from a health care professional external to the service:

It is obvious the staff know their residence very well; they are aware of any slight change in their health and call for a home visit asap.

A key focus of the inspection was the management of medication. Prior to the inspection, the Registered Manager provided the recently reviewed medication policy. This policy addressed most areas recommended by the National Institute for Health and Care Excellence for inclusion in a care home medication policy, with the exception of processes relating to non-prescription medicines. The staff team are required to sign to confirm they have received, read, and understood the policy.

In addition, the home has an 'as required' (PRN) medication policy, which includes guidance on protocols, reviewing, and discontinuing PRN medicines. A PRN initial checklist was in use, which is considered good practice, and PRN care plans were also in place. The PRN protocols reviewed during the inspection were comprehensive.

During the inspection, the diabetic grab box (a box that can be collected in the event of a diabetic emergency that contains everything required for the emergency) was checked. The staff were reminded to ensure these items are date-checked regularly and that blood glucose monitors are calibrated according to the manufacturer's guidance. A senior carer was delegated during the inspection to contact the manufacturer for calibration advice.

Some transcribing onto medication administration records (MAR) was observed. While the entries were signed and dated by two staff members, they did not include the formulation description or relevant cautionary warnings.

It is recommended that the home review the Commission's transcribing guidance, to identify any gaps in current processes, and implement changes to ensure all MAR transcriptions include these details.

The home should also obtain authorisation from a General Practitioner (GP) or pharmacist to confirm the suitability of all non-prescribed medication, including vitamins, taken by care receivers. Clear records of such authorisations should be maintained to ensure the appropriateness of medication.

During the inspection, it was identified that a brand of medicinal cannabis differed from what was recorded on the MAR and in the controlled drug count book. It is recommended that the management of medicinal cannabis products be strengthened. This includes ensuring the MAR accurately reflects the correct preparation and dose, and that the same information is documented in the relevant care plan.

Records of decisions relating to the covert administration of medication were maintained, and the Registered Manager demonstrated awareness of the correct process. One care receiver had a covert medication care plan in place, which was reviewed during the inspection. This plan included all relevant details, including documentation of those consulted during the decision-making process.

Regular medication audits have been conducted throughout the year, and findings and resulting actions have been shared with the staff team.

Evidence was seen of an email attached to the audit form, confirming that the audit outcomes had been circulated to staff. A recurring theme identified in previous audits was not evident during the inspection, indicating that learning and improvement have occurred.

Following a recent lesson learned, all staff involved in medication administration have repeated their online medication training and competency assessment. A carer confirmed that annual medicines competency assessments are carried out, and a review of a completed competency assessment for a delegated task was found to be appropriately completed and signed off.

Finally, a medication report form was shared following an incident, demonstrating transparency. The report detailed the error, lessons learned, and actions taken by the Registered Manager.

A review of recruitment files was conducted during the inspection, and the necessary references and Disclosure and Barring Service (DBS) certificates, were available. It was recommended that, where the update service is accessed, records are maintained of when the original DBS certificate was seen by the Registered Manager.

The staff rosters demonstrate good practice, consistently exceeding minimum safe staffing levels. This approach provides a buffer for unforeseen absences and ensures staff are available to deliver one-to-one, person-centred care, including dedicated end-of-life support.

Carers reported that they have sufficient time to spend with care receivers during the day, and care receivers acknowledged that, although carers are busy, they still have time to engage and converse with them.

During feedback, staff confirmed that they receive their rosters ten weeks in advance and already know which shifts they are working over Christmas. The Registered Manager does not guarantee requested days off, but the carers' shared requests are generally accommodated. Rosters are an area of good practice.

The staff induction records have undergone a review this year and are role specific. This includes an induction record for student nurses that the home accommodates twice a year for their practice placement.

The induction paperwork clearly sets out the objectives for the first week and includes essential information such as fire safety and, where applicable, drug administration. Each new carer is assigned a mentor, and since the last inspection, two practice development carers have been introduced to support inductions and assess competence.

The staff induction is determined by the needs of the inductee, who undergoes a period of shadowing before being supervised and assessed as competent to work independently. A carer recalled her mentor showing her around the home on her first day, completing an induction booklet, and feeling prepared to work independently after a period of shadowing care and supervised practice.

The induction record requires carers to demonstrate understanding of equality and diversity, person-centred care, and to evidence how they promote person-centred values and communication skills in practice. A dedicated section focuses on safeguarding, ensuring carers understand their responsibilities and identifying any training needs.

A sample of induction records was reviewed and found to be compliant with the Standards.

The role of the practice development carers includes supporting new employees throughout their induction process and being allocated one day each week to complete a compliance checklist. This checklist involves observing hand hygiene practices, verifying that care plans are up to date with the care receivers' needs, and ensuring that risk assessments are current.

A practice development carer shared they see their role:

As an opportunity to raise standards for care for care receivers.

The Registered Manager demonstrated a strong commitment to supporting and developing staff and students and has produced an information leaflet encouraging individuals to "*explore a career where you grow, learn and change lives*" at Maison St Brelade.

The staff training matrix includes role-specific training that meets the needs of the care receivers in the home. There is good compliance with mandatory and statutory training and evidence was provided of staff booked onto outstanding training. Training attended includes end-of-life care. The Training and Development Co-ordinator has been assessed as competent to deliver internal adult safeguarding and safe moving and handling training. This reduces the need for staff to attend external sessions, ensuring training is accessible and consistent.

Training is specifically aligned to the needs of care receivers. Practice development carers escalate any identified training needs to the Training and Development Co-ordinator. During the inspection, the Regulation Officer was informed that sepsis had been well explained.

Two carers reported completing dementia training delivered by a charity. This training enhanced their knowledge and understanding of dementia, enabling them to provide more effective support to care receivers with cognitive impairment.

A carer shared:

Training is good here!

A review of initial assessments conducted prior to the care receiver moving to the home, care plans and corresponding risk assessments was conducted. There was evidence that person-centred care is being provided, and the wishes of the care receivers respected. Signed risk assessments are in place for care receivers with capacity who decline recommended care and support considered beneficial. These assessments include details of the potential detrimental effects of not following the advice.

Based on the sample of files reviewed, the risk assessments are dynamic and are reviewed monthly, with a formal review conducted twice a year by the senior management team.

Examples of risk assessments include the Waterlow assessment tool for identifying individuals at risk of developing pressure ulcers and the malnutrition universal screening tool (MUST) assessment tool. In most cases, the risk assessments were reviewed weekly or monthly, depending on the care receivers needs. In one example, it was clearly documented that a care receiver would benefit from having two bed rails; however, they expressed that they would attempt to climb over one if installed. The staff team responded appropriately, recording that one rail is used with consent and implementing regular overnight welfare checks. The bed is maintained at a low height, and a sensor mat is in place. This approach demonstrates person-centred care and respect for the care receiver's wishes.

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 documents provided ahead of the inspection clearly outline the home's fees and the terms and conditions for admission, reflecting transparency. They also include the home's mission statement, which sets out what care receivers can expect: personalised, high-quality, evidence-based care. The home promotes dignity and respect, encouraging care receivers to maintain their independence within a safe, comfortable, and homely environment.

The written agreement can include an initial four-week trial if requested. Fees are billed monthly in advance, and one care receiver's representative, who holds lasting power of attorney for finances, confirmed they had no concerns regarding invoices or fee payments. The agreement clearly outlines what the fees cover and how personal monies are managed.

Visiting is permitted at any time, although visitors are asked to avoid mealtimes. Regarding leaving the home, there is no set notice period for care receivers.

The agreement states that if the home can no longer meet a care receiver's needs and the contract is cancelled, support will be provided to find suitable alternative accommodation.

During a tour of the home, a care receiver was observed relaxing in the comfortable library area, which offers a view of the garden. The books are labelled to indicate whether the text is in large or small font, demonstrating consideration for the differing needs of the care receivers.

The home features quiet areas and communal spaces, and staff were visible and available to provide support to care receivers. The home has natural light and an accessible garden area that is unlikely to cause perceptual problems for care receivers.

A care receiver with hearing impairment shared that group activities can sometimes feel overwhelming and expressed a preference for one-to-one activities in their room. The Regulation Officer was informed that the activity coordinator has, for example, visited a care receiver's room to polish their nails. Feedback from care receivers indicating a preference for one-to-one activities in their rooms was shared with the Registered Manager.

One carer commented, *"I love the one-to-one time with residents—the laughter and the jokes"* and highlighted the importance of maintaining professional boundaries during these interactions.

The home offers multiple channels for feedback, including encouraging staff to complete an exit feedback form when leaving employment. One comment highlighted the supportive atmosphere of the home and stated they would "*of course*" recommend it to prospective team members.

The Registered Manager produces a quarterly newsletter reflecting on recent events. The newsletter featured photographs from the Christmas pantomime, in which both care receivers and staff took part, along with a thank-you to everyone who helped make the event memorable. It also included an acknowledgment and thanks to care receivers and their families for completing a recent feedback survey, noting that their input helps drive improvement and maintain high standards of care.

Since the last inspection, a staff member has taken on the additional role of care receiver advocate. This is particularly valuable for care receivers without family representatives, ensuring their voices are heard and representing an area of good practice.

Care receiver and family meetings are held regularly, and as a result of feedback, the evening mealtime was adjusted. Care receivers also praised the quality of the laundry service.

During discussions with the Registered Manager, it was recommended that they work with human resources (HR) to strengthen the business continuity plan in the event that both the Registered Manager and Deputy Manager are absent simultaneously.

Developing senior staff who are willing to assume the role temporarily could provide additional support to the management team and ensure continuity of operations.

Is the service caring?

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

During the inspection, the regulation officers observed care receivers being treated with kindness and compassion. At lunchtime, the dining room atmosphere was lively, with carers seated beside care receivers to assist them. Most care receivers choose to dine in the communal area, while those preferring to eat in their rooms have their choice respected. The seasonal menu for the week was displayed, and a care receiver's representative confirmed that the chef readily accommodates requests for alternatives. The chef is responsive to residents' individual dietary needs as detailed in their care plans and adaptations such as two-handled cups support independence during meals.

During the inspection, the dining room was decorated for Halloween. A full day of themed activities is planned for Halloween and is advertised in the foyer, including a Halloween-inspired menu for the occasion.

The care records demonstrate collaborative working with external agencies, including chiropodists and GP. One care receiver reported being supported to attend a dental appointment, where the Registered Manager had arranged an appointment at a practice that could accommodate their wheelchair. This provided a positive experience for the care receiver, contributing to their oral health, appearance, and overall comfort.

A health care professional external to the service fedback:

I have found (the staff) them very supportive and helpful during my patient reviews there and I have no doubts that the staff are suitably skilled, and the service is well led.

Care plans are person-centred and promote independence for care receivers. They are reviewed regularly and include details of daily living requirements, such as whether assistance from one or two carers is needed for washing and dressing, or if the care receiver is independent. Medical and social history is recorded and completed body maps with associated photographs are maintained. Evidence of advanced care plan wishes was found in the sample of files reviewed. Care receivers confirmed that the care and support provided met their needs.

The activity coordinator, supported by volunteers and carers, delivers a varied programme of activities. Since the last inspection, new activities have been introduced to provide additional stimulation for care receivers. Popular options such as bingo, arts and crafts, and card games continue, while chair yoga and pétanque have been added. Pétanque was introduced in response to a care receiver's request and has been enjoyed by both care receivers and their visitors.

The number of volunteers assisting in the home has doubled since the last inspection, which is considered an area of good practice. Before starting their role, volunteers receive support to complete the required mandatory training.

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.

The home demonstrates a positive and supportive culture, reflecting strong leadership from the Registered Manager, who values the quality of care and support the team provides to care receivers. Leadership within the home is considered an area of good practice. Feedback indicated that staff work collaboratively to ensure care receivers are comfortable and content in their home.

The Registered Manager demonstrates strong accountability and was responsive to suggestions during the inspection. It is evident that they continually strive to improve both the care and support provided to care receivers and the environment in which it is delivered. As part of this commitment, solar panels have been installed on the roof to promote environmental sustainability.

Staff wellbeing remains a key priority for the Registered Manager, and there are currently no staff vacancies. Feedback from staff was positive, with team members stating they feel well supported. The Manager has signposted staff to external resources and wellbeing support offered by a contracted provider. Additionally, one member of the team is a trained counsellor, providing further support within the home.

Staff meetings are held quarterly with the individual staff groups. These meetings offer an opportunity for everyone to share their thoughts and suggestions.

During the previous inspection, the Registered Manager indicated they would welcome support with HR matters. Since then, an external HR agency has been engaged, and work has been undertaken with the Registered Manager on areas such as employment terms and conditions and the development of a business continuity plan.

A review of a sample of supervision records confirmed that the frequency of meetings complies with the Standards. There was evidence that mandatory training requirements had been discussed to ensure completion, and the carers' Code of Conduct was referenced. Carers reported that they value these sessions as an opportunity to reflect on their practice and identify training needs.

Appraisals are conducted annually, with staff completing a personal preparation form beforehand to guide the discussion. A review of a sample of appraisals showed that staff receive constructive feedback from the Registered Manager, including positive comments such as: *"You should take immense pride in your achievement"* and *"You are an excellent advocate for your residents."*

The home has a suite of policies that are subject to annual review and are accessible to Staff. The complaint policy is included within the initial information provided to new residents detailing the escalation process. A log of complaints and compliments is maintained, and since the last inspection, there have been no formal complaints, and there was evidence of compliments.

The Registered Manager is aware of the most up to date Island-Wide strategies and best practice tools. In one care plan reviewed, a reference was made to the Maison St Brelade Pressure Ulceration Prevention Policy, and it was recommended the policy include a link to the Island Wide Pressure Ulcer Strategy.

During the inspection, the Registered Manager was proactive and contacted the provider of the electronic care records system. They requested the addition of the Rockwood Frailty Score, which assesses the person's illnesses, function, and cognition to generate a frailty score. The tool helps identify care receivers at risk for poor health outcomes, allowing for more timely and appropriate interventions.

As well as medication audits being conducted, the audit programme includes hand hygiene practices and record keeping. Following the identification of record-keeping issues in an audit, mandatory record-keeping training has been implemented to address these specific concerns and improve compliance.

The Registered Manager maintains a folder of the significant restrictions on liberty (SROL) authorisations that are in place and these SROLs are referenced in the associated care plans.

A second folder is maintained with records of the lasting power of attorney for five care receivers. At the front of the file, there is information for staff explaining this role.

In the interest of transparency, a 'Friends of Maison St Brelade' charity was established this year and will allow the home to apply for charitable donations. The committee is inclusive, with representation from care receivers and their representatives.

Feedback from one health care professional included:

While treating patients in their own home I am often asked if I would recommend Maison St Brelade as a Nursing or Care home. I have no issue recommending Maison St Brelade, they have a highly skilled team who put the residence needs first, I can highly recommend them for when patients need to go onto care.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an improvement plan is not required.

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.

Jersey Care Commission

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