Jersey Care Commission

INSPECTION REPORT

Maison St Brelade

Care Home Service

La Petite Route Des Mielles
St Brelade
Jersey
JE3 8FB

Inspection Dates
2 and 4 September 2026

Date Published
26 October 2026

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
Type of regulated activity	Care Home
Mandatory Conditions of Registration	
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	
The Commission received a revised Statement of Purpose on the 9 December 2025 due to changes in the organisational structure.	

As part of the inspection process, the Regulation Officer evaluated the home's compliance with the mandatory conditions of registration required under the Law. The Regulation Officer found that the individual previously identified as the Provider for this care home service was no longer acting in that role. At the time of writing this report, the Commission are waiting for an application to be lodged by the new Provider.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice was given to the Registered Manager seven days prior to the first inspection visit. This was to ensure that the Registered Manager would be available during the visit.

Inspection information	Detail
Dates and times of this inspection	2/09/2026 – 8.10 am to 5 pm 4/09/2026 – 7.25 am to 3 pm
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	51
Date of previous inspection	22 and 23/10/2025
Areas for improvement noted at the last inspection	None
Link to the previous inspection report	RPT_MSB_Inspection_20251023.pdf

3.2 Focus for this inspection

This inspection included a focus on these specific 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

The service was found to be safe, effective, responsive, caring and well led, with many examples of good practice observed across the inspection.

Safe recruitment processes for staff and volunteers were consistent with best practice. Staffing levels met the requirements of the Standards and were adjusted according to the dependency needs of care receivers. Staff were appropriately qualified, with training, induction and supervision arrangements providing assurance that staff had the skills and competence required to deliver safe care. A minor issue was identified regarding the renewal frequency of criminal record checks, which the Registered Manager addressed promptly. Medication management was generally safe and effective, although improvements were recommended regarding the storage temperature of medications within clinical rooms.

The home demonstrated strong responsive and effective practice. Care receivers benefited from a comprehensive welcome pack, a varied and inclusive activities programme, and positive engagement with external health and social care professionals. The home showed good implementation of recognised frameworks, including those relating to pressure ulcer prevention and end-of-life care. Individual needs, such as communication, nutrition and falls risks, were assessed and managed appropriately.

Observations of care delivery were positive, with staff treating care receivers with dignity, compassion and respect. Care receivers were supported to make choices about their daily lives and to participate in care planning where they wished. Care records demonstrated a person-centred approach, supported by comprehensive assessments, regularly reviewed care plans and detailed daily records. Advance care planning, consent, capacity and restrictions on liberty were managed effectively.

Opportunities for feedback through surveys and resident meetings further supported person-centred care, giving care receivers a voice in the running of the home and ensuring their views informed service improvements and developments.

Leadership and governance arrangements were strong. Although a formal service development plan was not yet in place, the Registered Manager demonstrated a clear commitment to continuous improvement through a range of innovative developments. Quality assurance systems, including extensive auditing, independent monthly reports and the "Resident of the Day" initiative, were effective in promoting high standards of care. Staff spoke positively about the leadership team, and the culture of the home was found to be supportive, inclusive and focused on achieving positive outcomes for care receivers.

Feedback from care receivers, relatives and professionals was consistently positive, reflecting high levels of satisfaction with the quality of care provided.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care and Support Services with Accommodation 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 reports, the Statement of Purpose, variation requests and notification of incidents.

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

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

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

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and followed up on the findings of the inspection by email on 7 September 2026.

This report presents our findings from the inspection and outlines the range of observations made. Throughout the report, we may highlight any areas of good practice identified, along with suggestions where practice could be strengthened or further enhanced.

5.2 Sources of evidence.

Key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Safe recruitment practice (personnel files) Criminal record checks Staff rotas Induction policy and practice Training matrix (including Level 2 and 3 Diploma) Notifiable events Complaints management Health and safety policy and practice Medications administration Safety of the environment
Is the service effective and responsive	Statement of Purpose Welcome pack for new care receivers Activities programme Collaborative working Individual care receiver needs (falls policy and practice, communication and nutrition) Management of Lasting Power of Attorney and Delegates Feedback from professionals
Is the service caring	Observations of care delivery Care receiver choice, consent and control Initial assessments Risk assessments and care plans Advance care planning Management of care receivers without capacity Care receiver feedback from meetings and surveys Delegated tasks Feedback from care receivers and family members

Is the service well-led	Service development Business continuity plan Quality assurance and monthly reports Policies Approaches for discrimination Supervision and appraisal records Feedback from care staff Leadership Workplace culture

1. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Safe recruitment practices were reviewed for a sample of staff and volunteers who had joined the service since the previous inspection in October 2025 and were found to be consistent with best practice. In addition, criminal record checks for existing staff were examined. The Registered Manager understood that criminal record checks were required every five years; however, the Standards require these to be renewed every three years. Upon this being identified, the Registered Manager acted promptly to address the matter. This was considered an isolated oversight rather than a systemic failure of the home's safe recruitment processes.

Staff rotas were reviewed and demonstrated that staffing levels consistently met the minimum requirements set out in the Standards. The service also took account of the individual dependency and support needs of care receivers when determining staffing levels, ensuring sufficient staff were available to provide safe and effective care.

One care receiver commented:

Some staff have been here for decades, that must feel you something. It is a lovely home.

The Regulation Officer noted that at least 50% of care staff on duty at any one time held the requisite Level 2 Diploma in Adult Social Care (or an equivalent qualification), in accordance with the Standards. This included registered nurses and senior carers who held qualifications above the minimum requirement. These arrangements provided assurance that the service maintained an appropriately skilled and competent workforce to meet the needs of care receivers.

The home's induction arrangements provided a structured and comprehensive introduction for new staff, ensuring they were appropriately prepared for their roles and able to deliver safe and effective care. Induction programmes were tailored to the specific responsibilities of different staff groups within the home and clearly outlined the aims, objectives, and expectations of the induction period.

Induction records included a detailed checklist of essential knowledge, skills, and competencies to be completed by staff, supporting a consistent approach to developing the capabilities required to meet the needs of care receivers. A review of a sample of personnel records demonstrated that induction programmes were being implemented as intended, with completed induction checklists providing evidence that staff had received the necessary support, training, and guidance to perform their roles effectively.

Most of the staff training was delivered face-to-face, either by appropriately qualified in-house trainers who had completed relevant train-the-trainer programmes or by specialist external training providers. The training matrix was reviewed and demonstrated that staff were generally up to date with mandatory and role-specific training requirements. Where gaps in training completion were identified, these were discussed with the Registered Manager and were attributable to legitimate reasons, such as periods of long-term sickness absence. Based on the evidence reviewed, the Regulation Officer was satisfied that the home was meeting its training requirements and that staff had access to the learning and development necessary to support the delivery of safe and effective care.

One area of good practice introduced during this year was the use of single-page training overviews. These provided care staff with a clear, visual summary of training delivered, highlighting key learning points and core principles to reinforce good practice and support consistent care delivery.

Notifiable events were reviewed and found to have been managed and reported appropriately, with suitable actions taken. The Regulation Officer discussed the importance of positive risk-taking with the Registered Manager, particularly in supporting care receivers to maintain their independence while managing risks such as falls. The Regulation Officer was satisfied with the approach taken by the service.

Complaints, compliments and feedback were reviewed. Complaint management was appropriate, with concerns investigated and responded to in a timely manner, resulting in positive outcomes where required. The home had received numerous compliments from care receivers and their relatives, reflecting high levels of satisfaction with the quality of care and support provided.

Health and safety practice was found to be effective and consistently implemented across the home. This included appropriate arrangements for electrical, fire and water safety, as well as the effective management of incidents, accidents and near misses. Action plans were developed where required, and the Registered Manager maintained oversight through regular monitoring and analysis of trends, helping to identify learning opportunities and support continuous improvement within the home.

Medication administration was found to be safe and effective, with only minor improvements identified to further strengthen practice. However, the Regulation Officer noted that medication stored in clinical rooms was regularly exposed to temperatures exceeding the maximum recommended range for safe storage. Prolonged exposure to elevated temperatures may affect the efficacy of medication by degrading its active ingredients. The Provider should therefore consider measures to ensure medications are stored within the recommended temperature range and remain fit for use.

Infection prevention and control arrangements within the home were effective and supported a safe environment for care receivers, staff, and visitors. The home's kitchen continued to demonstrate a high standard of food safety management, evidenced by the award of a five-star ‘Eat safe’ rating in August 2025.

The Regulation Officer found that the care home provided a dementia-friendly environment that promoted care receivers' independence, wellbeing, and quality of life. The layout, design, and presentation of the home supported orientation and familiarity, helping care receivers to navigate their surroundings with confidence.

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 provided a detailed account of the home’s aims, objectives and operational arrangements. It clearly outlines the range of care needs supported, staffing structure, training arrangements and governance processes in place to promote safe, effective and person-centred care.

The welcome pack provided to new care receivers was clear and informative, providing them and their families with details about the home's services, facilities, philosophy of care and day-to-day arrangements. It also outlined fees, additional charges not covered by care fees, care receivers' rights and the complaints process, supporting informed decision-making and setting clear expectations about the service.

One care receiver commented:

The staff are great and cannot do enough for you. I enjoy the activities and attend most of them as I like to keep busy and they are enjoyable.

The home benefits from a dedicated activities coordinator who was well supported by care staff and a team of volunteers. A weekly activities programme provides a wide range of meaningful opportunities for care receivers, including games, exercise and movement sessions, singing, gardening, bingo, arts and crafts, baking, and regular trips into the community, at least three times per week. The programme also recognised care receivers' spiritual needs through the provision of weekly religious services.

The additional staffing and volunteer resources enabled care receivers who were more introverted or who had higher care needs to receive individual support and one-to-one engagement, ensuring their interests and preferences were promoted. The introduction of activity trolleys further enhanced the programme, allowing gardening, sensory activities, arts, crafts and games, hand and nail care to be brought directly to care receivers in their rooms when preferred or required.

The Regulation Officer found that the activity programme was a particular strength in this home, providing inclusive and person-centred opportunities that promoted social interaction, wellbeing, independence, and quality of life for care receivers.

One staff member commented:

I am so privileged to do my job and know that I have changed a care receiver's day for the better and I have done a good thing.

The home demonstrated effective collaborative working to meet the nursing needs of care receivers living within the residential areas of the home. Positive working relationships were evident between the staff team and external health and social care professionals, ensuring care receivers received timely and appropriate support. This was particularly evident where end-of-life care arrangements were in place, with staff working closely with specialist professionals to ensure care was delivered in accordance with individuals' wishes and needs and best practice.

One professional commented:

They have demonstrated a compassionate, responsive and collaborative approach, particularly when supporting care receivers and families during what can be a challenging transition from hospice care to a longer-term care setting.

The Regulation Officer was also satisfied that relevant Island-wide frameworks, strategies, and policies were embedded within care delivery. Staff demonstrated an understanding of recognised best practice, including the implementation of the Pressure Ulcer Prevention and Management Framework and the Palliative and End of Life Care Strategy for Adults. These arrangements supported the delivery of safe, effective, and person-centred care.

Specific needs, including falls, communication needs and nutritional requirements of care receivers were appropriately assessed and managed. Post-falls protocols were in place to support monitoring and learning following incidents, communication boards were used to enhance engagement and understanding, and swallowing assessments were completed where required. Staff had also received dysphagia training, helping to ensure care was delivered safely and in accordance with individual needs.

The Regulation Officer found that the service managed decision-making arrangements effectively for care receivers whose relatives or representatives had been granted Lasting Power of Attorney or held delegated authority for health and welfare, financial matters, or both. Copies of relevant legal documentation were readily accessible, ensuring staff could identify those with the lawful authority to make decisions on behalf of care receivers where appropriate. This supported person-centred decision-making and provided assurance that legal requirements were understood and applied consistently in practice.

One professional commented:

The care receiver I saw had no relatives; however, it was evident that there is communication with the Delegate for Property and Affairs, advocating for life-enriching purchases.

Additional feedback from professionals:

"Overall, my experience of working with the Manager has been positive."

"The care receiver was reviewed promptly, and appropriate consideration was given to their longer-term palliative care needs."

"Communication between the services supported a well-coordinated, patient-centred discharge, with the patient's needs and preferences remaining central to the planning process."

"Both the care staff and the Registered Manager have always made themselves available to discuss care receivers' wellbeing and provide updates regarding any changes in their needs."

"One of the most notable strengths of the service is the staff team's knowledge of the care receivers they support."

“A particularly important point to highlight is the quality of referrals submitted to the Single Point of Referral (SPOR) team. These referrals are consistently of an exceptionally high standard, providing clear, comprehensive, and person-centred information.”

“Feedback from care receivers has consistently reflected satisfaction with the quality of care provided, which is testament to the commitment and professionalism of the staff team.”

“Maison St Brelade is an exceptionally well-run care home that consistently sets a high standard of quality care. Staff consistently demonstrate dedication and high-quality care/clinical skills and attention to details with an observed high level of cleanliness throughout the home. This commitment creates a safe, welcoming, comfortable and well organised environment for care receivers, their families and visitors. All of these attributes reflect the care home team's ongoing focus on delivering high-quality, person-centred care.”

“This is a fantastic home, and the staff are excellent and very caring.” (volunteer)

Is the service caring?

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

One professional commented:

It is clear that resident care at Maison St Brelade is deeply person-centred and delivered with dignity.

Observations of care delivery were positive, with staff demonstrating compassion, respect and a commitment to maintaining the dignity of care receivers. Care staff were observed seeking consent before entering care receivers' rooms and prior to providing care and support, reflecting a person-centred approach that respected individual choice and autonomy.

Care receivers were encouraged to participate in the planning and review of their care, enabling them to express their preferences and make informed decisions about the support they received. Those who chose not to be involved in their care planning were able to delegate this responsibility to a relative or representative, with these arrangements clearly recorded. Individuals were also supported to make choices about their daily routines, including what they wished to wear and the time they preferred to get up, promoting independence and ensuring care was tailored to their personal preferences and lifestyle.

The pre-admission assessment was comprehensive and fit for purpose, supporting the effective evaluation of prospective care receivers' health, care, social and emotional needs prior to admission. The document demonstrated a person-centred approach by capturing individual preferences, routines, strengths, support requirements and identified risks, enabling informed decisions about admission and providing a strong foundation for the delivery of personalised care.

A sample of five care records, selected at random from both the residential and nursing units, was reviewed. Records demonstrated that information gathered before admission was used to develop comprehensive risk assessments and personalised care plans. Care documentation clearly identified assessed needs, desired outcomes and the actions required to support individuals effectively.

Care plans were reviewed at least monthly, or sooner where changes were identified, helping to ensure support remained current, appropriate and responsive to changing circumstances.

In addition, daily care records demonstrated that the fundamentals of care were consistently being delivered to the individuals sampled. For example, records evidenced the provision of personal care, support with nutrition and hydration, repositioning where required, and participation in social and recreational activities, providing assurance that individuals' assessed needs were being met on an ongoing basis.

One professional commented:

Furthermore, every care receiver whom I have either supported with placement into the home or subsequently reassessed has spoken very positively about the care and support they receive.

Advance care planning was prioritised within the home, with care receivers supported to develop person-centred plans that clearly recorded their wishes, preferences and choices for future care.

The home had embedded the Gold Standards Framework within its care records, and evidence of its routine use was observed within shift handover documentation, supporting effective communication and continuity of care. The management of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions followed best practice, with records being appropriately maintained and readily accessible when required. Collectively, these arrangements promoted the delivery of coordinated, compassionate and person-centred end-of-life care that respected individuals' wishes and helped ensure they received care in accordance with their preferences.

The management of care receivers subject to restrictions on their liberty was effective, with appropriate arrangements in place to identify when capacity assessments and legal authorisations were required, and to ensure these were reviewed and renewed in a timely manner.

Care staff demonstrated a good understanding of the principles of capacity and consent, recognising that individuals with capacity have the right to make unwise decisions.

Staff were able to provide practical examples of how care receivers' choices and autonomy had been respected, reflecting a person-centred approach that promoted individual rights, independence and dignity.

Care receivers and their families were actively encouraged to share their views through a range of engagement mechanisms, including annual satisfaction, activities, family feedback and food surveys. Survey results were analysed and shared with care receivers and their families, highlighting areas of good practice, opportunities for improvement and the actions planned in response. In addition, care receivers were provided with the opportunity to attend bi-monthly meetings to raise issues, make suggestions and discuss matters affecting life within the home. These arrangements promoted meaningful involvement in service development, ensuring that the views of care receivers and their families informed decision-making and contributed to the continuous improvement of the service.

Delegated tasks were managed effectively through appropriate training, supervision and regular competency assessments. These arrangements helped ensure care staff possessed the knowledge, skills and competence required to undertake delegated tasks safely and effectively.

Additional feedback from care receivers:

“The staff are very kind, and I am very happy how I am cared for.”

“I very much love it here. I was lonely at home and I have friends here. The activities are great and I can go out on community activities a few times a week.”

“I come here for respite, and have been many times, so it must be good if I keep coming back.”

“It is a lovely place to live, the grounds are amazing, the staff are kind and always appear happy and are very helpful.”

“I am very happy with the care I receive and want for nothing. There are lots of activities laid on.”

“Cannot fault them, they are 100% good and I am well looked after.”

“I want for nothing and have embraced this opportunity and appreciate all that the carers do for me.”

Additional feedback from family members:

“My Xxx loves it here, they are very happy, have friends and the staff are so kind and attentive.”

“Maison St Brelade is a lovely home and my Xxx was on the waiting list for this home and did not want to go anywhere else.”

“It puts me at ease when I know my Xxx is being well cared for and safe.”

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.

While a formal written service development plan was not in place, the Registered Manager demonstrated a clear vision for service improvement and maintained an innovative practice file documenting planned and completed developments. These included:

- The introduction of new information leaflets on infection prevention and control, respite care and how to make a complaint.
- The implementation of six key elements of care document for discussion during night-time handovers to maintain a focus on the fundamentals of care.
- The development of a trauma-informed care approach supported through a ‘Better Business Grant’.

- The development of leaflets promoting a career in social care.
- The formalisation of the home as a registered charity, which is run on a not-for-profit basis.

The Registered Manager updated that they will be working with the Registered Provider to formalise a service development plan, adding they had developed a business continuity plan since the last inspection, which was waiting for sign off by the Registered Provider.

Quality assurance arrangements were comprehensive and effective. The home operated a programme of 22 audits undertaken at varying frequencies throughout the year, with findings informing action plans to address identified issues and drive continuous improvement.

In addition, monthly monitoring reports completed by an independent person were of a high standard, providing clear oversight of the service and enabling the overall performance and wellbeing of the home to be effectively monitored.



The home also operated a "Resident of the Day" initiative, providing a structured opportunity to review individual care needs, update care plans and risk assessments, and obtain feedback from care receivers and their families. This ensured that personal preferences, aspirations and changing needs remained central to care delivery, supporting person-centred practice and strengthening the home's quality assurance processes.

Several policies were reviewed and were found to reflect current best practice and were subject to regular review; however, references to the Commission's Standards required further update to ensure the Commission's revised Standards introduced in 2026 are referenced. Some policies also contained references to UK legislation and organisations that are no longer applicable and require updating. The Registered Manager demonstrated awareness of these requirements and advised that policies will be revised accordingly as part of their scheduled review cycle.

The Equal Opportunities Policy was comprehensive and addressed discrimination, racism, harassment and victimisation, promoting a culture of equality, diversity and inclusion. Clear guidance was provided to staff on expected behaviours and the management of concerns, supporting compliance with the Commission's Standards.

Supervision arrangements met the requirements of the Commission's Standards, with enhanced oversight, support and mentoring provided during staff induction.

Annual appraisals were completed consistently, with clear records of discussions, agreed objectives and actions. In addition, the Registered Manager provided staff with a personal letter following supervision or appraisal discussions, summarising the matters discussed, agreed actions, and any training and development opportunities identified. This demonstrated a reflective and supportive approach to staff development and performance management.

The Registered Manager has a strong oversight of the operation of the home and is well supported by the management team. The workplace culture was positive, supportive and focused on delivering high-quality, person-centred care. Staff spoke positively about the leadership of the home, felt valued in their roles, and demonstrated a shared commitment to achieving good outcomes for care receivers.

One professional commented:

Strong, effective leadership underpins a culture of professionalism and pride across the care home service.

Additional feedback from care staff: *"We have an excellent manager, and the staff team really know the needs of the people they provide care to."*

"I love my job and feel I provide loving and kind care to the people in this home. We are a strong team who look after each other."

"We are a close-knit team, who support each other to do the best possible job, with the people we provide care for at the centre of everything we do."

"It's always the care receivers first, it's their home. Management look after the staff, so we can look after the care receivers."

“It is important to recognise the individual needs, preferences and social history of the care receivers so I can tailor person-centred care to them.”

“It is important that care staff new to social care get a structured and supportive induction.”

“I am learning during every shift, it has been challenging, but I am getting great support from an excellent mentor.”

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection, therefore; 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

Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801
Website: www.carecommission.je
Enquiries: enquiries@carecommission.je