



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Maison Jubilee**

**Care Home Service**

**29 Victoria Place**

**St Helier**

**JE2 4ER**

**4 and 6 December 2023**

## **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 Jubilee care home. Maison Jubilee is located in St Helier, close to the waterfront, main shopping area, bus station, and many cafes and restaurants.

This property is a spacious ground-floor apartment. The entrance is located within a pedestrian area, which includes a children's play area. The property also features a courtyard garden leading to a large lounge/diner. It consists of five single rooms and, in addition, a sleep-in room for staff. There is also a bathroom, a shower room, a kitchen, and a music room. The property also has separate storage areas for medication and laundry.

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  Age range of care receivers: 18 years and over  Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1-5 one person  <u>Discretionary</u>  The Registered Manager must obtain a Level 5 Diploma in Leadership in Health and Social Care by 13 December 2025.
Dates of Inspection	4 and 6 December 2023
Times of Inspection	14:00 to 17:00 and 09:00 to 13:00
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	Five

The Care Home is operated by the Government of Jersey, and a Registered Manager is in place.

The discretionary condition on the service's registration was discussed with the Registered Manager, which provided reassurance that the timeframe provided would be sufficient to fulfill the necessary requirement.

The Regulation Officer reviewed the home's Statement of Purpose during the inspection process. The last report highlighted the need for regular reviews of the Statement of Purpose. It was positive to note that the Registered Manager could provide evidence that they are now being undertaken.

## **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 that welcomes visitors while providing varied and active social opportunities for care receivers. This was evident during the inspection visits with all care receivers engaged in various community activities.

The feedback received was very positive. The staff members were discovered to possess great enthusiasm and motivation in their respective roles. They expressed the advantages of being part of a supportive team encompassing diverse skills, bringing a wealth of knowledge and experience to the group. Additionally, the staff members mentioned the unwavering support provided to them by the Registered Manager.

Well-established recruitment procedures are in place, and newly hired employees receive comprehensive support during their initial months through a thorough induction program. This is further reinforced by various corporate and specialised training courses that assist individuals in their professional growth. The training provided to all staff members is regularly evaluated and enhanced, incorporating competency assessments whenever necessary.

Various information sources and direct observation of practice within the home were utilised to examine safe working practices thoroughly. The findings revealed the presence of solid risk assessment procedures, regular schedules to ensure the continuous review and maintenance of health and safety measures, incident reporting, and audits for specific practice areas. The Regulation Officer noted that the areas of improvement from the last inspection have been addressed.

## INSPECTION PROCESS

The inspection visit occurred with prior notice and was conducted on 4 December 2023. The second visit occurred on 6 December 2023. This visit specifically concentrated on reviewing care plans, medication and providing an opportunity to interact with the care receivers, general environment, and team members.

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

This inspection focussed on the following lines of enquiry:

- **Management of the service**
- **Care and support**
- **Choice and safety**

Before our inspection visit, the Commission thoroughly examined all the information pertaining to this service, which included the previous inspection report, correspondence, and notifications submitted.

The Regulation Officer spent time observing the activities and interactions of the care receivers in their home, as well as their interactions with the staff and visitors. Furthermore, the Regulation Officer actively sought the perspectives of the individuals utilising the service, their representatives, professionals, and the workforce.

Six professionals' views were also requested as part of the inspection process. From those six, one provided the Commission with a response.

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

During the inspection process, the Regulation Officer sought feedback from seven staff members. Three of these individuals submitted a response, and additional time was allocated to engage with the Registered Manager during the inspection visit.

Two family members agreed to share email addresses and be contacted regarding their experiences and were subsequently contacted by the Regulation Officer.

The inspection examined various records such as policies, care records, staffing rotas, incidents, complaints, and maintenance schedules.

Upon completion of the inspection, the Regulation Officer delivered feedback to the Registered Manager, which was subsequently reiterated through an email sent on 2 January 2024.

This report outlines our findings and includes areas of good practice identified during the inspection. There are no areas of improvement outlined in this inspection.

## **INSPECTION FINDINGS**

During the last inspection, the Regulation Officer identified three areas that required improvement. Subsequently, a response to these areas was submitted to the Commission, outlining the strategies and actions that would be implemented to address these areas effectively.

During this inspection, the areas of improvement were thoroughly discussed. Notably, there was evident progress in the fire safety measures, enhancing the consistency of the fire drills every three months for all staff members. Therefore, this was no longer considered an area of improvement.

Responses to the two remaining areas for improvement relating to policies and maintenance schedules will be discussed in more detail under the section 'choice and safety'.

The improvement plan was discussed during this inspection, and it was positive to note that all of the improvements had been made. This means that there was evidence of safe practice, and documentation including guidelines, renewed policies and procedures.

### **Management of the service**

The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size, and complexity of the service.

Maison Jubilee accommodates five individuals with severe and multiple learning disabilities. The residence is fortunate to have a team of skilled and experienced staff who receive support from a diverse group of other external professionals. Together, they offer specialised care to address a variety of complex health and wellness requirements.

The staff team includes five registered nurses and twenty-one support workers, with the assistance of three housekeeping staff members. A registered nurse is present during the day and also for overnight sleep-in shifts. There are four care workers on duty in the mornings, while in the afternoons, there are three. During the night, two care workers are on duty. At the time of the inspection, there was one vacant registered nurse position, which a regular bank staff member temporarily filled. A new registered nurse was already recruited and will start in January 2024. Two care worker vacancies were also vacant at the time of the inspection.

The Statement of Purpose provides a clear organisational structure. This was found to align with the service's size and requirements., which meets Standard 1 in Care Home Standards.

The last three-monthly quality reports were provided to the Regulation Officer. They are written in collaboration with other managers involved in the same services, including information on staffing, incidents, feedback, health and safety measurements, and quality assurance.

The Registered Manager reviews the report, and evidence of discussion and agreement can be found at the end of the report. The Regulation Officer found these reports to meet the Care Home Standard 12.

Furthermore, there was proof of ongoing audits, risk assessment analysis, and assessments to guarantee the security of individuals receiving care, such as audits of infection control, health and safety, environment, and first aid.

The Registered Manager discussed that there had been no complaints made about the service, either formal or informal, since the last inspection. There is an organisational complaints policy that is available on the Government of Jersey's website. Additionally, evidence of the complaint's procedure was evident in the annual feedback survey to the care receiver's families. This was seen as an area of good practice that meets Standard 10 in Care Home Standard.

The Registered Manager explained that they carry out formal supervision for all care workers four times a year. These meetings are pre-arranged and agreed upon by both parties. Employees' probation and supervision files correspond with the feedback provided and are kept in an electronic format, which the Commission had an opportunity to examine. There is an agenda to support each supervision meeting. A yearly appraisal and a mid-year review are also provided to the care workers. The Registered Manager provided evidence that each supervision format is adapted to the staff member's qualifications, whereby the staff member's skills and experience are considered upon supervision and appraisals. This ensures that staff progress accordingly with their qualifications. This process fulfils Standard 3.14 in Care Home Standards.

The Registered Manager and their team convene frequent meetings. In these meetings, the group has the opportunity to contemplate their strengths and weaknesses while the senior team offers guidance and support to the staff. Peer reflection is also encouraged, where they have the opportunity to improve and enhance team skills. This practice is highly beneficial as it scrutinises and reflects on its procedures to ensure the provision of high-quality services.

In addition, the Registered Manager organises quarterly external staff meetings, where an external safeguarding expert chairs the meeting and the Registered Manager is not present, in order to provide a staff forum about safeguarding as an extra level of security and safety measurements within the team. This is seen as an area of good practice.

The Regulation Officer had access to the training provided by the service. There is a comprehensive induction programme, known as 'preceptorship', in place for new members of staff, which is undertaken over a six-month period, where they complete a comprehensive workbook in order to achieve a Care Certificate. Induction portfolios are completed for each role, such as health care assistants, redeployed staff, bank health care assistants, and staff nurse's preceptorship. Each portfolio contains in-depth information about orientation and induction, health and social services policies and procedures, training, prompts for discussion and establishment of clear objectives with correspondent timeframes, and evaluation of skills development.

There are details of the mandatory training that must be completed during the induction period, with opportunities to review and record progress with supervisors 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.

A range of mandatory training courses are made available to staff and updated regularly. This is monitored by the Registered Manager, which was evident during the inspection visit. All employees will receive reminders when their training is due to be renewed, and this is also monitored by the Registered Manager, which is updated monthly. The monthly reports also provide information on training.

Care staff have access to vocational training opportunities, and registered nurses can access the post-registration courses provided by the Health and Community Services (H&CS) education centre.

The service provides interventions related to specific care needs, namely percutaneous endoscopic gastrostomy (PEG) feeding, epilepsy, and suprapubic catheter. Appropriate training is provided to ensure that care in these areas is delivered safely and effectively.

From January 2024, a new Registered Nurse will join Maison Jubilee to act as a practice development nurse. The Registered Manager expressed that this will be a great asset for the team to support the service and qualified staff and promote best practices. This was viewed as an excellent opportunity for service development.

There was also evidence of staff being supported to undertake a Regulated Qualification Framework (RQF) assessors award to support new staff members through their awards. Seven staff members had a Level 3 RQF or equivalent in Health and Social Care at the time of the inspection. One staff member was undergoing a Level 3. Six staff members were undergoing a Level 2 RQF. When undertaking level 2 and 3 RQF, the modules directly related to the care and support of people with learning disabilities are selected.

During the feedback process, seven employees were contacted. Of those seven, three provided the Commission with a response. Staff feedback was positive. All comments reiterated that they feel supported in their workplace by their peers and management. See some of the feedback received below:

*“Since I joined, I have been really pleased to observe how much support our clients received from all agencies on the island. It did not only cover the physical aspect but also the social, emotional, mental, and psychological aspects. Everyone has practiced a holistic- approach to dealing with clients. The team had an extensive aptitude in assessing and analysing the needs identified in their health and care plans. Every client has an individualised care pathway and single point of access, which was reflected in commissioning strategies.”*

*“All of our clients have difficulties in expressing themselves verbally, but with excellent clinical, critical thinking, and social skills, we were able to meet their needs and take a “whole life” approach by bringing together relevant services and developing a workforce with the right skills, qualities, and knowledge.”*

*“At Maison Jubilee, ethical principles have always been practiced. Every client was treated with utmost respect and dignity. We treat each one as if they’re our family. We let our clients choose if they can. We show compassion and fairness to each other and treat them without judgment. Everyone is supported with a full range of needs, including complex and extensive ones.”*

*“Our clients have individual and complex needs, but we still give them the autonomy to decide depending on their limits, or if not, we involve their families to partake so that interventions are effective, efficient, and of best interest to them. The safety of our clients is always a priority. We usually give support for carers and their families to empower and aid them in meeting the needs of our service users.”*

*“I have no complaints. The team is amazing. I have worked in Maison Jubilee since 2004, and I love it. The Registered Manager is very good, I am very happy with the management. I have access to all the training that is available. I feel part of the team.”*

## **Care and support**

<p>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.</p>
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Maison Jubilee offers nursing care to individuals with severe and multiple learning disabilities and complex health requirements. The staffing arrangement ensures that registered nurses are constantly available.

Additionally, a team of skilled and well-informed support workers is present to deliver a person-centred approach, emphasising the significance of enabling care receivers to lead active lives in their community. While each team member has distinct roles and responsibilities, they work harmoniously together.

During the inspection process, the staffing rotas were thoroughly reviewed and found to be in full compliance with the minimum requirements set by the Care Home Standards. Additionally, careful attention is given to guaranteeing adequate staffing levels to support the leisure and social activities of the care receivers. This was seen as an area of good practice.

The Regulation Officer thoroughly examined the care plans of two care receivers. The home possesses physical copies of all care plans and risk assessments, in addition to an online platform called "Care Partner" where all daily notes and recordings are stored. The care plans contain physical and mental health information, communication, safety, activities, personal care, and community presence/activities. Paper versions contain information about the 'communication passport', including 'all about me', health action plan, hospital passport, medication, safe handling, personal evacuation plans, pressure care, 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 acknowledged the challenges of managing a dual care planning system but confirmed that all documentation was current and underwent regular review. Upon reviewing the care receivers' care plans, it was noted that some of their photos were slightly outdated. It would be beneficial to update the care receivers' photos yearly or if there are any significant changes to the care receiver's identity.

Communal spaces are designed to create a warm and inviting atmosphere, offering a range of activity options for individuals receiving care. These activities cater to various hobbies and interests, such as assisted music, reading, manicures, arts and crafts, and massage.

During the inspection visits, it was observed that all individuals receiving care participated in various activities inside and outside their home. The team diligently assists in coordinating various activities and facilitates access to the resources provided by Mencap and other community organisations. The Registered Manager is currently in the process of appointing two new staff members to fill these positions. Additionally, the team endeavours to involve care receivers in local events, including the Boat Show and Liberation Day celebrations.

The Registered Manager said that when specific communication needs were identified for care receivers, these could be met within the team and with the training provided. The team has the skills and resources to understand and meet the needs of those receiving care. The team uses a range of communication methods, such as pictorial aids and objects of reference, to effectively understand and fulfil the wishes and preferences of care receivers who have complex communication needs. The Regulation Officer had the opportunity to spend time with care receivers during the inspection visit. All care receivers appeared happy and expressed their satisfaction with the staff and the support received.

Each care receiver holds an "All about me" assessment document that provides a comprehensive overview of special needs, preferences, wishes, and background information. This comprehensive compilation of information is curated by a diverse group of individuals who deeply understand the care receiver, including family members and care staff.

The team is further assisted by a team of healthcare professionals, such as speech and language therapists, psychologists, and occupational therapists, who work towards enhancing and establishing efficient communication strategies for the individuals. This involves the exploration of innovative techniques and technologies, as well as the provision of training to the staff team.

As part of the inspection process, feedback was sought from six professionals. It was evident that the professionals had confidence in the team and management. Feedback received from professionals included:

*“XXXX accesses My Voice to carry out annual reviews of the individuals within Maison Jubilee; we work closely with them to ensure we give them adequate information to form their reviews/reports. They also speak to family members where possible to get their views and opinions where the individual cannot do so.”*

*“I am very proud to be part of this team, I feel they deliver a very bespoke and personalised service.”*

*“Each individual has an MDT wrapped around their support, and the Nurses can attend the weekly MDT meeting to discuss any concerns. In addition, they can also refer to the specific member for support/assessments if required. Each individual has an annual review, and any specific decisions to be made would be considered through the Capacity / best interest process.”*

### **Choice and safety**

<p>The Standards outline the Provider’s responsibility to ensure that people will feel safe and are kept safe. People will be supported, enabled and empowered to be as independent and autonomous as practicable. People’s rights will be supported and protected.</p>
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The Registered Manager said the service's access to the community social events, in conjunction with their internal activities, has been a success for the care receivers. This gave them an experience of community, increased their opportunities, and led them to a better social life. The activities management matches Standard 9 of the Care Home Standards, which was considered an area of good practice.

The Government of Jersey oversees the recruitment process through a centralised Human Resources (HR) team. This team is responsible for ensuring compliance with the recruitment policy and conducting all necessary safer recruitment and occupational health checks. Currently, the Government of Jersey has implemented a new programme, which is called ‘Connect’, where all recruitment information can be accessed remotely by the Registered Manager.

The Registered Manager informed the Regulation Officer that the recruitment process would start to be undertaken in-house, using 'Connect'. The Registered Manager demonstrated a good understanding of HR policies and practices and how to seek support with issues relating to safe recruitment or managing performance. The Regulation Officer reviewed the safe recruitment process of five staff members with the support of the Registered Manager. All necessary, safe recruitment checks were found to be in place, as detailed in Appendix 4 of the Care Home Standards.

The four authorisations for Significant Restriction of Liberty (SROL) have not changed since the last inspection. The Registered Manager is knowledgeable about the procedure for SROL applications and renewals, as well as their responsibilities within the process. The staff team has received training on the Capacity and Self Determination (Jersey) Law 2016 (CSDL).

The Regulation Officer reviewed the policies and procedures in place to support the home. During the previous inspection, it was noted by the Regulation Officer that the home primarily follows generic HCS policies, which are often focused on health and medical care and lack specified procedures and practices. A discussion took place between the Regulation Officer and the Registered Manager regarding the benefits of having specific in-house medication procedures for the home, which was also previously contemplated in the last inspection. The Registered Manager provided evidence of further documentation developed. A comprehensive procedure for the management of medication within the home was implemented back in May 2023.

A Medication Administration Procedure was also developed by the Registered Manager and shared with all staff. Additionally, staff have been provided with guidelines on administering medication via PEG or G-tube, sourced from the NHS Foundation Trust. It is important to note that all senior health care assistants must complete standalone RQF units to administer medication and deliver PEG care, with follow up annual assessments of competencies / signed off by a senior staff nurse. The Regulation Officer was satisfied that Maison Jubilee meets Care Home Standard 6.6 and Care Home Appendix 9.

The Registered Manager presented some reviewed policies to the Regulation Officer, which included medical devices and complaints policies. Some relevant policies, from Government of Jersey, still need to be updated, including vehicle maintenance, care records, and staff appearance. However, the Registered Manager produced some guidelines and documentation that support the service to continue to work safely and effectively while policy updates are addressed.

The vehicle maintenance Policy is currently awaiting review as it is outdated. Maison Jubilee included written guidelines, along with a daily vehicle checklist, ensuring proper procedures are in place for their vehicle. The 'Appearance Policy' needs to be updated, but an email was sent to all staff in January 2023, and a hard copy has been reprinted. This communication requests all staff members to read, understand, and sign the policy for compliance. Additionally, in-house guidelines have been added to the house information folder for staff reference. Care records are also outdated, and in-house guidelines have been added to the house information folder for staff reference. These measurements were considered sufficient to remove this as an area for improvement.

Maison Jubilee implements various measures to consistently assess and uphold health and safety regulations. This encompasses an electronic reporting system that investigates all incidents and accidents under the supervision of the Registered Manager. Additionally, the team has devised a system to conduct weekly health and safety inspections within the premises. The H&CS engineering department offers support for specialised maintenance checks and repairs in addition to assistance from external contractors.

During a discussion with the Registered Manager, evidence was provided of the maintenance schedules for the work completed by engineers and contractors, available electronically in a system called "concerto". The Registered Manager confirmed that this system registers all building scheduled services required.

According to the Registered Manager, further in-house maintenance checks are being carried out. For this purpose, a logbook was created for external contractors. The logbook for external contractors contained records of regular in-house maintenance. It is positive to note that maintenance schedules and logs are now readily accessible within the premises at all times. This ensures that the Registered Manager or person in charge possesses the necessary information to fulfil their health and safety obligations effectively.

It was discussed with the Registered Manager that there needed to be in-house records to evidence the servicing of three medical beds and their corresponding air pumps for the air mattresses. During the inspection process, the Registered Manager assured the Regulation Officer that the service arrangements for the equipment would be added to the existing service agreement in place for other in-house equipment. The company visits the island every six months and is scheduled to visit in April/May 2024. It will service all equipment used within the care home to ensure this is serviced annually and fulfils the health and safety responsibilities. The Regulation Officer is satisfied with the measurements that were put in place.

The fire logbook review has verified that all essential inspections were being carried out. Regular fire drills were consistently documented every three months for all personnel, which fulfilled the necessary requirements. The Registered Manager has confirmed the completion of fire marshal training for two staff members, and a third individual is scheduled to complete it as well. A separate document was suggested to be implemented by the Registered Manager to ensure that all staff had completed the fire drills within time. The service immediately followed this up.

The Regulation Officer deemed this to be satisfactory and removed it as an area of improvement.

All staff members receive training in first aid and basic life support, which is regularly updated. The home and vehicle used by the home are equipped with first aid boxes, ensuring that necessary supplies are readily available. Evidence of monthly checks was provided to the Regulation Officer, and they are conducted to ensure that stock levels are maintained, and expiry dates are monitored.

The team utilises well-established assessment tools to prevent and manage pressure ulcers. They possess a comprehensive knowledge of pressure prevention techniques and recognise the importance of seeking expert guidance and assistance when necessary. The Registered Manager showed this evidence documented in the care receivers' care plans. Several assessment tools support the team in implementing preventative measures to minimise pressure ulcers.

Additionally, several specialist professionals, such as Family Nursing and Home Care (FNHC), and Occupational Therapists, support the team in promoting best practices. Maison Jubilee practices align with the Government Pressure Ulcer Prevention and Management Policy (Adults) dated March 2023. They have established a skincare bundle, implemented the Waterlow pressure ulcer risk assessment, and introduced a repositioning chart initiated last year for all care receivers. In the previous inspection, the Regulation Officer noted that the home did not have a copy of the island-wide pressure care framework. This was followed up immediately at the time by the Registered Manager, and in the current inspection process, it was noted that this is now in place.

The presentation of the environment was clean and well-maintained. The communal areas were adorned with photographs of the care receivers, showcasing a thoughtful touch. Additionally, decorative paintings added to the aesthetic appeal. Notably, there were no unpleasant smells detected. Each care receiver's room was painted in a unique colour based on their personal preference, and with the involvement of their family members, it was personalised to create a sense of belonging.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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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