



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Maison Jubilee**

**Care Home Service**

**29 Victoria Place  
St Helier  
JE2 4ER**

**29 September 2021**

## THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 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.

## ABOUT THE SERVICE

This is a report of the inspection of Maison Jubilee. The home is located on the ground floor within an apartment complex and is situated within a residential area in St Helier and is near to the town centre. It is home to five individuals, over the age of 18 years, who require care and support to manage their learning disability support needs. The home provides long term care and is staffed with registered nurses and care assistants 24 hours a day. It is stated in the Statement of Purpose that the service aims to *"provide a holistic and person-centred approach to individuals with learning disabilities so that they can lead fulfilling lives and have as much choice and control over their lives, respecting and upholding their dignity at all times"*.

The service became registered with the Commission on 24 November 2020.

The Care Home is operated by Government of Jersey - Health and Community Services and the registered manager is Christopher Easton. This is the first inspection since the care home was registered on 24 November 2020.

Regulated Activity	Care Home
Conditions of Registration	<u>Mandatory</u>  Type of care: Nursing care  Category of care: Learning disability  Maximum number of care receivers: 5  Maximum number in receipt of nursing care: 5  Age range of care receivers: 18 and over  Maximum number of care receivers that can be accommodated in the following rooms:  Bedrooms 1- 5: One person

	<u>Discretionary</u> The registered manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 23 November 2023.
Date of Inspection	29 September 2021
Time of Inspection	11:10am – 4.00pm
Type of Inspection	Announced
Number of areas for improvement	Two
Number of care receivers accommodated on the day of the inspection	Five

## 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.

Overall, there was evidence of strong leadership and good management arrangements in place to ensure that care receivers receive a safe quality service that is appropriate to their needs. The staffing levels adequately meet the Standards. The home and the staff team are clear about their roles and responsibilities and have direct access to management. Staff receive appropriate training to undertake their roles and receive regular supervision. There are quality assurance processes in place to ensure that regulatory requirements and Standards are maintained.

Staff spoken with had a strong sense of supporting and advocating for care receivers and providing care and support that is responsive to their needs. They understand the needs of care receivers and are able to anticipate their care and support requirements in accordance with their personalised daily routines. The culture within the home promotes and protects the rights and dignity of care receivers by a staff team who promote their wellbeing through person centred care and support.

The care records include information about care receivers' likes and preferences as to how their care should be provided. Where relevant, assessments of care receivers' risks of pressure trauma should be recorded using a recognised assessment tool and this is an area for improvement. The medication practices within the home were found to be safe.

Two family members spoke highly of the staff team and of their kindness and skills. They expressed confidence in the staff team's ability to provide appropriate care and support to their relatives. Another family member felt that some improvements could be made with regards to the level of support provided to their relative. Care receivers are provided with regular planned and spontaneous opportunities to partake in social activities that they enjoy and benefit from.

The internal environment was clean with no malodour and care receivers were observed making use of both the communal areas and their bedrooms. There is potential for some bedrooms to become more homely and less 'clinical' in their appearance and this is another area for improvement. Equipment is routinely serviced and there are fire evacuation procedures in place.

## INSPECTION PROCESS

This inspection was announced and was completed on 29 September 2021. The registered manager was given one week's notice of the inspection. This was to ensure that the registered manager would be available during the visit and to also provide family members with advance notice of the inspection.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

- **Staff recruitment, training and development**
- **Approaches to care and welfare of care receivers**
- **Staff competence relating to categories of care provided**
- **Care home environment**
- **Management of services**
- **Choice, preferences and lifestyle**

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

The Regulation Officer was unable to source the views of care receivers themselves. Therefore, the views of three family members were sought, in relation to the quality of the service. One family member who was visiting at the time of the inspection, was spoken with during the visit and two others were contacted by telephone after the inspection. Two registered nurses and three care assistants were also spoken with as part of the inspection.

During the inspection, records including care records, feedback questionnaires, staff training logs, staffing rotas, quality monitoring reports, menus and complaints were examined. This inspection included a tour of the premises.

At the conclusion of the inspection, the Regulation Officer provided feedback to the registered manager.

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an action plan is attached at the end of the report.

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

## INSPECTION FINDINGS

### Staff recruitment, training and development

Reference was made to Standard 3 of the Care Home Standards which states: "You will be cared for and helped by the right people with the right values, attitudes, understanding and training."

The staff team is made up of registered learning disability nurses (RNLD), care assistants and domestic staff and no new staff have been recruited since the home was registered. Whilst the Government of Jersey Human Resources (HR) department undertakes the recruitment process, the Registered Manager confirmed their involvement with the recruitment of staff and demonstrated a good knowledge of the Standards relating to safe recruitment.

Typically, staff turnover is very low, and several care staff have worked in the home for a number of years. There are vacancies for two RNLD and care assistant positions and the recruitment process is underway for care assistants. All new staff complete an induction into the home and are provided with training relevant to the role prior to starting work.

The home has supported a period of preceptorship for two newly qualified RNLD and provided support and guidance to them to help them transition from student nurses. One registered nurse told the Regulation Officer that they had enjoyed their preceptorship period and had experienced immense support and commitment from their colleagues to help apply learning into practice. They described that they had felt welcomed by the staff team and benefitted from the consistency of staff in helping them to develop in their role and explained that they had developed in their confidence to take charge of a shift. Samples of records within their professional induction portfolio were examined and found to reflect the support provided and progress made in core topics of professional practice.

An examination of training records showed that care staff had completed vocational qualifications in health and social care and training and development plans are in place to ensure that all staff will completed a Level 2 award as a minimum. Two members of care staff are progressing through Level 2 and they also complete relevant accredited and competency based training in order to administer medication. Mandatory training in subjects such as safe handling, fire safety, food safety and health and safety are completed and updated regularly and the most recent quality monitoring report identified that all training for staff was planned and provided for.

A system for staff supervision is in place. A review of the records show that this is planned and RNLD have responsibility to supervising care staff. Care staff that were spoken with during the inspection visit told the Regulation Officer that they benefitted from supervision and valued the regular opportunity to meet on a 1:1 basis. They also spoke of the ability to freely discuss issues of concern outside of planned supervision sessions. Care staff all said that they were reassured and benefitted

from having RNLD staff in the home and said that they were an invaluable learning resource. The Registered Manager provides supervision to registered nursing staff.

A sample of staff rosters were examined which showed that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of care receivers and the Statement of Purpose. There is a registered nurse on duty at all times and the Registered Manager is also a registered nurse. In order to adequately support the complex and variety of support needs of all care receivers, the home provides a higher ratio of care staff to care receivers than the Standards require. The Registered Manager explained that when planning the staffing rosters female staff are always included in the staff team over the 24 hour period.

All staff who were spoken with described the staffing levels as being adequate and sufficient and that they never work below the planned staffing allocation. In the event of sickness or other staff absences the continuity of care is promoted through covering shifts with familiar staff who are already working in the home, so that there is no reliance on agency or unfamiliar staff.

Care staff have access to an RNLD overnight, who is rostered to sleep in on the premises and is on call. The RNLD confirmed that they are rarely contacted overnight and are only called to assess whether specialist clinical interventions, that cannot be delegated to care staff are required.

One family member told the Regulation Officer that on a few occasions they had observed two care receivers sitting in their wheelchairs in the communal area without the presence of staff, which they perceived to be attributed to insufficient staffing levels. They also spoke of their belief that their relative requires a higher level of supervision and monitoring overnight than what is currently provided. This was communicated to the Registered Manager by the Regulation Officer for their consideration. Another family member spoke of seeing ample staff when they visit the home. They described that they often turn up to the home unannounced and observe staff attending to care receivers. They described that they have no concerns with the staffing levels in the home when they visit.

The Registered Manager spoke very highly of the staff team and their ability to carry out their roles with passion and compassion to enhance the lives of care receivers. All staff consistently described to the Regulation Officer of the strong team working arrangements and positive relationships in place and regarded it as one of the home's strengths. They described that everyone works to their strengths and towards the same goals in order to provide good outcomes for care receivers.

Two family member expressed confidence and gratitude to the staff team with the level of support and standard of care provided to their relatives and one person described the staff team as "angels with hearts of gold".

## Approaches to care and welfare of care receivers

Reference was made to Standard 5 of the Care Home Standards which states: "You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences."

The role of the RNLD in the home means that they take on the role of primary nurse and that of care coordinator. The Registered Manager has acknowledged that this dual role may be a potential conflict arising between the rights of the care receiver and the duties of a nurse, therefore arrangements are made for regular multi-disciplinary team (MDT) reviews which includes a review of care receivers' wellbeing to ensure the right support is being provided.

Some reviews also include the independent advocacy worker who acts on behalf of care receivers in view of their substantial difficulties in engaging with the care and support process. The Registered Manager spoke of one care receiver's lack of capacity to make a specific decision and described a best interests meeting that had been convened with a number of health professionals to determine the most appropriate treatment on the care receiver's behalf.

There was evidence that care receivers accessed a range of allied health professionals, including occupational therapy, audiology, speech and language therapy, dietetics and other specialists as necessary. Arrangements have been made for specialised visual assessments to be carried out and some communication aids were noted in bedrooms to include, communication boards with tactile objects of interest to assist care receivers to understand activities and daily routines. One care receiver has been provided with an adapted call bell system that allows them to request staff assistance should they require it.

There was evidence of care receiver's making choices about their food and the menu's on display showed that varied, nutritious, homemade foods are provided. There are also opportunities for care receiver's to socialise at weekends and enjoy takeaway foods. Staff facilitate care receivers to engage in activities within the community which included spontaneous outings to go shopping, for walks and to the cinema. One family member told the Regulation Officer that they often see their relative out in the community in a less structured setting than the home environment.

One member of care staff described a key part of their role is to advocate on care receivers' behalf and to facilitate social engagement in the community. They explained that they had recently registered each of the care receivers with Mencap to offer them additional opportunities for social activities. Care receivers were observed going out with staff during the inspection visit and staff were also noted to be providing support to one relative.

One relative who was visiting at the time of inspection indicated their satisfaction with the standard of their relative's appearance and commitment of the staff team and another relative commented that the staff team "make sure [name] has everything they need and they care for [name] really well". They also said that it was reassuring

to know that their relative is cared for “by people who genuinely care and attend to [name] really well”.

A sample of care receivers’ personal plans were examined which reflected their assessed needs and personal preferences as to how their care and support should be provided. The records included comprehensive information in the ‘about me’ booklet and all records were subject to ongoing, regular review by the primary nurse. In view of care receivers’ physical disabilities, the records did not include assessments to identify risks of pressure trauma and preventative action and this is an area for improvement. Staff were observed during the inspection visit to be assisting care receivers to change their position and recognised non-verbal signs of discomfort.

Notifiable events within the home are provided to the Commission as indicated. One family member told the Regulation Officer of an event in the home whereby their relative had sustained an injury and come to harm. Whilst they acknowledged that they had been informed of the event, they said that they had not been provided with the outcome of a review into the circumstances. This was communicated by the Regulation Officer to the Registered Manager for further consideration.

All three family members that were spoken with confirmed that they are kept informed and updated about their relative’s welfare, and two people indicated a high level of satisfaction with the care and support provided.

### **Staff competence relating to categories of care provided**

Reference was made to Standard 6 of the Care Home Standards which states: “Your care will be provided with consistency by competent care and support workers who have the necessary training and qualifications to meet your needs.”

Staff spoken with appeared enthusiastic, motivated, and spoke passionately of their role and committed to providing good outcomes for care receivers. During the afternoon of the visit, the Regulation Officer took the opportunity to listen to a handover of information about care receivers from one team to the next. Staff demonstrated a wide-ranging understanding of care receivers’ physical and emotional needs, family relationships, interests and communication abilities. This highlighted that staff had a detailed and comprehensive knowledge base of care receivers’ needs and their families, which confirmed that an emphasis is placed on the provision of care which is person centred and tailored to the needs of each individual.

Certain nursing tasks that care receivers require are carried out by senior care assistants who have received appropriate training and the Person Care and Clinical Tasks Guidance for Adult Social Care<sup>2</sup> is followed. One RNLD who was spoken with described the competency of care staff and expressed confidence that they can recognise issues of concern and report accordingly. Registered nurses take responsibility for making decisions such as administering certain medications or

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<sup>2</sup> JCC-Guidance-personal-care-and-clinical-tasks-adult-social-care-ratified-20190314.pdf (carecommission.je)



other decisions that are based upon clinical knowledge and expertise. Certain nursing tasks are carried out by community nurses when needed.

The Registered Manager explained that one care receiver had been admitted into the home with a pressure ulcer that had been acquired elsewhere, which had healed quickly once they had returned home due to the interventions of the staff team. Staff were observed during the inspection recognising that some care receivers required repositioning and gave a good account of the importance of preventing pressure ulcers developing.

Samples of medication administration records (MAR) were examined and noted to be well maintained and evidenced medication administered according to the instructions on the MAR. One of the registered nurses explained the meaning of individual supporting plans that were kept alongside the MAR, which advised staff to consider alternative approaches to relieve discomfort. This showed that the least restrictive options are considered in the first instance before resorting to the use of prescribed medication.

### **Care home environment**

Reference was made to Standard 7 of the Care Home Standards which states: "The environment will enhance your quality of life and the accommodation will be a pleasant place to live or stay."

The home is located on the ground floor of a residential apartment block and has five bedrooms which are registered for single occupancy. There are no en suite bedrooms and there is an assisted bathroom, shower room and separate toilet provided. There is a designated staff sleep over bedroom. There is also a communal lounge and a secondary smaller communal lounge area which are laid out to facilitate clear access for wheelchair use.

The Commission's consideration of the provider's application to register the service as a care home with the provision of nursing care took into account the fact that the service had been operational for some time prior to the registration requirement. A pre-registration inspection visit was undertaken on 17 February 2020 during which it was determined that this aspect of the home did not meet the Standards. The corridor widths throughout the home do not meet minimum Standards which state the minimum corridor width in areas accessed by people will be 1.2m unobstructed between handrails, but where people need assistance when walking or using wheelchairs, a minimum width of between 1.5m and 1.8m is recommended.

The home was registered with a discretionary condition, which required the provider to submit a plan specifying how a passing place will be established in the corridor to maximise the comfort, security and dignity of all care receivers. In keeping with Article 6 of the law<sup>3</sup>, the registered manager made written representation in respect of the Commission's proposed discretionary condition. The Commission maintained the decision to impose this condition and the provider made a subsequent appeal in line with Article 44 of the law.

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<sup>3</sup> Regulation of Care (Jersey) Law 2014

In accordance with the terms of the Act of Court, the Commission imposed a revised discretionary condition which required a report specifying how the layout of the home could be adapted to create a passing place and plan how the corridor of the home could be widened to at least 1500mm to maximise the comfort, security and dignity of all care receivers. The provider submitted a report as requested, which identified challenges with the building's structural constraints, therefore the Commission was satisfied that the discretionary condition was met. Feedback from one relative highlighted that they had observed staff having navigational difficulties transporting their relative in a wheelchair due to the narrow corridor width which risked injury to their arms, if not positioned within the wheelchair correctly.

A full walk through the home was completed by the Regulation Officer in the company of the Registered Manager. The home was found to be clean in appearance and the communal areas had recently been decorated. A new sofa had also been delivered on the day of the inspection and replacement curtains for the lounge were on order. The communal areas were furnished with household decorations, plants, photographs and wall mounted pictures to make it as homely as possible.

A comfortable and relaxed atmosphere was evident at the time of the inspection visit. Some care receivers were observed in their wheelchairs in both communal areas, either listening to music or spending time with their relatives. Appropriate safety measures are in place to reduce the likelihood of harm from hot water and surface temperatures.

Whilst attempts have been made to create a homely appearance across the communal areas, the bedrooms were considered to be 'clinical' in appearance in that certain types of fittings were not consistently homely in appearance. Although some additional domestic lighting has been provided to negate the need for the existing strip ceiling lighting to be used, there remains the potential for further improvements to be made. The need to balance the provision of clinical supplies and equipment with the creation of a homely environment as stipulated in the Standards, is an area for improvement and was discussed and acknowledged by the Registered Manager.

The home does not have a designated sluice and the Registered Manager explained that there is contact with the community infection control nurse and that cleaning schedules are in place to adhere to safe infection prevention and control practices. The assisted bathroom is equipped with music and sensory lighting to help create a stimulating sensory experience for the benefit of care receivers.

### **Management of services**

Reference was made to Standard 11 of the Care Home Standards which states: "The care service will be well managed."
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There is a clear defined management structure in place and the home is managed by a full time Registered Manager who is an experienced learning disability nurse, and who is also responsible for another care home which is also operated by the Government of Jersey. The discretionary conditions on the home's registration

require that the Registered Manager has to complete a Diploma in Leadership and he anticipates completing this within the identified timeframe. Staff commented that they had seen an overall improvement in standards in the home over the past couple of years and attributed this to effective leadership and direction from the Registered Manager.

There were clear lines of accountability identified during the handover and all staff spoke with the Regulation Officer once the handover was completed. They were clear on their responsibilities and of the reporting structures which were in place. They also commented that they felt supported by the Registered Manager and experienced no barriers to reporting any concerns to him. It was evident that the Registered Manager strives to create a positive culture that protects the rights and dignity of care receivers through person-centred care and support.

There are quality monitoring processes in place to monitor and evaluate the standard and quality of care provided. This includes a monthly visit to the home by another Registered Manager from within the Health and Community Services organisation. In addition, the Registered Manager undertakes regular audits in areas including staff supervision, training and incident reporting which help to drive improvements for the benefit of care receivers. One such recent audit led to the provision of three new profile beds and mattresses and recognition that improvements could be made in the home's information booklet. A plan is in place to address this.

The home is also subject to ongoing quality assurance checks through Health and Community Service's Jersey Nursing Assessment and Accreditation System (JNAAS) process, which provides assurance and evidence that the service is achieving and meeting certain standards.

The provider's system for receiving feedback and dealing with complaints was examined which includes an easy read version of the process and the contact details of the Commission. The Registered Manager maintains a log of complaints and comments that are raised. This was examined during the inspection which confirmed actions taken to address issues that had been raised and the outcome. Family members are provided with opportunities to provide feedback about the service through the use of questionnaires and they are also asked about the preferred method and frequency of contact from the staff team.

The provider's certificate of public liability insurance was displayed along with the home's certificate of registration. Equipment including hoists, slings and baths are subject to routine servicing. The home was recently inspected by the fire service who noted that all fire safety precautions were in place. Updated fire safety procedures have been developed and shared with the staff team.

## **Choice, preference and lifestyle**

Reference was made to Standard 9 of the Care Home Standards which states: "You won't have to give up activities you enjoy when you live or stay in a care setting. There will be a range of things to do which will reflect your preferences and lifestyle".

There was evidence within the care records that were reviewed, from direct observations made during the visit and testimony from relatives that care receivers are able to do things that matter to them or they enjoy. The location of the home allows care receivers to have regular opportunities for walks in public areas and the home also has its own transport which facilitates engagement in activities within the community.

Visitors to the home are welcomed at any reasonable time and this was confirmed by relatives who were spoken with.

## IMPROVEMENT PLAN

There were two areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 7.1</p> <p><b>To be completed by:</b> 3 months of the date of this inspection (29 December 2021)</p>	<p>The provider must make arrangements to improve care receivers' bedrooms so that they are more homely and domestic in appearance and with appropriate décor and fittings to suit individual needs and preferences.</p> <hr/> <p><b>Response by registered provider:</b>                  The Registered Manager is currently liaising with the Infection Prevention and Control team to identify appropriate fixtures for clients' bedrooms which are of a more domestic appearance, with a plan to modify or replace existing wall mounted hand towel dispensers and hand soap dispensers.</p> <p>All Care Co-ordinators and Key Workers are to engage with clients and families with a view to identifying and submitting a plan for making improvements to each individuals bedroom relating to providing a more homely and domestic appearance, with appropriate décor and fittings to suit individual needs and preferences. Plan to be submitted to the Registered Manager and acted upon before the 29<sup>th</sup> of December.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 4.7</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>Where relevant, care receivers' risks associated with pressure trauma will be determined using a recognised assessment tool.</p> <hr/> <p><b>Response by registered provider:</b>                  All clients living at Maison Jubilee now have a "Waterlow Pressure Risk Assessment" in place, which determines the care receivers risk associated with pressure trauma. In each case this assessment tool has been completed by a Registered Nurses and a regular review schedule is now in place.</p>

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  
2<sup>nd</sup> Floor  
23 Hill Street, St Helier  
Jersey JE2 4UA

Tel: 01534 445801

Website: [www.carecommission.je](http://www.carecommission.je)

Enquiries: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)