Jersey Care Commission

Summary Report

Maison St Brelade

Care Home Service

La Petite Route Des Mielles
St Brelade
Jersey
JE3 8FB

Inspection Dates
2 and 4 September 2026

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

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.

IMPROVEMENT PLAN

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

The full report can be accessed from here.