



**Jersey Care
Commission**

INSPECTION REPORT

Maison La Corderie

Care Home Service

**Green Street
St Helier
JE2 4UG**

**Inspection Dates
19, 20 and 21 May 2026**

**Date Published
5 June 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 La Corderie Care Home. The Care Home is operated by Methodist Home for Aged (Jersey) Limited and there is a registered manager in place.

Registration Details	Detail
Type of regulated activity	Care Home Service
Mandatory Conditions of Registration	
Type of care	Personal care and personal support
Category of care	Adult 60+
Maximum number of care receivers	33
Age range of care receivers	60 years and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1 – 31: one person Short stay ground floor: one person Short stay first floor: one person
Discretionary Conditions of Registration	
The two bedrooms referred to as 'short stay ground floor' and 'short stay first floor' (which do not meet the minimum 12m ² space standard) are to be used to provide respite care only.	
Additional information	
A Statement of Purpose was provided to the Regulation Officer during the inspection period.	
A new Registered Manager was registered with the Commission in March 2026.	

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 concluded that all requirements have been met.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was unannounced and took place without prior notice to the service. The Commission carries out unannounced inspections as part of its regulatory approach to observe services in their usual operating conditions, and Maison La Corderie was selected for inspection in line with this approach. The Registered Manager was present during the initial unannounced visit. A follow-up visit took place the following day, which the Registered Manager was aware of and present for.

For the purpose of this inspection report, the term ‘care receivers’ has been replaced with ‘residents’, as this is how the home refers to people living in the home.

Inspection information	Detail
Dates and times of this inspection	19/05/2026 13:00-16:00 20/05/2026 07:15-12:45 21/05/2026 19:15-20:15
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	33
Date of previous inspection	26 March and 01 April 2025
Areas for improvement noted at the last inspection	One
Link to the previous inspection report	RPT_MLC_Inspection_20250603.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection, as well as 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, one area for improvement was identified in relation to medication management. An improvement plan was submitted by the Registered Provider outlining how this would be addressed. This was reviewed during the inspection, and it was positive to note that the required improvements had been made. Actions taken included strengthening arrangements for 'when required' medication, improving temperature recording and monitoring, formalising self-administration processes, and improving documentation for discontinued and returned medicines.

As a result, medication management is now safe and consistent, with robust systems in place to support practice. Further detail regarding these improvements is provided within the main body of this report.

4.2 Observations and overall findings from this inspection

The inspection found that Maison La Corderie provides a safe environment where residents are protected from abuse and avoidable harm. Recruitment processes are in place and include appropriate pre-employment checks to ensure staff are suitable to work with residents. Staffing levels and skill mix meet the Standards and support safe care delivery. Health and safety systems are well embedded, with regular audits and risk assessments in place. Medication management has improved since the last inspection and is now safely managed. The environment was clean, well maintained and supported residents' independence.

Care is effective and responsive to residents' needs. Care planning is person centred and regularly reviewed, with residents involved where possible. The home completes detailed pre-admission assessments and works collaboratively with external professionals to support residents' health needs. Activities and daily routines reflect individual preferences and promote independence and wellbeing. Nutrition is well managed, with residents actively involved in menu planning and daily choices.

The home is caring. Staff demonstrated a good understanding of residents' needs and preferences and were observed to provide care in a respectful and compassionate way. Residents appeared relaxed and comfortable within the home, and relationships with staff were positive and well established. Feedback from residents, relatives and professionals reflected a high level of satisfaction, with staff described as caring and supportive.

Leadership is visible and accessible, and governance systems provide oversight of care delivery. Staff described a supportive team culture and noted improvements in organisation. Systems are in place to monitor quality and respond to feedback, although some opportunities remain to strengthen communication and consistency in supervision.

Overall, Maison La Corderie provides safe, effective, caring and well led services that promote residents' wellbeing, independence and quality of life.

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 report, the Statement of Purpose and notification of incidents.

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

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

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and followed up by email two weeks post inspection visit.

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.

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

5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	Evidence Reviewed
Medication Management	<ul style="list-style-type: none"> • Medication records and MAR charts • PRN ('when required') medication guidance • Medication competency checks • Medication audits • Temperature monitoring records • Controlled drugs and returns records • Self-administration assessments
Key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<ul style="list-style-type: none"> • Recruitment records • Induction records • Staff training matrix • Risk assessments • Incident and notification records • Staffing rotas and skill mix • Monthly provider reports • External infection control audit • Environment observations • Feedback from residents, staff, relatives and professionals
Is the service effective and responsive	<ul style="list-style-type: none"> • Pre-admission assessments • Statement of Purpose • Care plans and reviews • Communication tools and methods • Activity plans and schedules • Residents' meetings and surveys • Menu plans and nutrition feedback • External appointments tracking • Clinical monitoring (weight, nutrition, observations) • Feedback from residents, staff, relatives and professionals
Is the service caring	<ul style="list-style-type: none"> • Care plans • Resident preferences and routines • Daily care records • Observations of care and interactions • Dignity and privacy practices • Activity participation • Handover • Professional visit records • Feedback from residents, staff, relatives and professionals
Is the service well-led	<ul style="list-style-type: none"> • Statement of Purpose • Policies and procedures (Safe recruitment; Staffing; Transport; Complaints; Supervision) • Monthly provider reports and action plans • Governance and quality assurance systems

	<ul style="list-style-type: none"> • Management meeting minutes • Incident monitoring records • Staff supervision and appraisal records • Training oversight and compliance • Dependency and staffing planning systems • Staffing rotas • Complaints records • Feedback systems (meetings, surveys, open-door approach) • Feedback from residents, staff, relatives and professionals
--	--

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Maison La Corderie provides accommodation and care for adults 60 years and above and operates within its conditions of registration.

The home maintains systems to safeguard residents and promote a safe living environment. Safe recruitment arrangements are in place, with recruitment files confirming that all required pre-employment checks are completed before staff commence work. These include references, Disclosure and Barring Service checks, proof of identity, job applications and employment history. Staff also complete a structured induction aligned with the Care and Support Services with Accommodation Standards.

Staffing levels and skill mix meet the Standards, with over 50 per cent of staff holding relevant qualifications in each shift. Rotas are planned according to residents’ needs, ensuring safe staffing levels and continuity of care. Staff were observed working within their contracted hours, with balanced rota arrangements.

Risk assessments are completed and regularly reviewed, and health and safety checks are recorded in monthly provider reports. Training records confirmed that staff have completed health and safety training, which is closely monitored by management. An external infection prevention and control audit was also reviewed.

This confirmed that the environment was generally clean and well maintained, with minor areas identified and addressed by the home.

The environment was observed to be clean, safe and well maintained. It was adapted to residents' needs, including the use of equipment to support safe mobility. Feedback supported this, with relatives describing the home as "*spotlessly clean.*"

Staff demonstrated a clear understanding of safeguarding responsibilities. Safeguarding training is delivered by appropriately qualified staff within the home, supported by both online and face to face approaches. Staff confidently described reporting processes, and safeguarding discussions were evident within provider reports. Feedback from professionals provided further assurance, with one stating, "*I have no concerns about residents' safety or wellbeing.*"

Incident reporting systems are embedded in practice. Records viewed showed that accidents and incidents are documented, with risk assessments updated accordingly. Staff demonstrated awareness of these processes and reported feeling confident in reporting concerns promptly.

Medication management has improved since the previous inspection. Systems are robust, with a Regulated Qualifications Framework (RQF) level 3 trained staff administering medication and annual competency checks in place. Storage arrangements, including controlled drugs and returns, are managed appropriately. Monthly medication audits are completed and acted upon. Improvements included consistent monitoring of the fridge and room temperatures, and secure self-administration systems, with regular competency assessments relevant to each resident. Where 'when required' medication protocols were not previously in place, these were addressed during the inspection. It is recommended that medical devices, such as blood pressure monitors and blood glucose machines, are calibrated and reviewed regularly in line with manufacturer's guidance to support safe and accurate use.

Residents and relatives expressed confidence in the home. Comments included that staff are "*always on hand to answer questions and give reassurance.*"

Overall, the home provides safe care, with effective systems in place to manage risks and protect residents from harm.

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.

Residents reported being involved in decisions about their care and confirmed that staff respond promptly when support is needed, with one resident stating that “*staff respond quickly if there is a problem.*”

Admission processes are well established. Pre-admission assessments are detailed and ensure that residents’ needs can be met safely. These include information on health history, risks, communication needs, daily routines and personal goals. The Statement of Purpose was reviewed and updated during the inspection and was found to reflect the care provided.

Care planning is person-centred and recorded within an electronic system. Plans reflect residents’ needs, preferences and risks, and are reviewed regularly with their involvement. Observations confirmed that care is delivered in line with these plans and adapted when needs change.

The home works effectively with external professionals, having evidence of timely referrals and follow up. Monitoring systems are in place for clinical indicators such as weight, nutrition and blood pressure. A system for tracking external appointments was in place and is used consistently.

Activities and daily routines support independence and wellbeing. A varied activity programme is available, and residents are able to choose how they spend their time. Activities care plans reflect individual preferences, and feedback is regularly gathered through meetings and surveys. One relative commented that “*there are plenty of activities to do.*”

Menus are flexible and responsive to residents' preferences. The chef engages daily with residents and adapts meals accordingly. Feedback systems, including surveys and meetings, inform menu planning. Feedback highlighted this as a strength, with one relative stating that "*the meals are incredible.*"

Mealtime observations showed a positive dining experience, with flexibility and choice maintained. One family reflected this, stating that "*we always feel involved, and mum's needs are fully met.*"

Overall, care is coordinated, responsive and supports positive outcomes, independence and quality of life.

Is the service caring?

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

Staff showed a good understanding of residents as individuals, and care was delivered in line with personal preferences, routines and emotional needs.

Interactions observed throughout the inspection were kind, respectful and familiar. Residents appeared relaxed and comfortable, and positive relationships between staff and residents were evident. The atmosphere within the home was calm and welcoming.

Residents are actively involved in their care. Regular meetings and surveys are used to gather feedback, and care plans reflect residents' preferences and choices. Daily routines are flexible and tailored to individual needs.

Staff promote dignity and independence in their daily practice. Residents are supported to make choices about meals, activities and daily routines. For example, staff ensure privacy is respected during personal care and support residents to maintain their independence where possible.

Care records showed evidence of personalised care, including preferences and communication needs. Staff demonstrated awareness of these and applied them consistently. External professional input is also monitored, with clear records of healthcare visits and follow up.

Handover were observed and found to be reflective and informative, covering health changes, risks, care updates and professional input. This supports consistent and responsive care delivery.

Feedback from residents, relatives and professionals was very positive. Comments included “*very caring and supportive*”, “*staff are amazing*”, and “*a very caring and homely place to live*”. Staff also highlighted teamwork as a strength, stating “*we’re a good team and get on well.*”

Residents were observed engaging in activities and interacting positively with staff. Privacy and dignity were maintained throughout all interactions.

Overall, the home provides compassionate, respectful and person-centred care that promotes dignity, comfort and a sense of belonging.

Is the service well led?

<p>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.</p>
--

Leadership is visible and accessible. The Registered Manager is present within the home and actively involved in daily operations. Staff described leadership as supportive and noted improvements in organisation and structure. One staff member commented that “*the new manager is helping to organise things better.*”

Governance systems are robust and include regular audits, policy reviews and provider reports. Monthly audits cover key areas such as incidents, safeguarding, staffing, training, medication and health and safety. Actions are monitored and followed up to ensure continuous improvement.

The home uses an electronic system to assess residents' needs and calculate staffing requirements. This allows staffing levels to be adjusted in response to changes in resident needs. During the inspection, this system was seen in practice, with additional staff deployed where required.

Staff supervision and appraisal systems are in place and support reflective practice and staff wellbeing. Records reviewed showed that supervision is generally up to date, and staff reported feeling supported.

Regular management meetings take place to discuss operational, clinical and organisational matters. These include staffing, training, risk management, maintenance and service development.

The home actively seeks feedback from residents, relatives and staff. Feedback is used to inform improvements. Residents' meetings and surveys are well established and consistently recorded.

The complaints process was reviewed and found to be clear and effective. A sample complaint demonstrated that the home responded appropriately and in line with its policies, with evidence of duty of candour.

Some staff described a positive team culture, with comments such as "*we are a good team*" and "*it feels like a big family.*" As part of providing balanced feedback, staff shared consistent views about communication and leadership style within the home. While some staff described a supportive team and recognised recent improvements, several also reported feeling uncertain about when and how to raise concerns or share their views.

A number of staff said they do not always feel confident approaching management staff. Some explained that this can result in them choosing not to raise issues or contribute fully to discussions. There was a sense among some staff that responses can, at times, feel overly direct, which has influenced how comfortable they feel in day-to-day interactions.

During the inspection, there were occasions where staff appeared cautious in their responses and reluctant to expand on their views. This suggests that some staff may not always feel at ease communicating openly. A culture where staff feel able to speak openly and without hesitation is essential to support effective leadership, and also to promote early identification of issues, and the ongoing safe management of the home.

However, this was balanced by recognition that the home is currently undergoing a period of change. Staff spoke positively about recent developments and improvements in organisation and expressed a willingness to continue building open and supportive working relationships. There was a shared sense of commitment across the team to strengthen communication and engagement over time.

As part of the review of leadership and workforce support, the inspection considered how staff experience communication, supervision and engagement within the home. This aligns with some staff identifying areas for development, including communication between staff and consistency of supervision and appraisals. These were not widespread concerns but highlight opportunities to strengthen practice further.

These observations were discussed with the Registered Manager and Registered Provider after the inspection. Both demonstrated a clear understanding of the points raised and provided assurance that actions are being taken to strengthen supportive communication, supervision and staff support arrangements. This reflects a responsive approach to feedback and a commitment to continuous improvement.

What a resident said:

Everyone knows their responsibilities.

What relatives said:

The general care of my mum is very good.

They are supportive of our family as well as my mum.

What staff said:

Management can get to know staff because it is a smaller service.

I appreciate the positive changes being made by the new manager.

There are times when I would prefer not to raise concerns, as I am unsure how they might be received.

A professional's view:

It is a friendly and clean care home.

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

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je