



**Jersey Care
Commission**

INSPECTION REPORT

Maison Jubilee

Care Home Service

**29 Victoria Place
La Route Du Port Elizabeth
St Helier
JE2 4ER**

**Inspection Date
27 July and 3 August 2026**

**Date Published
9 October 2026**

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 Health and Care Jersey and there is a registered manager in place.

Registration Details	Detail
Type of regulated activity	Care Home Service
Mandatory Conditions of Registration	
Type of care	Nursing Care
Category of care	Learning Disability
Maximum number of care receivers	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	
The home has been subject to a recent fire service inspection.	

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 unannounced and formed part of the Jersey Care Commission's programme of regulatory inspections for 2026. Unannounced inspections provide the Regulation Officer with an opportunity to assess the day-to-day operation of the home. The Registered Manager was present during the inspection and was able to support the inspection process and provide access to the documentation and information requested.

Inspection information	Detail
Dates and times of this inspection	27 July 2026 – 9:40 - 14:14 3 August 2026 – 9:00 - 12:10
Number of areas for improvement from this inspection	One
Number of care receivers accommodated on the day of the inspection	Five
Date of previous inspection	28 and 30 April 2025
Areas for improvement noted at the last inspection	Two
Link to the previous inspection report	RPT MJ Inspection 20260502

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection, as well as these specific 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, two 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 progress had been made in one area for improvement. This means that there was evidence of work being undertaken to develop and improve policies and procedures in line with current best practice.

The second area for improvement was discussed during this inspection, and it was noted that insufficient progress had been made. The home's written agreements do not yet clearly set out how the service will be provided to meet the needs of the individual, as a result, this area for improvement remains outstanding and is discussed in more detail within the main body of this report.

4.2 Observations and overall findings from this inspection

Maison Jubilee provides nursing care and support for adults with learning disabilities and complex health needs, including those with profound and multiple learning disabilities. During this inspection, the Regulation Officer found evidence that care receivers were protected from avoidable harm through robust recruitment processes, effective staff training arrangements, medication management systems and fire safety procedures. The Registered Manager was able to demonstrate oversight of safer recruitment, workforce development and professional registration requirements. Following a recent Fire Service inspection, Personal Emergency Evacuation Plans (PEEPs) had been reviewed and updated, demonstrating that recommendations from external professionals had been incorporated into practice.

Care records demonstrated multidisciplinary involvement from a range of professionals, including occupational therapists, social workers, nursing staff and other healthcare professionals. Documentation reviewed evidenced person-centred care planning, healthcare monitoring, communication systems and arrangements to support continuity of care. Records demonstrated that care receivers were supported to access healthcare services, participate in meaningful activities and receive care based on their assessed needs and preferences.

The home demonstrated a caring culture. Care records reflected individuals' preferences, communication needs and health requirements. Observations undertaken during the inspection showed positive and respectful interactions between staff and care receivers. Staff were observed providing support in a manner that promoted dignity, choice and independence. Feedback received from a relative was positive regarding the care and support provided, and professional feedback highlighted the home's person-centred approach and commitment to achieving positive outcomes.

Governance and leadership arrangements were found to be well established. The Registered Manager demonstrated oversight through audits, governance meetings, supervision arrangements and quality assurance systems operating within Health and Care Jersey. Positive progress had been made in relation to a previous area for improvement concerning access to policies and procedures, and this is now considered addressed. However, the home's written agreement documentation continues to require further development to fully meet the requirements of the Commission's Care and Support Services with Accommodation Standards. Whilst the service level agreement contained some relevant information, it did not clearly demonstrate all elements required by the standards, including changing or ending the agreement. This remains the sole area for improvement identified during this inspection.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care and Support Services with Accommodation Standards were referenced throughout the inspection.¹

Prior to our inspection visit, all the information held by the Commission about this home was reviewed, including the previous inspection reports, the Statement of Purpose, and notification of incidents.

The Regulation Officer was unable to obtain direct feedback from care receivers during the inspection due to their individual communication and support needs. As part of the inspection process, the Regulation Officer undertook observations of care and support being provided, including interactions between staff and care receivers and participation in daily activities and routines. Feedback was obtained from one representative of a care receiver. The Regulation Officer also had discussions with the home's management and other staff. Additionally, feedback was provided by two professionals external to the home.

As part of the inspection process, documents including policies, care records, incidents and complaints were examined.

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and confirmed the identified areas for improvement by email on 14 August 2026. Details of the follow-up actions required to evidence that improvements have been made were also set out by the Regulation Officer.

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

This report presents our findings from the inspection and outlines the range of observations made. Throughout the report, we may highlight any areas of good practice identified, along with suggestions where practice could be strengthened or further enhanced. Where specific improvements are required, these are set out in detail and accompanied by a defined improvement plan at the end of the report.

5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	Evidence Reviewed
Policies and Procedures	Review of the organisations internal online platform
Written Agreements	Review of the Service Level Agreement
Key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Recruitment, onboarding and safer recruitment records, including DBS checks, reference verification processes and recruitment documentation. Staff training, qualification, registration and competency records. Fire safety, emergency preparedness and health and safety documentation, including PEEPs, fire testing and evacuation arrangements. Medication management records, audits and competency assessments. Governance and quality assurance records. Discussions with the Registered Manager regarding staffing, workforce deployment and multidisciplinary support arrangements.
Is the service effective and responsive	Statement of Purpose, service information and accessible communication resources. Care records, care plans, risk assessments and decision-making documentation. Multidisciplinary assessments, reviews and professional involvement records. Healthcare monitoring, hospital admission and healthcare appointment records. Electronic care recording systems, handover arrangements and communication processes. Staff training, workforce development and professional registration records.

	Activity planning, community access documentation and feedback surveys. Discussions with staff regarding care planning, reviews and information sharing.
Is the service caring	Sample of care receiver files and person-centred care planning documentation. Risk assessments, capacity assessments, decision-making records and emergency planning documentation. Daily care records and healthcare monitoring documentation. Activity records and participation documentation. Direct observations of care and staff interactions. Feedback from care receivers and relatives. Discussions with staff regarding person-centred care, communication and promoting choice, dignity and independence.
Is the service well-led	Ward Accreditation (Jersey Nursing Assessment and Accreditation System) report and associated improvement actions. Governance, audit and quality assurance documentation. Health and safety, fire safety and medication oversight records. Supervision, appraisal, workforce development and training records. Workforce planning, recruitment monitoring and staffing information. Staff, professional and stakeholder feedback. Governance and oversight arrangements operating through Health and Care Jersey.

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The Registered Manager described the home's recruitment and staffing arrangements. Recruitment is undertaken through the Government of Jersey recruitment processes, with applications screened against the essential criteria within the relevant job description before candidates are shortlisted for interview. Interviews are conducted by a minimum of two people, and a structured scoring system is used to support consistency and fairness. Where a potential conflict of interest is identified, an independent person is involved in the interview process. The Regulation Officer reviewed the interview questions used by the home and found them to be scenario-based, relevant to the care setting and designed to assess applicants' values, knowledge and decision-making. The Registered Manager was also able to demonstrate the electronic recruitment and onboarding systems used by the organisation and showed the Regulation Officer a current recruitment file for a prospective employee. The records reviewed were consistent with the recruitment processes described and provided evidence of the checks and verification processes undertaken prior to employment being confirmed. The Registered Manager also described arrangements for verifying references, qualifications and professional registrations before employment is confirmed.

The home advised that it currently employs nine registered nurses and 18 healthcare assistants and was actively recruiting additional healthcare assistants at the time of inspection. Staffing arrangements included a registered nurse on duty during both day and night shifts. Overnight staffing consisted of a registered nurse, a waking night healthcare assistant and a sleep-in healthcare assistant.

The Registered Manager advised that care staff are expected to hold relevant care qualifications and that many members of the care team have progressed to senior healthcare assistant roles. The Registered Manager holds an assessor qualification, and they described how this supports staff undertaking vocational qualifications and professional development. Systems were also in place to monitor professional registration renewal dates for nursing staff.

The Regulation Officer reviewed a sample of recruitment records, including Disclosure and Barring Service (DBS) certificates. The records reviewed demonstrated that appropriate checks had been completed prior to employment and no information of concern was identified within the sample examined.

Induction and training records demonstrated that newly appointed staff complete a structured corporate induction programme alongside home-specific induction arrangements. The documentation evidenced training and competency assessment in areas including safeguarding, fire safety, infection prevention and control, manual handling, incident reporting, health and safety, and person-centred care. The records also demonstrated ongoing supervision, competency assessment and opportunities for professional development.

The Registered Manager described the home's approach to fire safety and emergency preparedness. Following a recent inspection by the Jersey Fire and Rescue Service (JFRS), the home reviewed and updated Personal Emergency Evacuation Plans (PEEPs) for care receivers. Regular fire alarm testing and evacuation exercises were undertaken to support staff preparedness. Training records reviewed during the inspection evidenced that fire safety and evacuation procedures formed part of the induction and mandatory training programme.

The home also benefited from access to a dedicated occupational therapist, who contributed to assessments, equipment provision, care planning and multidisciplinary discussions. The Registered Manager reported that this enabled timely responses to any changes in need and supported collaborative decision-making.

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.

The home provides information to care receivers and their representatives through a range of formats, including a Statement of Purpose and information leaflets. The documentation describes the aims and objectives of the home, the support available, admission arrangements, staffing arrangements and governance structures. Information reviewed demonstrated that the home was designed to support adults with learning disabilities and complex health needs, including those with profound and multiple learning disabilities (PMLD), and outlined the multidisciplinary support available to care receivers.

The Registered Manager advised that information is available in easy-read formats and that staff receive training in supporting accessible communication.

Documentation reviewed described the use of communication profiles and individualised communication approaches to support care receivers to understand information and be involved in decisions about their care and support.

The Registered Manager demonstrated how daily care information is maintained using the organisation's electronic recording system. Systems are in place to communicate changes in care needs and important information to staff, including the use of electronic communications and handover arrangements. A rolling handover document was maintained throughout the day to support continuity of care and ensure relevant information was shared between staff.

The Regulation Officer reviewed documentation used to support healthcare appointments and hospital admissions. This included hospital passports, monitoring records and supporting healthcare information designed to promote continuity of care when care receivers access external health services.

The Regulation Officer reviewed medication management arrangements and found that medication records had been completed appropriately. Medication administration records reviewed contained photographs and allergy information. PRN protocols were available, and medication balances checked during the inspection were found to be accurate. The home had implemented systems to support safe medicines management, including the use of body maps for transdermal patches and recording systems for opened medication.

The Regulation Officer reviewed weekly and monthly medication audits completed between April and July 2026. The audits demonstrated regular oversight of medication practices, including medication administration, stock balances, refrigerator temperature monitoring and controlled drug arrangements. Where issues had been identified, action plans had been completed and improvements implemented. More recent audits reviewed during the inspection evidenced that actions had been addressed and no significant concerns had been identified.

The Regulation Officer also reviewed evidence of medication refrigerator temperature monitoring. Records demonstrated that temperatures were monitored daily and guidance was available to staff regarding actions required when temperatures fell outside the accepted range. The home had also implemented additional medication labels and annual competency observations for staff administering medication following recommendations from a previous medication inspection.

Is the service caring?

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

The Regulation Officer reviewed a sample of care records and found them to be well organised and structured. Records contained personal information to support staff in understanding care receivers preferences, routines, communication needs, health conditions and support requirements. Documentation reviewed included person-centred care plans, communication passports, risk assessments, capacity assessments, healthcare information and positive behaviour support documentation.

The care records reviewed demonstrated evidence of multidisciplinary involvement, including input from occupational therapists, general practitioners and other healthcare professionals. Records contained assessments, healthcare reviews and supporting documentation to help ensure care and support reflected care receivers individual needs and circumstances. The Regulation Officer noted evidence of ongoing review and monitoring within the care records examined.

The Regulation Officer reviewed a range of records used to monitor care receivers health and wellbeing. These included nutritional monitoring records, fluid monitoring charts, weight records, mouth care assessments, pressure ulcer prevention documentation, skin integrity monitoring and other health-related monitoring tools. Records reviewed had been completed and maintained in line with the individual's assessed needs.

During the inspection, the Regulation Officer observed a number of interactions between staff and care receivers. Staff were observed communicating in a calm and respectful manner, using approaches that reflected care receivers individual needs and preferred pace of interaction.

Care receivers were supported with meals in a way that promoted independence, with staff providing encouragement and assistance where required whilst allowing individuals time to eat and drink at their own pace. Staff were observed offering reassurance, responding attentively and maintaining positive engagement throughout the inspection. Interactions observed were caring, person-centred and demonstrated familiarity with individual preferences and support needs.

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 Regulation Officer reviewed the organisation's internal document management system, which provides staff with access to Health and Care Jersey policies, procedures and guidance documents. The Registered Manager demonstrated the arrangements in place for ensuring staff have access to current policies and supporting documentation. The Regulation Officer noted that progress had been made since the previous inspection in relation to the accessibility and organisation of policies and procedures, and evidence was provided that further development work remains ongoing. Based on the evidence reviewed, the Regulation Officer was satisfied that sufficient progress had been made in this area and the previous area for improvement relating to access to policies and procedures is now considered to have been addressed.

The Regulation Officer reviewed a service level agreement used by the home and considered this against the requirements of the Jersey Care Commission Care and Support Services with Accommodation Standards. Whilst the agreement contained information regarding the purpose of the placement, care provision, staffing arrangements, clinical decision-making, review arrangements and complaints processes, further development is required to ensure it fully reflects the requirements of the standards.

The agreement did not consistently demonstrate how individuals and/or their representatives had agreed to the placement and associated terms, nor did it clearly set out all elements expected within a written agreement, including details relating to the service to be provided, arrangements for reviewing the agreement, and clear information regarding rights, responsibilities and ending the arrangement. As a result, this remains an area for improvement for the registered provider.

The Regulation Officer reviewed a range of governance and quality assurance systems used within the home. The Registered Manager provided evidence of a recent Jersey Nursing Assessment and Accreditation System (JNAAS) inspection. The report awarded the home an overall score of 96.9 per cent and identified positive feedback relating to the quality of care provided, culture, safeguarding arrangements, risk management processes and person-centred support. The report noted that care receivers were treated with kindness and dignity and identified only a small number of areas requiring further action.

The Registered Manager demonstrated a range of quality assurance processes used to monitor service delivery. These included audits, provider monthly reviews, governance meetings, leadership meetings and quality assurance arrangements operating within Health and Care Jersey. The Registered Manager described how bespoke audit tools had been developed to monitor individual care records and ensure care plans and associated documentation remained up to date. Evidence reviewed demonstrated that audit findings were discussed and actions monitored through established governance processes.

The Regulation Officer reviewed governance documentation and meeting records, which demonstrated regular discussion of health and safety, infection prevention and control, safeguarding, staffing, medication management, incidents, accidents, training and service development. Records demonstrated that actions arising from audits, inspections and incidents were monitored and reviewed.

The Registered Manager was able to describe the action taken in response to concerns raised by staff members. This included following organisational policies and procedures, considering safeguarding thresholds, undertaking fact-finding processes where appropriate, offering additional supervision, occupational health support, and making adjustments to working arrangements. These discussions demonstrated an understanding of responsibilities relating to equality, inclusion and workforce wellbeing.

Evidence reviewed demonstrated that recommendations made following a recent JFRS inspection had been communicated to staff and incorporated into practice.

Systems were in place to support the supervision and development of staff. A sample of supervision records reviewed during the inspection were detailed and demonstrated discussion relating to performance, wellbeing, professional development and practice. The Registered Manager was able to describe the arrangements in place to monitor and complete staff supervision, and the evidence reviewed provided assurance that supervision processes were being maintained.

There are systems in place to provide staff with access to management support outside of normal working hours. The Registered Manager explained that support could be accessed through Health and Care Jersey management arrangements, learning disability nursing support and on-call systems. The Registered Manager advised that occasions where shifts remained unfilled were rare and, where this occurred, duties were prioritised to ensure assessed needs continued to be met.

The Registered Manager described a diverse workforce and resident group and explained how individual cultural needs, preferences and backgrounds were considered when planning care, activities and day-to-day support.

Internal feedback information was reviewed during the inspection, this included positive comments from a relative regarding the quality of care provided, communication, staff attitudes and management support. Several relatives described the home as providing a high standard of care and reported being satisfied with the support their family members received. Survey responses reviewed were predominantly positive, although the Regulation Officer noted that a small number of survey responses had identified concerns, and these should continue to be reviewed through the provider's quality assurance systems.

Professional feedback described the home as responsive, well-led and committed to maintaining safe and effective care. Professionals reported that risk is managed appropriately, incidents are investigated thoroughly and learning is shared with staff. Feedback also highlighted positive multidisciplinary working, effective communication with leadership and a commitment to person-centred support. Professionals reported that the home responds promptly when needs change and that care documentation supports effective collaborative working.

Staff feedback was similarly positive. Staff reported feeling confident to raise concerns, report incidents and contribute feedback. Responses indicated that staff understood individual communication needs, felt able to support care receivers to make choices and promote independence, and considered the care provided to be person-centred. Staff frequently described management as approachable and supportive and identified positive team working. Several staff members commented on the home's commitment to dignity, respect and meaningful support, and highlighted opportunities for professional development and career progression.

Whilst feedback was predominantly positive, a small number of staff identified pressures associated with staffing availability, which they felt could occasionally impact opportunities for activities and community access. During the inspection, staffing arrangements were discussed with the Registered Manager, who advised that recruitment activity was ongoing to strengthen the staffing establishment and support the continued delivery of care and activities.

One staff member also reported concerns relating to communication, supervision and workload support. This feedback provides opportunities for the home to continue reviewing staff experience and workforce support arrangements as part of its ongoing quality assurance processes.

Feedback received from a relative was positive regarding the care and support provided by the home. The relative reported that their family member was consistently well presented and supported to maintain their personal appearance. Staff were described as caring and respectful, and a positive comment was made regarding the way staff communicated directly with their family member and involved them in day-to-day interactions. The relative raised concerns regarding high temperatures within parts of the building during periods of warm weather and suggested that improvements to ventilation could enhance the environment. The relative also highlighted some aspects of the physical environment which they felt could be reviewed as part of the ongoing maintenance and improvement programme.

IMPROVEMENT PLAN

There is one area for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

Area for Improvement 1 Ref: Standard 2.3 Regulation 6, 8 To be completed: by 31/12/2026	The Registered Provider must ensure that written agreements are in place which state 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. Response by the Registered Provider: The Registered Provider will introduce a clear written agreement outlining how the service will meet each person's assessed needs. The agreement records care arrangements, capacity and best-interest considerations, involvement of relatives or representatives, funding arrangements, review processes, and the provision of key information about the service. It also includes a dedicated compliance section to evidence that individuals and/or their representatives have received information in an accessible format and understand the care being provided.
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To ensure there is clear evidence that the required improvements have been made, the following action will be taken:

- The Provider must submit written confirmation to the Commission when the areas of improvement have been achieved

These actions will be used to track progress, confirm completion, and provide assurance that the necessary improvements have been achieved.

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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