



**Jersey Care
Commission**

INSPECTION REPORT

Maison La Corderie

Care Home Service

**Green Street
St Helier
JE2 4UG**

1 and 2 May 2024

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, 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 (as amended) to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity, and to encourage improvement.

ABOUT THE SERVICE

This is a report of the inspection of Maison La Corderie Care Home. The service is a three-story building accommodating up to 32 care receivers, offering single bedroom accommodations with en suite facilities. It features communal areas such as lounges, dining spaces, and an activity room. The external grounds provide access to well-maintained paved areas surrounded by plants and flowers. Situated in a residential area of St Helier, it is conveniently located near the town centre, a bus stop, and a public car park. Personal care is provided on a long-term or respite basis, with a dedicated team of care staff supported by housekeeping, catering, administration, laundry, and maintenance staff.

| Regulated Activity | Care Home Service |
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| Mandatory Conditions of Registration | <p>Type of care: Personal care and personal support</p> <p>Category of care: Adult 60+</p> <p>Maximum number of care receivers in receipt of combined personal care and support: 32</p> <p>Age range of care receivers: 60 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1 – 23 & 25 – 31: one person Short stay ground floor: one person Short stay first floor: one person</p> |
| Discretionary Condition 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. |

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| Dates of Inspection | 1 and 2 May 2024 |
| Times of Inspection | 09:00-14:30 and 09:00-13:30 |
| Type of Inspection | Announced |
| Number of areas for improvement | 0 |
| Number of care receivers using the service on the day of the inspection | 31 |

The Care Home service is operated by Methodist Home for Aged (Jersey) Limited, and there is a registered manager in place.

Discretionary condition on the service's registration was discussed, and the Registered Manager indicated that they would start pursuing the Level 5 Diploma in September 2024.

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.

Care receivers and their relatives provided feedback indicating their satisfaction with the service, emphasising its ability to create a comforting, familiar environment that meets care needs and improves overall wellbeing. Additionally, praise was given to the service for its commitment to open communication, transparency, and regular updates, which built trust and kept families well informed.

The Regulation Officer could evidence effective collaboration with external health and social care professionals.

The service shows effective practices in management and governance within the care home. These practices involve strong leadership, well-defined policies and procedures, efficient communication, and dedication to ongoing improvement.

The service consistently meets staffing level standards for the current number of individuals receiving care.

The activities program stands out as a notable strength of the service. The activities undertaken evidenced that they contribute to meet the care receivers' preferences and enrich their quality of life.

The service has developed improvements to the staff training program, particularly by transitioning towards more face-to-face training sessions.

There are no areas for improvement resulting from this inspection.

INSPECTION PROCESS

This inspection was announced and was completed on 1 and 2 May 2024. Notice of the inspection visit was given to the Registered Manager a week before the visit. This was to ensure that the Registered Manager would be available during the visit.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

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

Prior to our inspection, all of the information held by the Commission about this service was reviewed, including the previous inspection report.

The Regulation Officer sought feedback from the care receivers and their representatives. Discussions with the service's management and other staff were also held. Additionally, feedback was sought by professionals external to the service.

Samples of care records, medication administration records, monthly governance reports, training records, staff recruitment records, and health and safety records were examined. This inspection included a walk through the home and several bedrooms were viewed.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager. This report outlines our findings and includes areas of good practice identified during the inspection.

¹ The Care Home Standards and all other Care Standards can be accessed on the Commission's website at <https://carecommission.ie/Standards/>

INSPECTION FINDINGS

At the last inspection, one of area for improvement was identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed.

During the inspection, the improvement plan was reviewed, and it was encouraging to observe that progress had been achieved. This means that there was evidence of addressing personal goals and preferences, along with active involvement of care receivers in the development and review of their care plans.

Is the Service Safe

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

The Regulation Officer assessed the organisation's safety procedures and had access to risk assessments. Upon analysis, it was observed that risk assessments were developed and regularly reviewed. The service uses an electronic system called 'Fusion'. This system highlights when reviews are due, which provides the service timely prompts. Feedback received by care receivers' representatives confirms the sense of safety within the service: *"In my opinion, the service is very safe"*.

During the inspection process, the Regulation Officer had access to the duty rotas. It was evident that there were always sufficient numbers of competent and experienced support workers to meet the care and support needs of individuals receiving care, with most staff having worked in the home for a significant period, which supports good continuity. Some feedback received by the workforce corroborated this:

"This service is amazing. When I really needed it, they accommodated me and supported me all the way. I feel this is my second home."

“I am very happy with the rotas. I know well in advance, and it meets my expectations.”

Staff recruitment was also reviewed during this inspection. Upon checking the staff folders, it was noted that staff recruitment meets the Care Home Standards. All staff members' essential documents were in place before the commencement of employment. Staff receive an induction in line with the Standards and records showed that probationary reviews are met, and their performance monitored and assessed.

The Regulation Officer analysed the medication management protocols implemented by the service. This showed that measures were in place to mitigate risks associated with medication errors and that best practices were followed in medication administration. Such measures included comprehensive policies and procedures in place, implementation of regular medication assessments, routine medication reviews, and the completion of regular medication audits.

Health and Safety procedures were effectively evidenced. The monthly care provider reports evidence that the service closely monitors maintenance checks. A full-time maintenance staff member conducts regular safety checks to ensure the well-being of all staff and residents in the building. These checks are documented in the maintenance book, which was found to be updated and organised during the inspection process.

The Registered Manager explained that the service has been undergoing several upgrades in the past year. This included acquiring new seating and blinds, adding garden furniture, a new bath in the communal bathroom and a full refurbishment of the dining room area. The Regulation Officer was present in the resident's meeting, where the dining room area refurbishment was discussed, and the decoration of the area will take account of the feedback received.

Infection control compliance was also noted during the inspection, with the home conducting regular audits in this area. The service maintains cleanliness, and rooms requiring infection control measures are discreetly identified with symbols, ensuring staff awareness of necessary actions. Feedback from healthcare professionals supported these measures. *“Maison La Corderie is also spotlessly clean with hand wash/sinks and soaps along all corridors”*.

Is the Service Effective and Responsive

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| Assessing the organisation of the service so that care receiver’s needs are respected and met. |
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During the inspection, focus was placed on assessing the service's adherence to the mandatory conditions specified in the regulatory framework. The Regulation Officer looked at what the care receivers needed and how the service met the mandatory requirements. It was found that the service was compliant by only providing personal care and support to the care receivers. When care receivers require nursing interventions, referrals are made to the district nursing service.

It was noted that district nurses regularly attended to some care receivers' nursing needs. The staff team explained that the district nurses undertake specific nursing tasks. This demonstrates that the home is aware of its limitations, seeks advice from registered health professionals, and refers to them appropriately.

The Regulation Officer witnessed instances of collaboration and communication. Through evidence in the care plans and observed practices, it was clear that the service emphasises adopting a culture of open communication and teamwork. This was corroborated by the feedback received from healthcare professionals:

“Following the visit, I am asked to update the computer notes and feedback. My advice is normally followed.”

“The staff always call a specialist nurse or GP for support if concerned about a resident. The Care Managers have always been well informed about the patients I see.”

“The managers appear to go above and beyond to ensure the care is well managed and reviewed.”

Documentation, practices and observations made by the Regulation Officer collectively demonstrated a clear recognition and implementation of person-centred care. The observed practices within the care setting illustrated a robust process for involving care receivers in the planning and adjustment of their care, ensuring that their voices are heard and respected. This included regular meetings, where preferences and changes in needs are discussed and promptly acted upon. Furthermore, staff training highlighted an emphasis on respecting individual choices, and understanding the legal aspects of consent and capacity.

The commitment to these principles was also evident in the positive feedback received from care receivers and their relatives, further affirming the effectiveness of the provider's approach to care.

“The staff are very reactive to Xxx needs which change at times from day-to-day. They have tried very hard to get to know Xxx.”

“The move to being a permanent resident was handled very professionally and gently - no rush, it was very much Xxx choice.”

“The staff are very attentive to Xxx needs. The staff are always very understanding and flexible, ensuring Xxx needs are met.”

“My relative's needs are fully respected and met by all the staff. An effective and responsive team.”

Healthcare professionals also provided feedback.

“My patients have always seemed happy in Maison La Corderie. A good balance of activities/hairdresser/meals in the dining room or own room. All my patients have been contented with the care and happy to stay at Maison La Corderie.”

Care receivers' care plans provided a transparent overview of the care provider's commitment to incorporating personal care plans with recommendations from health and social care professionals. Moreover, the careful handling and communication of sensitive matters, such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders, showed that the service is dedicated to ethical and respectful care practices. The Registered Manager explained that there are measurements in place to identify the care receivers that will have DNACPR in place. Upon observation, the Regulation Officer noted that certain rooms would have a red dot in a very discreet area in order to aid the workforce in case of emergencies.

The Statement of Purpose of the service evidenced that the service aims to respond sensitively and appropriately to the special needs and wishes of the care receivers who wish to prepare or are close to end of life by following the guidelines set up by the Gold Standard Framework for palliative care. The Registered Manager explained that the service embraced end-of-life training, and the staff expressed that they feel taking care of care receivers in this stage of life is a privilege. The care receivers' wishes will be taken into consideration, and external healthcare professionals will support the home when required.

Is the Service Caring

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| Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff. |
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In conducting a review of a sample of care plans, it was clear that the service closely monitors the well-being of care receivers. The service's system focuses on several key areas crucial for providing appropriate care to the care receivers, such as their routines, activities, personal hygiene, medication, continence, mobility. It was also encouraging to see that staff members record daily notes reflecting the care provided in each care plan.

After analysing the care plans, the Regulation Officer sought feedback. It was positive to note that the care provided mirrors the feedback received by the relatives:

“The staff not only care about the residents but also about us as a family. The staff always chatted with me, welcomed me in a friendly manner, and kept in touch if there were any issues. I feel confident in their ability to take good care of Xxx and to ensure he can live his life to the best of his ability.”

The staff were able to demonstrate awareness of the care plans and their involvement on a day-to-day basis. Additionally, the care receivers confirmed that they feel very much involved in their care and that the staff always takes into consideration their needs and wishes.

“Xxx recently asked if they could have some tomato plants, and the response was ‘it’s your garden, you plant them wherever you want them!’. This response has given Xxx a sense of ownership and kept a lifelong hobby going.”

During discussions with the Registered Manager, it was noted that additional documentation would help to emphasise the input of care receivers in the care plans and their active involvement. While this involvement was evident through meetings, feedback, and daily notes introduced in the system, further formal reviews will enforce and strengthen the process, ensuring meaningful participation of care receivers.

Additionally, there should be a focus on enhancing the specificity of each care receiver's care plan. While significant improvements have been observed in individualising care plans, there is capacity for further exploration of the electronic care planning system used, to optimise its utilisation and enhance the quality-of-care plans for care receivers, in order to reflect fully the care provided.

The Regulation Officer observed interactions between the workforce and care receivers, and it was noted a calm and relaxing environment. The home had a pleasant smell, appropriate illumination, several sitting areas, where care receivers can stop and rest, or have some quiet time, relevant information for care receivers and visitors was daily updated in a white board in the reception area.

Furthermore, the Regulation Officer sat with the care receivers during mealtimes, and received further feedback that they that the food is really nice, that they do not feel rushed, and the chef always comes to ask what they want, and alternatives are offered if they do not like what is on the menu that day. This was corroborated by the care receivers:

“Staff are attentive, and there is a relaxed atmosphere as residents finish their meals and drinks. Meal choices are good, offering variety and choice.”

During the inspection, the Regulation Officer observed that the service had established a structured approach to engage support workers in ongoing discussions regarding their responsibilities. This includes identifying and addressing any challenges they encounter, as well as soliciting their feedback through regular supervision and appraisal sessions. This approach highlights the service's commitment to continuous improvement and also promotes overall well-being, which was noted by feedback received by a healthcare professional who stated *“The staff and patients seem happy”*.

Additionally, staff feedback corroborated these meetings as positive.

“I can speak with the manager at any time. I know she will support me.”

“They invest in staff training and development. We take ownership of our roles by promoting a collaborative culture and shared vision.”

“Maison La Corderie is a great place to work. With good teamwork, residents are very happy and looked after as they should be. The manager is a lovely head of the home. I am proud to work with a great team.”

Is the Service Well-Led

Evaluating the effectiveness of the service leadership and management.

The service is overseen by a Board of Directors and headed by a Chief Executive Officer (CEO). The Directors contact details are displayed on the notice board in the main office. The CEO is in the office on a part-time basis. The registered manager explained that the door is open at all times when the CEO is in the office.

The Regulation Officer noted the presence of systems that aimed to capture and address feedback. There was evidence of a robust complaints policy, where clear pathways are established, and escalation procedures are explained. Care receivers are provided with written information about the home when they move in, which includes details of the home's complaints procedures.

Furthermore, the service has an open-door policy, and feedback received is taken seriously and acted upon as needed; this was evidenced through positive feedback from both support workers and care receivers, as well as their relatives, indicates a culture of openness and responsiveness within the service.

“I believe the residents are happy with the care they receive. Any complaints or requests are welcome and dealt with quickly. The residents are free to discuss any issues with all senior staff.”

“I'm happy to be part of Maison La Corderie.”

The Regulation Officer focused on the equality, diversity and inclusion of the care receivers and workforce. During the inspection process, and after observing the activities that the service undertakes, it was evident that they provided opportunities to celebrate various cultural and religious holidays and encouraged the sharing of different cultural practices among care receivers and staff. The feedback received by the care receivers and workforce underlines that this effort contributes to a more fulfilling and respectful workplace, demonstrating the care provider's commitment to diversity and inclusion.

“At Christmas and other times of celebration the Home is decorated, and more recently residents received chocolates on Valentine’s day and Easter too.”

“I always seek for what the residents want. Their input is crucial for the activities to be successful.”

The inspection showed that the service has a strong organisational framework. Evidence was provided through comprehensive policies and procedures, with the workforce knowing how to access them when needed and being fully knowledgeable about safe working practices and procedures. Feedback received by the workforce enforces this access and knowledge:

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

Additionally, regular meetings demonstrated effective communication within the workforce, where all team members have the opportunity to collectively discuss their roles with the Registered Manager. The Registered Manager explained that staff meetings are held where staff views are sought on aspects of the service, and information such as amended policies are shared amongst the team. When staff were asked about their awareness of these procedures, they demonstrated knowledge of whom to contact and how to escalate concerns. They also expressed feeling highly involved and informed about the day-to-day operations of the service.

“I would be confident in raising any concerns – if I had them – with the Registered Manager.”

“We all share our knowledge; we are all equal here, and all know about what is going on in our home.”

The service provided comprehensive training for the workforce. It demonstrated that the service adheres to legal requirements, emphasising the value of continuous learning and staff development. Furthermore, the service has now embraced face-to-face training. The Registered Manager received feedback that staff feel this approach is much better with a deeper understanding of the core areas of knowledge. The feedback received by the staff corroborated this:

“All staff complete annual mandatory training and we are lucky enough to have a Director who provides additional training to compliment the mandatory training. I see staff treating residents in a kind and patient way, and as individuals.”

Furthermore, feedback received by healthcare professionals’ evidence that the service seeks external relevant training through different professionals, in order to meet the care receivers’ needs: *“The teaching sessions I have provided are well attended and care implemented”*.

The Registered Manager provided evidence to the Regulation Officer that over 50% of the staff hold Regulated Qualifications Framework (RQF) qualifications at Level 2 and Level 3, meeting the Care Home Standards. There is always a senior carer on duty with the required knowledge and expertise to take responsibility for the home. This commitment not only improves care quality but also enhances staff satisfaction, which was corroborated by feedback received:

“The organisation always aims for the professional growth of the staff. Every time a staff member achieves an RQF, the company rewards them, and we provide a day of celebration within our home, and the residents join.”

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.



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