



**Jersey Care
Commission**

Summary 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**

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.

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.

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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The full report can be accessed from [here](#).