



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Maison Jubilee**

**Care Home Service**

**29 Victoria Place**

**St Helier**

**JE2 4ER**

**21 July and 3 August 2022**

## 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 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 care home. The home is situated in the centre of St Helier close to the waterfront, main shopping area, bus station and many cafes and restaurants.

The property is a large ground floor apartment within a block. The main entrance is within a quite pedestrian area which has a children's play area, and the home has a courtyard garden directly leading from a large lounge / diner. There are five single rooms plus a sleep-in room for staff, a bathroom, shower room, kitchen and music room. The home also has separate areas for medication storage and laundry facilities.

The service became registered with the Commission 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: five  Maximum number in receipt of nursing care: 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.

Maison Jubilee is a warm and friendly home which welcomes visitors, while providing varied and active social opportunities for care receivers. This was evident during both inspection visits with all care receivers engaged in various community activities.

Feedback received from relatives and professionals was generally very positive. Some constructive feedback was received which was relayed to the Interim Manager which was welcomed.

The staff team were found to be enthusiastic and motivated in their roles. They spoke of the benefits of working within a supportive team with a diverse skill mix, which brings a wide range of knowledge and experience to the team. Staff also spoke of the consistent support offered to them by the Interim Manager.

There are robust recruitment practices in place and new recruits are supported during the first few months of employment by an in-depth induction programme. This is supported by a range of corporate and specialist training courses which support people in their developing roles. Training for all staff is reviewed and updated at regular intervals and incorporates competency assessments where required.

Safe working practices were reviewed through a range of information sources and observation of practice within the home. There was evidence of robust risk assessment processes, schedules to ensure health and safety is reviewed and maintained, incident reporting and audits for specific areas of practice. However, it was noted that there were some areas relating to fire drills, maintenance schedules and policies and procedures which required attention and development. These are areas for improvement

## INSPECTION PROCESS

The first inspection visit was unannounced and was undertaken on 21 July 2022. One further announced visit took place on 3 August, which focused upon a review of care plans and the opportunity to meet with members of the care team.

The home had a set of infection control procedures in place which were undertaken with the Regulation Officer prior to entering the home.

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

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**

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

Time was spent with care receivers in the home observing their activities and interactions with staff and visitors. One care receiver was happy to share information on their preferences for activities out with the home.

There was an opportunity to gain feedback from five members of staff during the inspection visits and time was spent with the Interim Manager.

Contact was made with two family members who agreed to provide feedback on their experiences. This was conducted via telephone and a face-to-face meeting. The views of four professionals were also obtained as part of the inspection process.

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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.ie/Standards/>

During the inspection, records including policies, care records, staffing rotas incidents, complaints and maintenance schedules were examined.

This inspection included a tour of the premises which was facilitated by the Interim Manager.

At the conclusion of the inspection, the Regulation Officer provided initial feedback to the Interim Manager, with final written feedback being sent six days after the second inspection visit.

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 improvement plan is attached at the end of the report.

## **INSPECTION FINDINGS**

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

The improvement plan was discussed during this inspection, and it was positive to note that all of the improvements had been made. There was clear evidence of improvements to the décor of residents' bedrooms and pressure care assessment tools were in use for those residents who required them.

Maison Jubilee is home to five care receivers who have profound and multiple learning disabilities. The home benefits from a team of knowledgeable and experienced staff who are supported by a wider multi professional team to provide specialist care for a range of complex health and wellbeing needs.

The staff team consists of both registered nurses and care workers who are supported by domestic staff. There is a registered nurse on duty during the day and

on a sleep-in shift overnight. Four care workers are on duty each morning and three in the afternoons. Overnight there are two care workers on duty. At the time of the inspection the home had one registered nurse vacancy which was covered by a regular member of bank staff and two care worker vacancies which the Interim Manager explained would be filled in August 2022.

## **Safety**

<p>The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.</p>
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Recruitment is co-ordinated by a centralised Human Resources (HR) team within the Government of Jersey, who are responsible for ensuring that the recruitment policy is followed, and that all safer recruitment and occupational health checks are undertaken. The Regulation Officer reviewed the recruitment documents for the home's three new recruits following the inspection visits. This was undertaken on 15 August 2022 and all necessary safe recruitment checks were found to be in place as detailed in appendix 4 of the Care Home Standards.

The Interim Manager demonstrated a good understanding of HR policies and practices and how to seek support with issues relating to safe recruitment or managing performance.

There were four Significant Restriction of Liberty (SROL) authorisations in place at the time of the inspection. The Interim Manager is aware of the process for SROL applications and renewals and of their responsibilities within the process. Training in the Capacity and Self Determination (Jersey) Law 2016 (CSDL) is in place for the staff team.

There was evidence that the home had supported the involvement of independent advocates to ensure that all care receivers were receiving appropriate care and support within the right environment.

One advocate described the team as receptive to their involvement and willing to work collaboratively, stating *“The openness of the team made me feel that there was nothing to hide. I feel a real strength is the continuity which the team provides”*.

Recommendations were made in relation to one care receiver which the Interim Manager and staff team were happy to fully support and details of the progress made were shared with the Regulation Officer. It was evident that there was a willingness to support the care receiver to achieve their goals and aspirations. This is an area of good practice.

The Regulation Officer undertook a review of the policies and procedures in place to support the home. The home predominantly follows Health and Community Services (H&CS) policies which can be generic in nature and often orientated towards health and medical care, with little development of localised procedures and practices. The Regulation Officer discussed with the Interim Manager the benefits of having, as an example, medication procedures in place which were specific to the home. Some of the policies reviewed were found to be several years old and had not been reviewed at the pre-determined intervals identified. Examples of this include medical devices, complaints, vehicle maintenance, care records and staff appearance. This is an area for improvement.

The home has several mechanisms in place to ensure that health and safety standards are regularly reviewed and maintained. This includes an electronic reporting system for all incidents and accidents which are investigated by the Interim Manager and reviewed by a senior manager. There have been two incident reports in the last six months, one of which was notified to the Commission.

The team have also developed a system for completing weekly health and safety checks within the home. Support is provided by the H&SS engineering team for more specialist maintenance checks and repairs, as well as from external contractors. Through a discussion with the Interim Manager, it was evident that no maintenance schedules or records for the work completed by engineers and contractors were available within the home and the Interim Manager was not aware of the type or frequency of checks that were carried out. A logbook for external



contractors was found to be available in the home but no entries had been made. Maintenance schedules and logs must be available at all times within the home in order that the Registered Manager / person in charge is in possession of the relevant information to fulfil their health and safety responsibilities. This is an area for improvement.

A review of the fire logbook confirmed that all necessary checks were being undertaken. There was only one fire drill recorded for staff in October 2021. This does not meet the requirements of every six months for day staff and every three months for night staff. The Interim Manager explained that he was awaiting updated fire training by the H&CS Fire Safety Officer to establish updated evacuation procedures for individuals who are immobile before re-commencing fire drills. A member of the team has undergone fire marshal training and will take responsibility for drills moving forward. Nonetheless, there has been a notable deficit in the provision of fire evacuation for staff and this an area for improvement.

First aid and basic life support training is provided to all staff and updated at regular intervals. First aid boxes are available within the home and in the vehicle used by the home, with evidence that stock levels and expiry dates are checked on a monthly basis.

The team use established assessment tools for the prevention and management of pressure ulcers, have a good understanding of pressure prevention methods and are aware of the need to seek specialist advice and support when required. This was evidenced by the Interim Manager who described the need to make a recent referral to Family Nursing and Homecare following a noted deterioration in the skin integrity of a care receiver. The Regulation Officer noted that the home did not have a copy of the island-wide pressure care framework. This was brought to the attention of the Interim Manager who took immediate steps to provide a copy within the home.

The environment was found to be well presented, clean and in a good state of repair. Some minor decorative repairs were required in the care receivers' bedrooms which had occurred due to the fitting of new paper towel dispensers. The Interim Manager reported that they were waiting for a painter to attend the property. There has been

internal re-decoration undertaken since the last inspection and staff have worked to personalise care receivers' rooms with the support of family members.

Monthly quality assurance visits are undertaken on a monthly basis by a manager from another care home within the organisation. A report of the findings is compiled and shared with the Interim Manager. Any identified actions are added to an action tracker for the Interim Manager to implement.

The Interim Manager confirmed that the home is registered with the Jersey Office of the Information Commission (JOIC).

### **Care and support**

The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.

As previously stated, the home provides nursing care to individuals who have profound and multiple learning disabilities and complex health needs. The staffing structure provides registered nursing support over a 24-hour period. This is complimented by a team of experienced and knowledgeable care workers who strive to provide a person-centred approach, which recognises the importance for care receivers to live active lives within their local community. There are clear roles and responsibilities within the team, but these blend well together.

Staff who provided feedback as part of the inspection process spoke enthusiastically about their roles and described a strong team that works well together to ensure the positive outcomes for care receivers. One member of staff commented that "it is about quality over quantity and person-centred approaches". Some commented on the value of having registered nurses as part of the team with one person stating, "I like the staffing structure, everyone knows their roles and responsibilities".

There was consistently positive feedback for the Interim Manager who has been in post since April 2022. They were described as "supportive and approachable" and "amazing to work with".

Staffing rotas were examined as part of the inspection process and found to be well within the minimum requirements of the Care Home Standards. Consideration is also given to ensuring sufficient staffing levels are in place to facilitate care receivers' leisure and social activities.

There have been no new admissions to the home for several years. The Interim Manager explained that a copy of the assessment would be received from the referring professional prior to admission. There is currently no system in place which allows the home to independently assess suitability of placement prior to agreeing to a placement. This is of particular importance as referring professionals and Maison Jubilee are governed by the same H&CS department. This was discussed with the Interim Manager for their further consideration in ensuring that the home has the opportunity make their own assessment of suitability of placement.

Once a care receiver is admitted to the home, a member of the nursing team is assigned as case co-ordinator to support the person. Their roles include formulating all assessments and care plans.

The Regulation Officer reviewed the care plans of all five residents. The home has paper versions for all care plans and risk assessments, as well as an online system known as "Care partner" where all daily notes and recordings are stored. The care plans consist of information relating to physical health, communication, safety, activities, personal care and community presence / activities. Paper versions contain information relating to safe handling, personal evacuation plans, pressure care, medications, sling use, wheelchair and seating plans and generic risk assessment documents. All assessments and care plans are compiled and reviewed by registered nurses.

The Regulation Officer noted that having a dual care planning system can be difficult to navigate, however all documentation was found to be up to date and regularly reviewed. One professional did comment on the regularity with which information is

read as they had noted when visiting the home that specific plans had not always been adhered to.

Communal areas are welcoming and have various activity boxes for care receivers to participate in various hobbies and interests including assisted reading, manicures, art and crafts and massage. There are also plans to introduce sensory equipment and floor mats to allow care receivers to spend time out of their wheelchairs without having to return to their bedrooms.

On the days of the inspection visits, all care receivers were observed to be engaged in activities out with the home. Two members of the team help to organise a programme of activities and access the opportunities offered by Mencap and other community groups. The team also try to engage care receivers in local events, such as the Boat Show and Liberation Day celebrations.

All care receivers have complex communication needs and the team use a variety of communication methods to ensure that care receivers wishes and preferences are understood and met, this includes pictorial aids and objects of reference.

Each care receiver has an "All about me" document which records information about individuals wishes, preferences, likes and dislikes, as well as how they prefer things to be done, the routines they like to follow and information on their unique methods of communication. This information is compiled by a range of people who know the individual well, for example family members and care staff who have worked with them for a long time.

The team are also supported by a group of health professionals including speech and language therapy, psychology and occupational therapy to promote and develop effective communication methods for individuals. This includes exploring new techniques and technologies and providing training to the staff team.

As part of the inspection process, feedback was sought from two family members and comments received were generally positive. One relative spoke of some communication difficulties they had encountered with the staff team and that they did not always feel that their opinion was always heard straight away. They would

welcome greater appreciation from the staff team of their knowledge of their relative's needs. This was passed to the Interim Manager who welcomed the comments and agreed to pursue potential improvements to current processes.

Another relative spoke of their satisfaction with the care that their relative receives, describing the staff team as "Amazing people, really nice, who care about Xxxx".

Other feedback received from professionals and family members included:

*"Whenever I visit Maison Jubilee I find all the staff very helpful and friendly and engage really well with the residents".*

*"As a manager, Xxxx is organised and efficient. I have been impressed with how he is managing the home- he is very person centred".*

*"The "all about me" documents were really useful. Staff really understand their likes and dislikes. I was impressed by the staff team".*

*"Xxxx is always well presented and they [staff] always explain to Xxxx what they are doing and chat to them".*

The Interim Manager reported that the home sends out feedback surveys to families on an annual basis which seeks opinions on safety, care and support, the staff team and accommodation. As a result of the most recent survey updated information was sent to relatives on how to raise concerns and complaints. Examples were also given of informal concerns raised by family members and the actions taken to resolve the issue. This was confirmed by family members during feedback.

## Training

<p>The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.</p>
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There is a comprehensive induction programme, known as 'preceptorship', in place for new members of staff which is undertaken over a six-month period. The preceptorship booklet covers a range of topics relating to H&CS and more specifically to working practices and procedures within Maison Jubilee. There are details of the mandatory training which must be completed during the induction period with opportunities to review and record progress with supervisors / line managers at regular intervals.

In addition, the Government of Jersey provides an online corporate induction programme known as 'My Welcome' which is undertaken by all new employees.

The home has a comprehensive training and development plan in place which is consistent with the Statement of Purpose which clearly details the statutory, mandatory and specialist training requirements. The Interim Manager maintains a database of all training undertaken and alerts for when training is due to be updated. The database is reviewed and updated on a monthly basis. Alerts are sent to staff of any training they need to undertake, and progress is monitored by the Interim Manager.

Training is delivered by a variety of methods which include online and classroom-based sessions. Topics such as manual handling and first aid are always delivered within a classroom setting in order to meet the practical requirements of the course, whilst topics such as food hygiene are delivered online with an examination at the end to assess the candidate's knowledge and understanding.

Care staff have access to vocational training opportunities and registered nurses can access the post registration courses provided by the H&CS education centre. Registered nurses spoken to at the time of the inspection felt that they were supported to maintain their professional development. They indicated that they

could put forward suggestions regarding training and that these would be given consideration providing that they would be of benefit to the home.

One member of the care staff spoke of the opportunity that they had been given to attend a conference on infection control later in the year. This would be of great benefit to them as they were going to be the member of staff with responsibility for undertaking infection control audits within the home. There was also evidence of staff being supported to undertake a Regulated Qualification Framework (RQF) assessors award in order to support new members of staff through their awards.

At the time of the inspection, there was eight members of staff who had a Level 3 RQF or equivalent in Health and Social Care. Four members of staff had a Level 2 RQF, with a further four members of staff undertaking the course this year. This constitutes over 50% of the total staff team which is the minimum requirement as set out in Standard 3.9 of the Care Home Standards.

There are several training opportunities available which relate specifically to learning disabilities. Initially, staff will undertake a combined learning disability, mental health and dementia course online. When undertaking level 2 and 3 RQF, the modules are selected which directly relate to the care and support of people with learning disabilities. Other opportunities include positive behaviour support and autism specific training. The team are also due to undertake learning disability specific safeguarding training and intensive interaction training.

Professionals recently involved in the delivery of bespoke training to the staff team made the following comments:

*“Staff engaged with the training, reflecting on their own experiences and sharing their creative ideas and perspectives on how to improve the client’s quality of life”.*

*“Historically, there has been some difficulty in arranging staff to come together regularly for group supervision and training. However, Xxxx in their current role has managed the staffing rota to enable the team to come together to reflect and develop skills when requested”.*

In order to support the specific health needs of care receivers training is provided for medication, percutaneous endoscopic gastrostomy (PEG) and catheter care. All courses are provided as part of the RQF training framework and annual competency checks are in place which are measured against a specific set of observations and signed off by a member of the nursing staff.

There are multiple pieces of specialist equipment within the home to support the daily moving and handling needs of care receivers. This includes wheelchairs, slings, adapted seating systems and hoists, with training and support provided by specialist professionals and the companies who provide equipment. One professional commented on some difficulties encountered with staff recognising when equipment needed to be replaced, however they described the steps that had been taken to resolve the issue with updated communications being sent to all team members.

The home has access to a wheelchair vehicle for the transport of care receivers to community activities, appointments and family visits. Training has recently been undertaken for placing care receivers' wheelchairs securely within the vehicle. This has been supplemented by the introduction of a travel safe guide, which is based upon best practice guidelines, being made available to all staff. This is an area of good practice.

Supervision is provided on a bi-monthly basis, and this was confirmed by staff who were spoken to during feedback. The Interim Manager explained that bi-monthly clinical supervision is commencing for registered nurses and will be facilitated by the residential services team leader. An annual appraisal system is in place for all staff with provision for mid-year reviews. A review of appraisal records identified that all are up to date.



## IMPROVEMENT PLAN

There were three 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 4.2</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>All staff must be provided with fire safety drills that meet the requirements set by the Fire and Rescue Service.</p> <p><b>Response by registered provider:</b></p> <p>Health &amp; Safety training and compliance officer delivered Fire Safety drill training the 12th August. 10 staff attended and after training, a designated staff member has been identified as the homes fire warden to ensure all staff are offered this training and assure compliance.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 4.6</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>Maintenance schedules and logs must be available at all times within the home in order that the Registered Manager / person in charge receives the relevant information to fulfil their health and safety responsibilities.</p> <p><b>Response by registered provider:</b></p> <p>Maintenance schedules and logs are available at all times within the home. New maintenance portal created on HCS intranet with the purpose of viewing maintenance schedules, logs, raise jobs and export reports. Registered Manager and staff within the home have access to the portal to fulfil health and safety responsibilities.</p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 1.6</p> <p><b>To be completed by:</b> 2 months from the date of inspection (3 August 2022).</p>	<p>All policies and procedures utilised by the home must be in date and updated within the stated review dates.</p> <p><b>Response by registered provider:</b></p> <p>Requirement escalated to Associate Director of People / Chair of the Policy and Procedures Ratifying Group (PPRG) within Health and Community Services identifying some GOJ policies are out of date highlighting need for some to be updated.</p> <p>Care Home/ Social Care specific policies to be updated and ratified within the Adult Social Care care group and sent to PPRG for information.</p>

	<p>Quality and Safety Manager (Policy and Quality Improvement) job being advertised with responsibility for leading and promoting policy framework across Health and Community Services. This post will monitor and review policies and clinical guidelines and support policy development across all areas of HSS.</p>
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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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