



**Jersey Care
Commission**

INSPECTION REPORT

Maison Jubilee

Care Home Service

29 Victoria Place

St Helier

JE2 4ER

5 June 2024

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 (as amended) to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity, and to encourage improvement.

ABOUT THE SERVICE

This is a report of Maison Jubilee care home. This home is located in St Helier and is conveniently close to the waterfront, main shopping area, bus station, and numerous cafes and restaurants.

The care home is a spacious ground-floor apartment with an entrance situated in a pedestrian zone that includes a children's play area. The property displays a courtyard garden, a large lounge/dining area, five single bedrooms, and an additional staff sleep-in room. It also includes a bathroom, a shower room, a kitchen, a music room, and 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
Discretionary Condition of Registration	None
Date of Inspection	5 June 2024
Time of Inspection	09:00 to 13:00
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	Five

The Government of Jersey operates the care home, and a Registered Manager is in place.

The Registered Manager recently completed the Level 5 Diploma in Leadership in Health and Social Care, and the discretionary conditions on the service's registration were removed.

Since the last inspection on the 4 and 6 December 2023, the Commission received an updated copy of the service's Statement of Purpose, this was submitted on request.

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. The main body of this report contains further information about our findings.

The regulation officers evaluated the organisation's safety procedures and reviewed care plans.

Staffing levels were consistent, ensuring adequate support for care receivers. Recruitment processes met standards, with all necessary documents in place before employment and ongoing monitoring of staff performance.

Medication management protocols were robust, with detailed policies, regular assessments, and audits. Health and Safety procedures were closely monitored, with regular maintenance checks and external safety checks. Infection control practices met high standards, with regular checks.

The service effectively met mandatory conditions of registration, providing nursing care to care receivers.

Staff received regular training and were competent in delegated tasks, ensuring safe and effective care provision. Person-centred care was evident, with the involvement of care receivers and external professionals in care planning.

Assessments were conducted, and staff training emphasised respecting individual choices. The service handled end-of-life processes sensitively, with recent training introduced.

Care plans were carefully created, focusing on key areas crucial for effective care. Support workers were engaged through structured discussions, promoting continuous improvement and overall well-being.

Systems for capturing and addressing feedback were in place. Comprehensive training was provided, with ongoing monitoring and support, enhancing care quality and staff satisfaction.

INSPECTION PROCESS

This inspection was announced and was completed on 5 June 2024. Notice of the inspection visit was given to the Registered Manager a week before the visit. This was to ensure that the Registered Manager would be available during the visit.

Two regulation officers visited Maison Jubilee for this inspection. The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

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

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

The regulation officers attempted to seek the views of care receivers living in the home. This proved challenging on account of the care receivers' needs. Although verbal feedback was not provided, the regulation officers could observe positive nonverbal reactions. The regulation officers also sought feedback from their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was sought from nine professionals external to the service.

During the inspection, records, including policies, monthly provider reports, duty rotas, care records, and incidents, were examined. At the conclusion of the inspection, the regulation officers provided feedback to the Registered Manager. This report outlines our findings and includes areas of good practice identified during the inspection.

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

INSPECTION FINDINGS

At the last inspection, no areas for improvement were identified.

Is the Service Safe

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

The regulation officers evaluated the organisation's safety procedures and reviewed the care plans and risk assessments. Their analysis revealed that risk assessments were adequately developed, regularly reviewed, and updated as needed. This was corroborated by feedback received from the workforce: *“I believe that Maison Jubilee provides a safe working environment. With regular correspondence from the Registered Manager, either through email and/or team meetings, the staff are informed of any changes within Maison Jubilee to ensure the service is safe. This includes reviewing policies and procedures”*.

During the inspection, the regulation officers reviewed the duty rotas from the past three months. It was evident that there were sufficient skilled and experienced nurses and support workers to meet the needs of those receiving care. Feedback from staff during the inspection supported this: *“We are very lucky here; we have a quality life-work balance”*.

Staff recruitment was also examined during this inspection. The organisation uses a system called 'Connect,' and upon review, it was noted that their recruitment process meets the Care Home Standards. The inspection revealed that all necessary documents for staff members were in place before they started employment. Additionally, the Registered Manager provided evidence that staff received an induction in line with the Standards. The records also indicated that probationary reviews are conducted, and staff performance is consistently monitored and assessed.

The regulation officers examined the service's medication management protocols. Their evaluation confirmed that robust measures were in place to protect care receivers, effectively reducing the risk of medication errors. These measures included detailed policies, procedures and internal guidelines tailored to the environment, regular medication assessments, routine reviews, and frequent audits. It was also noted that the Registered Manager had introduced several of these practices since the last inspection, reflecting a commitment to continuous improvement and adherence to best practices in medication administration.

Health and Safety procedures were thoroughly reviewed and documented. The service closely monitors maintenance checks internally. The service also utilises external contractors to conduct regular safety checks, ensuring the well-being of all staff and care receivers. These checks are recorded in a system called 'Concerto,' which is consistently reviewed, as demonstrated by the monthly provider reports.

Infection control practices were also examined during the inspection. The facility was clean and free of any unpleasant odours during the inspection. Maison Jubilee utilises Medical E-governance (MEG), a cloud-based digital quality management system, to audit infection control. This system aids in monitoring and measuring care quality, driving improvements, and supporting quality assurance. Notably, these measures were consistently reviewed in the monthly provider reports submitted to the regulation officers.

Is the Service Effective and Responsive

Assessing the organisation of the service so that care receiver's needs are respected and met.
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The regulation officers reviewed the service's compliance with the mandatory conditions outlined in the regulatory framework, focusing on meeting the needs of the care receivers. The inspection revealed that the service effectively met these requirements by providing nursing care to the care receivers.

The Registered Manager provided evidence of regular training for staff to perform delegated tasks effectively, such as catheter care and percutaneous endoscopic gastrostomy (PEG) feeding. Staff are only assigned delegated tasks once assessed and deemed competent. This demonstrates that the home acknowledges its limitations and engages qualified assessors to ensure that care receivers' needs are met safely and effectively. The workforce confirmed this through feedback: *“All staff are supported in receiving training relevant to the area. This includes training in reference to PEG, epilepsy, medications and catheter care. Staff must also complete annual competencies to ensure they are still competent to carry out these duties”*.

The service demonstrated a dedication to the principle of person-centred care. Both documentation and practices demonstrated a solid commitment to recognising and implementing individualised care. The observed practices within the care setting showcased a robust process for involving care receivers and external healthcare professionals in planning and adjusting their care plans, ensuring their voices are heard and respected. This included regular, scheduled reviews of care plans with the participation of care receivers or their advocates. The workforce confirmed this evidence: *“With regular and consistent reviews of the client’s needs, through the wider multidisciplinary team and with their General Practitioner, I believe the people’s needs are respected and met. We also strive to involve all families in decisions and changes to a person’s care”*.

Additionally, the regulation officers found evidence of Significant Restriction of Liberty (SRoL) assessments. The Registered Manager showed awareness and demonstrated knowledge of this process. Furthermore, staff training in capacity and self-determination emphasised respecting individual choices and understanding the legal aspects of consent and capacity. The commitment to these principles was evident in the care practices observed and the positive feedback from the workforce: *“I have worked in several settings previously, and here I feel that I finally have time for the care receivers. We work around their wishes and needs, not the other way around. I am confident that we provide very good care, and it is person-centred”*.

The regulation officers discussed care provision arrangements regarding the 'Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)' processes. The service demonstrated careful handling and communication of such sensitive matters, reflecting its dedication to ethical and respectful care practices. The Registered Manager explained that the team recently underwent end-of-life training provided by the hospice. This bespoke training aims to be applied to each care receiver to create individualised and tailored care plans, ensuring the care receiver's preferences are prioritised and minimising potential stress during this difficult time.

Is the Service Caring

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

The regulation officers viewed a sample of care plans and found that the service closely monitors the well-being of care receivers. The care planning system focuses on several key areas crucial for providing baseline care, including all about me; hospital passport; disability distress tool; care plans; safe handling; SRoL; positive behavioural support plan; reports and an observation chart folder. The care plans are carefully created with ongoing input from healthcare professionals, and there is evidence of continuous development. Additionally, staff members record daily entries reflecting the care provided.

The regulation officers noted that the service had implemented a structured approach to engage support workers in ongoing discussions about their responsibilities. This includes identifying and addressing any challenges they encounter and soliciting their feedback through regular supervision and appraisal sessions. The Registered Manager provided evidence that this approach is closely monitored and meets the Care Home Standards. This approach demonstrates the service's commitment to continuous improvement and promotes overall well-being, as reflected in feedback received from the workforce:

“We know we can speak with our manager. They are amazing and very supportive.”

“I am very happy with the support offered by our Registered Manager. They provide good leadership and are very approachable for any queries and concerns. They regularly keep the team updated. They also have a large presence within the area with their door always open to staff and family members.”

Is the Service Well-Led

Evaluating the effectiveness of the service leadership and management.
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The regulation officers observed the presence of systems aimed at capturing and addressing feedback, which was corroborated by a comprehensive complaints policy outlining clear pathways and escalation procedures. Regular surveys are undertaken to seek feedback and address any concerns that may arise.

The regulation officers focused on equality, diversity, and inclusion for care receivers and the workforce. From observation of the service's activities, it was evident that they provided opportunities to celebrate various cultural and religious holidays, encouraging the sharing of different cultural practices among care receivers and staff. These include Liberation Day, Christmas, Easter, Valentine's Day, and activities organised by MENCAP that embrace different preferences. Feedback from the workforce highlights that these efforts contribute to a more fulfilling and respectful workplace, demonstrating the service's commitment to diversity and inclusion.

“We have a multicultural environment, and respect is shown by all of our backgrounds.”

“I consider everyone’s culture and consider that when I am doing rotas for the staff.”

The inspection highlighted that the service has a robust organisational framework supported by comprehensive policies, procedures, and internal guidelines. Evidence of this was provided through various documents readily accessible to the workforce. The Registered Manager ensured easy access to relevant information by creating a folder that staff can easily access when needed.

When questioned about their awareness, staff demonstrated knowledge of whom to contact and how to escalate concerns. They also expressed feeling highly involved and informed about the day-to-day operations of the service.

The service provided evidence of comprehensive training for the workforce, demonstrating adherence to the Care Home Standards and emphasising the value placed on continuous learning and staff development. Monthly provider reports showed that staff training, development, and support are closely monitored. The Registered Manager provided evidence of the service's commitment to maintaining updated training and seeking further bespoke training to enhance care quality and staff satisfaction, which was corroborated through feedback received: *"We have all the training that we need. On our supervision, we have the opportunity to discuss any additional training needs, and we feel that we are heard"*.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan is not required.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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