



**Jersey Care
Commission**

INSPECTION REPORT

Maison Jubilee

Care Home Service

29 Victoria Place

St Helier

JE2 4ER

28 and 30 April 2025

Date Published

17 June 2025

1. THE JERSEY CARE COMMISSION

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

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

2. ABOUT THE SERVICE

This is a report on the inspection of Maison Jubilee. The Care Home is operated by the Government of Jersey—Health and Care Jersey, and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Care Home
Mandatory Conditions of Registration	
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 each room	Rooms 1-5, one person

Discretionary Conditions of Registration
None
Additional information:
Since the last inspection the Commission received an updated Statement of Purpose.

As part of the inspection process, the Regulation Officer evaluated the home's compliance with the mandatory conditions of registration required under the Law. The Regulation Officer concluded that all requirements have been met.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced, and notice of the inspection visit was given to the Registered Manager five days before the visit. This was to ensure that the Registered Manager would be available during the visit. On day one, the Pharmacist Inspector was present with the Regulation Officer for part of the day to carry out a medication inspection.

Inspection information	Detail
Dates and times of this inspection	28 April 2025 – 09:00 – 12:30 30 April 2025 – 09:00 – 11:00
Number of areas for improvement from this inspection	Two
Number of care receivers accommodated on day of the inspection	Five
Date of previous inspection:	5 June 2024

Areas for improvement noted in 2024	None
Link to previous inspection report	IRMaisonJubilee20240605Final.pdf

3.2 Focus for this inspection

This inspection includes a focus on these specific new lines of enquiry:

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

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for improvement identified at the last inspection

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

4.2 Observations and overall findings from this inspection

Since the last inspection, the home has focused on delivering safe, person-centred, and responsive care. The Registered Manager demonstrated oversight of recruitment, induction, and training processes. Staff files contained appropriate checks, and new staff completed general and service-specific inductions. Staffing levels were appropriate and supported through regular supervision and access to up-to-date training. Staff understood safeguarding procedures, and risk assessments were comprehensive and regularly reviewed.

Medication management was reviewed with the Pharmacist Inspector. While some recommendations were made, medication systems were generally safe and well-managed. Records showed secure storage, clear documentation, and appropriate training for staff involved in medicines administration.

Communication across the service was well structured. Regular team meetings and an IT platform supported clear information sharing. Care planning was person-centred and reflected multidisciplinary input. Advanced care planning was progressing well, and the home is working proactively to involve families and professionals.

The environment was homely and adapted to meet the complex needs of care receivers. Daily care entries were clear and supported continuity. Areas for improvement included the need for written agreements and improved access to up-to-date policies. The Registered Manager acknowledged these.

Overall, the home continues to provide high-quality care, supported by effective leadership and a knowledgeable team.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care Home Standards were referenced throughout the inspection.¹

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report, reviews of the Statement of Purpose, contacts made by the Registered Manager, intelligence received about the home and notification of incidents.

The Regulation Officer 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 Officer could observe positive nonverbal reactions. The Regulation Officer sought feedback from three of their representatives, and one provided a response. They also had discussions with the service's management and other staff. Additionally, feedback was sought by seven professionals external to the service, and two provided a response.

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

As part of the inspection process, records including policies, care records and incidents were examined. Additionally, an Environmental report was shared with the Regulation Officer, which was also considered during this inspection visit. At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and followed up by email one week after the inspection visit, detailing the identified areas for improvement.

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

5.2 Sources of evidence.

New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Recruitment Processes (including Disclosure and Barring Service – DBS, references and induction) Rotas Training Risk Assessments Feedback Medication Management
Is the service effective and responsive	Meetings minutes (Multi Discipline Team involvement) Statement of Purpose Organisational Chart Feedback Care receivers' assessments Business Continuity Plan Written agreements & Financial procedures

Is the service caring	Policies and Procedures Care Plans Risk Assessments Feedback Training Assessment of the care environment
Is the service well-led	Policies and Procedures Accidents and Incidents Supervisions and Appraisals Significant Restriction of Liberty (SROLs) Feedback Environmental Report

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The home has appropriate systems to support a safe environment for care receivers and staff. During the inspection, the Registered Manager demonstrated complete oversight of the recruitment process, with all relevant information accessible through a digital platform. A sample of staff files was reviewed and found to include the necessary checks, confirming safe recruitment practices are followed. New staff complete a general induction alongside a bespoke, service-specific induction, typically within a six-month period. Induction folders viewed during the inspection showed that this process is in place and well-documented.

Staffing levels were reviewed through a sample of rotas and were found to be sufficient to meet the needs of the care receivers. The Registered Manager monitors staff training, and a training matrix provided during the visit demonstrated that training is current, relevant, and aligned with the needs of the care receivers. Safeguarding training is also in place, and staff understand how to recognise and report concerns.

Feedback from a staff member:

Staff are regularly given training opportunities, and there's a real focus on learning and developing skills. Whether it's clinical care, manual handling, or communication, there's always help and guidance available.

Risk assessments for the environment and individual care receivers were robust, regularly reviewed, and appropriately documented. The Registered Manager could articulate the home's responsibilities concerning managing risk and maintaining safety.

A medication inspection was carried out as part of the overall inspection, in conjunction with the Pharmacist Inspector, and a separate detailed report has been provided to the service. This report included a number of recommendations, such as the need to introduce room temperature monitoring in line with Government of Jersey procedures, clearer labelling of life-limited medications with 'opened on/discard after' dates and ensuring Percutaneous Endoscopic Gastrostomy (PEG) assessments for delegated tasks are specific to individual care receivers.

Despite these areas for recommendation, medication management at the home was found to be safe and effective overall, with appropriate systems in place for secure storage, administration, disposal, record-keeping, training, and audit. The home demonstrated a proactive approach to medicines management and a commitment to continuous improvement.

Is the service effective and responsive?

Care, treatment, and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Feedback from staff member:

Effective communication among healthcare professionals is observed. Clear dialogue enhances teamwork, supports safety, and contributes to better staff morale and improved outcomes.

The inspection found that the service operates in a way that supports effective and responsive care for all care receivers living at the home. Communication systems are well established, with regular meetings held at all levels of the organisation, including senior

management, team leaders, and staff. Minutes of these meetings are available to all teams and help keep staff informed. During the inspection, communication was clear and open. The Registered Manager demonstrated approachable leadership, and staff said they felt confident raising concerns or speaking with management. A clear organisational chart also supports effective internal communication by outlining roles and reporting structures.

Information sharing was demonstrated through the use of a shared IT platform, which is accessible to both internal staff and external professionals. This promotes continuity of care and ensures that all relevant professionals can contribute to and remain informed about care planning and delivery. Care records showed evidence of input from multidisciplinary professionals and demonstrated that feedback is followed up and actioned as needed.

The service was unable to provide evidence that written agreements are in place, as required under Jersey Care Commission Care Home Standards. While it was clear that the service does not accept open admissions and instead works closely with the multidisciplinary team (MDT) to assess suitability before offering a placement, this process does not currently result in a written agreement outlining terms and conditions of care. Although a post-placement review is carried out, the absence of a formal written agreement is an area for improvement to ensure transparency, consistency, and understanding of what to expect from the placement for all involved.

Fees and charges are clearly structured under the Long-Term Care Scheme. This provides financial clarity and security for care receivers.

Service user and family involvement was well demonstrated during the inspection. The Registered Manager maintains regular contact with families and makes consistent efforts to involve them in the day-to-day care of their relatives, even in cases where family members are less available. This reflects a commitment to inclusion and partnership working.

Record keeping across the service was found to be robust. A mix of digital and paper-based records are used and are easily accessible to the team. Daily care entries were observed during the visit and reflected the care delivered to each care receiver, supporting good continuity and monitoring.

A business continuity plan was shared with the Regulation Officer. It was also explained that a contingency plan is currently being reviewed by the Government of Jersey, demonstrating that the service is planning ahead to manage potential risks or disruptions.

The home's approach is adapted to meet the care receiver needs. The service is person-centred and has a non-clinical, homely feel. Rooms are personalised with necessary medical equipment, helping residents receiving the required care. The service regularly makes appropriate referrals to external professionals such as Occupational

Therapists, Physiotherapists, and Speech and Language Therapists. The documentation reviewed showed that this multidisciplinary input is coordinated and used effectively to support personalised care and environmental adaptations.

These findings demonstrate that the service's information flows well, care is tailored to care receiver needs, and staff are supported to work collaboratively and transparently.

Feedback from Professional:

In relation to any input / recommendations, the staff are very responsive to make changes for the benefit of the client.

Is the service caring?

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

The home demonstrated a commitment to promoting the health and well-being of its care receivers. Each care receiver is regularly reviewed through a system of care plan audits, which ensure that all aspects of their health and well-being are monitored and responded to promptly. During the inspection, it was evident that this is done consistently and tailored to each person's specific health needs, contributing positively to their overall quality of life.

Feedback from a staff member:

The care we provide is person-centred, and we really get to know the individuals we support, building trust and strong relationships. We're encouraged to speak up and share ideas.

Palliative and end-of-life care was also met with a good standard of practice. Staff have completed relevant training, and the Registered Manager was able to evidence ongoing engagement with the palliative care team to ensure best practice. Advanced care planning is being actively developed, with some plans already in place and others in progress. The Registered Manager discussed challenges obtaining input from some families but has proactively sought support from an external support service to help ensure these plans are completed robustly. This forward-thinking and persistent approach to improvement in end-of-life care was identified as an area of good practice.

When reviewing activities of daily living, care receivers benefit from person-centred, detailed care plans developed with input from relevant healthcare professionals. These plans are bespoke to each care receiver and reviewed regularly to ensure they remain reflective of the person's changing needs. The level of personalisation and professional involvement stood out as another good practice area.

Although many care receivers at the home are not eating orally, mealtimes are handled with dignity and care. There are robust care plans to guide how each care receiver should receive nutrition and hydration based on their preferences and clinical needs. Staff responsible for preparing and administering meals have completed infection control and food safety training, ensuring safe practice. A new kitchen has also been approved to meet the 'Eat Safe' standards, demonstrating the home's commitment to continuous improvement. The lounge environment was calm and clean, supporting a respectful mealtime experience even for those receiving alternative forms of nutrition.

Finally, in sexual health, relationships, and behaviour management, the service has taken a respectful and person-centred approach. Staff are trained to understand and support care receivers' individual rights and preferences, maintaining privacy and dignity at all times. A healthy and open approach to these subjects has been encouraged, ensuring that care receivers' emotional and relational needs are not overlooked.

Is the service well led?

The leadership, management and governance of the organisation assures delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

The service's approach to incident management is well-established. An electronic system is in place to log and track all accidents and incidents, allowing timely monitoring and review. This system was demonstrated during the inspection and found to be effective. Furthermore, all incidents and accidents that required notification to the Jersey Care Commission had been reported appropriately and in line with regulatory expectations and current guidance. This supports a culture of transparency, accountability, and continuous learning, key indicators of a well-led service.

Relevant policies and procedures are an area requiring improvement. During the inspection, it became apparent that the Government of Jersey's system for accessing policies is unclear and fragmented.

Updated policies were seen to be mixed with outdated ones, and there were inconsistencies in how and where different policies could be accessed. This lack of clarity poses a risk of consistent practice, as registered managers and staff may not always work according to current guidance. A more structured and accessible system is needed to ensure that all relevant policies are up-to-date and readily available to support safe and effective service delivery. Strengthening this area will better equip managers to lead effectively and confidently.

With regard to Significant Restriction of Liberty (SROL) authorisations, the home currently has four SROLs in place. The Registered Manager was able to demonstrate that these had been appropriately applied within the required timeframes and was able to explain the processes followed. It was noted during the inspection that notifications relating to SROLs had not been sent to the Commission. However, this was addressed immediately once highlighted, and the Registered Manager acknowledged the importance of consistent notification submission. A reminder was provided that all new and renewed SROLs must be submitted to the Commission in real time, reinforcing the need for accurate and up-to-date reporting.

Supervisions and appraisals are well structured and consistently carried out within the service. The Registered Manager provided evidence to the Regulation Officer that these are completed in line with the service's organisational structure and timescales.

Feedback from staff member:

I think we provide a good quality of care (...) we are very passionate in making sure that our clients (...) live their lives in full. This wasn't possible if we didn't work very well as a team, didn't had support from our management or the service wasn't well-led.

Records are maintained and accessible to staff through the service's IT platform, ensuring transparency and continuity. Based on the evidence presented during the inspection, this area meets the Care Home Standards.

An infection control audit had recently been completed at the service, during which several environmental issues were identified. The environmental report was reviewed and discussed with the Registered Manager, who demonstrated a clear awareness of the concerns and took appropriate steps to escalate these through the correct internal channels.

During the inspection visit, the Regulation Officer observed the Head of Service arriving on-site to meet with the Registered Manager and develop a plan of action to address the findings. This immediate response indicated a proactive and responsive approach to improving the service.

Despite the areas identified for improvement, the home's overall environment was clean, well maintained, and provided a homely, welcoming atmosphere for care receivers.

When asked about the care provided within the home, and relatives said:

I am extremely satisfied with the care my relative receives at Maison Jubilee. The service has been outstanding, far exceeding previous placements. The staff are highly adaptable, communication is excellent, and the level of mental and physical stimulation provided is just right. In my opinion, Maison Jubilee is by far the best place my relative has ever been.

A professional's view:

All interactions are positive, quick in responding and taking quick action that has been highlighted / recommended.

The staff are very responsive to all the residents and provide a very holistic, person-centred care. It is very clear that all the staff are passionate and want to provide the best care for them.

The manager always comes across as caring and considerate – they go out of their way to ensure individual's care needs are met in the best way possible. There is creativity in enhancing care packages to ensure clients can enjoy and live their best life. Safety and least restrictive options are always carefully considered.

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>Area for Improvement 1</p> <p>Ref: Standard 1.6 Regulation 5</p>	<p>The Registered Provider must ensure that policies and procedures are developed in line with current best practices and are regularly reviewed and updated as necessary to maintain compliance and support the delivery of high-quality care.</p>
<p>To be completed: by 28 January 2026</p>	<p>Response by the Registered Provider:</p> <p>The Quality and Safety Team have recently recruited a Policy Manager within HCJ who will lead on work to identify corporate policies in need of review or removal to improve accessibility to the relevant GOJ documents required by the service/care receivers. Any Adult Social Care specific policies relating to the Learning Disability Service will be updated and ratified as routine within the Adult Social Care Group and then approved through the usual HCJ process as required. The registered manager will continue to monitor and review procedures to ensure appropriate access to policies for all staff.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 1.5, Regulation 8 (1); 6 (1)</p> <p>To be completed: by 28 October 2025</p>	<p>The Registered Provider must ensure that a written agreement states how the service will be provided to meet the needs of the person receiving care. It will set out terms and conditions, how the service will be delivered, and how it may be reviewed or ended.</p>
	<p>Response by the Registered Provider:</p> <p>The Statement of Purpose will be revised to more accurately reflect the complexity of care needs which are supported by the service and which conventional written agreements will not always fit within the confines and restrictions imposed by Capacity and Self-determination (Jersey) Law 216, and crucially the lack of available alternative and suitable options to support complex needs. A written agreement that accounts for the anomalies arising with reference to the generic standards being applied to such specialist services will be drafted to account for oversight of Capacity and Liberty Assessors, Care Coordinators and other relevant body such as Viscount Department appointed delegates. This will be aligned with any assessments undertaken as part of plans for new admissions or annual reviews.</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.



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