

Little Sisters of the Poor

Jeanne Jugan Residence

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

Jeanne Jugan residence is situated on a main road position in the residential area of Fulwood, on the outskirts of Preston city centre. Accommodation is provided for up to 43 older people, who require help with personal or nursing care needs.

Care is offered to people based on an ethos of Christianity, with management and senior staff belonging to the religious order, which is 'dedicated to the neediest of the older poor'. The home is a large adapted property, so people who have a disability can be cared for with comfort. The home supports people for short to long term care. Ample parking is available and public transport links are nearby. Surrounding areas are easily

accessible as the motorway network is within a short distance. The home is arranged over four floors, including a basement. Passenger lifts are available for access to all areas of the premises. Bedrooms, many with en-suite bathrooms, are situated on the two upper levels and are of single occupancy, although one twin room is available for those wishing to share facilities. Spacious dining rooms, communal and activity areas are provided. The home is run by the voluntary, non-profit making organisation, Little Sisters of the Poor and is regulated and inspected by the Care Quality Commission.

This unannounced inspection was conducted on 14th January 2015 by a lead Adult Social Care inspector from

Summary of findings

the Care Quality Commission. The registered manager was on duty at the time of our inspection. She had been in post for four years and associated with the organisation for many years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

At the time of this inspection there were 36 older people who lived at the home. We were able to speak with 12 of these people, who spoke positively about their experiences of living at Jeanne Jugan residence and they chatted freely about the staff team and the facilities and services available to them. We were also able to speak with a medical practitioner, who was at the home at the time of our inspection, as well as 11 members of staff and the registered manager of the service.

We received positive comments from everyone we spoke with. The feedback we received from one community health care professional told us, 'The staff, from reception to senior nurses and sisters are always very organised, friendly, helpful and welcoming. They know the residents extremely well and can always answer any queries I have. Nothing is too much trouble for them. The home is always extremely clean. The residents are always clean and happy. I would have no hesitation recommending this home to anyone including friends and relatives.'

We looked at a wide range of records, including the care files of four people who used the service and the personnel records of two staff members. We observed daily activities and looked at how staff interacted with people they supported.

People who used this service were safe. The staff team were well trained and were confident in reporting any concerns about a person's safety. They were competent to deliver the care and support needed by those who used the service.

Records showed that relevant checks had been conducted to help to ensure new staff members were suitable to work with this vulnerable client group.

The environment was safe and maintained to a good standard. People were supported to maintain their independence and their privacy and dignity was consistently protected. Staff were kind and caring towards those they supported and people who used the service looked comfortable in the presence of staff members.

The planning of people's care was based on an assessment of their needs, with information being gathered from a variety of sources. Evidence was available to demonstrate that people had been involved in making decisions about the way care and support was delivered. This was supported by a robust person centred care planning system.

Regular reviews of needs were conducted with any changes in circumstances being recorded well. Areas of risk had been identified within the care planning process and strategies had been recorded.

People told us they were able to choose what they ate and this was confirmed by our observations of people being asked to select their choice of menu.

Staff we spoke with told us they received a broad range of training programmes and provided us with some good examples of modules they had completed. They confirmed that regular supervision sessions were conducted, as well as annual appraisals.

We established that the majority of staff members had worked at the home for many years; therefore the turnover of the staff team was very low, which helped to ensure continuity of care for those who lived at the home. Some staff we spoke with felt that the management of the home could be improved by senior staff listening to junior staff members and acknowledging their work, by occasionally offering praise and positive feedback.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Only suitable people were employed to work with this vulnerable client group. There were sufficient staff deployed at all times of day and night, who were aware of people's individual needs and any associated risks.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. People who used the service were protected by the emergency plans implemented at Jeanne Jugan residence.

People were supported to maintain their independence, as far as possible, within a risk management framework and were assisted in a safe way. The practices of the staff team protected them from harm.

Good



Is the service effective?

This service was effective.

The staff team were well trained and knowledgeable. They completed a detailed induction programme during the first few months of employment, followed by mandatory training modules, regular supervision and annual appraisals.

People's rights were protected, in accordance with the Mental Capacity Act 2005. We did not observe any restrictions being used in order to deprive people of their liberty.

People were able to choose what they ate and their nutritional requirements were being met.

Good



Is the service caring?

This service was caring.

Staff interacted well with those who used the service. People were fully involved in planning their own care and were provided with the same opportunities, irrespective of age, disability or belief.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

People were respected, with their privacy and dignity being consistently promoted. They were supported to remain as independent as possible and to maintain a good quality of life.

Good



Is the service responsive?

This service was responsive.

Good



Summary of findings

People received person centred care. An assessment of needs was done before a placement was arranged. Plans of care reflected people's needs and how these needs were to be best met. Regular reviews were conducted, with any changes in circumstances being recorded well.

People were supported to maintain links with the local community, particularly in relation to their religious needs.

People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

Is the service well-led?

This service was not well-led.

There was a system in place for assessing and monitoring the quality of service provided. However, information was difficult to find and relevant documentation was not retained in an organised way. Therefore, clear audit trails were not evident.

Several staff members felt that the management of the home could be improved by senior staff listening to junior staff members and acknowledging their work, by occasionally offering praise and positive feedback.

The home worked in partnership with other people, such as a wide range of external professionals, who were involved in the care and treatment of the people who used the service.

Requires Improvement



Jeanne Jugan Residence

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

We last inspected this location on 19th December 2013, when we found the service was meeting all the regulations we assessed.

This unannounced inspection was conducted on 14th January 2015 and was carried out by an Adult Social Care inspector from the Care Quality Commission.

Prior to this inspection we looked at all the information we held about this service, including notifications informing us of significant events, such as serious incidents, reportable accidents, deaths and safeguarding concerns.

The registered manager of the service had completed a Provider Information Return (PIR). This is a form that asks

the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection we reviewed the information provided within the PIR.

We asked people who were involved with the service for their views about the overall operation of the home, such as GPs, community nurses and social workers.

During the site visit we spoke with 12 people who lived at the home and one visiting medical practitioner. We interviewed 11 members of staff and the registered manager. We examined the care records of four people who used the service and pathway tracked the care of two of these people. Pathway tracking is a method we use to look at the care and support people need and that which is provided from the time a referral is made to the present day.

During the site visit we toured the premises, viewing a selection of private accommodation, all communal areas of the home and parts designated for support services, such as staff areas and kitchen facilities. We observed the day-to-day activity and we looked at a wide range of records, including a variety of policies and procedures, training programmes, medication records, staff personnel files and quality monitoring systems.

Is the service safe?

Our findings

All those we spoke with told us they felt safe living at Jeanne Jugan residence. They told us all staff were kind and caring towards them. We noted people looked comfortable in the presence of staff members, without any indication of fear or apprehension. People also appeared happy and content. We saw staff members talking with people in a respectful manner. We saw that staff had time to chat with those in their care and observed them showing a genuine interest in the well-being of those who lived at the home. When asked if they felt safe; one person commented, "Oh yes, of course I do, because I don't have a thing to worry about." And another said, "I am well looked after. The staff are very kind to me."

Records showed the turnover of staff was very low. We spoke with a recently appointed member of staff, who talked us through her recruitment process. Her personnel records showed all relevant checks, such as written references and Disclosure and Barring Service (DBS) checks had been conducted before she started to work at Jeanne Jugan. DBS checks replaced the Criminal Record Bureau (CRB) disclosures. These checks help to ensure potential employees are suitable and fit to work with vulnerable people.

Staff members told us there were sufficient numbers of staff on duty to meet the needs of those who used the service. However, we were told it could be difficult during periods of staff absence, such as annual leave and staff sickness. People we spoke with told us staff always had time to listen to them and regularly made time to have a chat. This was supported by our observations during the inspection. One person said, "If I need anything I just have to use the call bell and staff come to me very quickly."

Staff members spoken with were fully aware of the policy, in relation to safeguarding adults, which covered the Mental Capacity Act 2005. Staff told us they had confidence in reporting any allegations of abuse or concerns raised and were aware of the procedures to follow, in accordance with the written policies of the home. Records showed staff had completed mandatory training in relation to safeguarding adults, which was updated regularly. Nobody whose records we checked, or who we spoke with, was

subject to unlawful restrictions. No safeguarding referrals had been made to the local authority or the Care Quality Commission. However, systems were in place to record any safeguarding matters, should the need arise.

We observed good practices had been adopted by the home in order to promote people's health, welfare and safety. For example, we saw one person being assisted to transfer in a wheelchair. This was done in a careful and unrushed manner, so that the individual was protected from harm.

Disciplinary procedures were in place, which provided staff with clear guidance about action that would be taken in the event of staff misconduct. This helped to ensure staff followed their relevant codes of conduct, in order to maintain good care practices and to protect those they supported.

Accidents were documented accurately and records were maintained in line with data protection guidelines. This helped to ensure personal information was retained in a confidential manner. The care planning process provided staff with clear guidance about how people could be supported to maintain their safety, within a risk management framework.

Clear policies and procedures were in place, which provided staff with guidance about action to take in the event of an emergency situation arising. Basic Personal Emergency Evacuation Plans (PEEPs) were available in the reception area of the home. More detailed plans were retained in individual care files. These were developed within a risk management framework. They outlined the most appropriate method to be used and assistance needed to evacuate each individual from the premises, should the need arise.

At the time of our inspection we toured the premises. We found the environment to be comfortable and well maintained. It was clean and hygienic throughout without any unpleasant odours. Clear infection control policies and procedures were in place and clinical waste was being disposed of in the correct manner. This helped to ensure people lived in safe and pleasant surroundings.

We looked at the systems for medication management. We saw clear audits were regularly conducted and detailed policies and procedures were in place, which covered areas such as ordering, receipt, storage, administration and disposal of medications.

Is the service safe?

Medication processes were well organised and safe. Detailed policies covered all areas of the process. Records were clear and appropriately signed. Specific plans of care had been developed in relation to people's medication needs, including situations where people who used the service were self-medicating. These were supported by assessments, which identified any potential risks and outlined strategies which had been implemented to protect people from harm. We were told that only registered nurses were responsible for administering medications. We spoke with the nurse on duty at the time of our visit, who talked us through the management of medications. She told us that the home had a good working relationship with the supplying pharmacist, who was willing to give advice when needed.

We looked at the personal allowance records. In general, relatives of people attended to their finances, if they were not able to do so themselves. However, the home managed

the personal allowances of a small number of people who lived at the home. We found these to be well maintained, clearly showing any transactions, which were witnessed by two members of staff.

A detailed health and safety policy had been developed, which included fire awareness and moving and handling. Records showed that systems and equipment within the home had been appropriately serviced by an external contractor to make sure it was fit and safe for use, in accordance with manufacturer's recommendations. A fire procedure and risk assessment had been developed. Twelve members of staff had completed fire marshal training, which had been provided by a fire safety trainer towards the end of 2014.

Data sheets had been obtained for the Control Of Substances Hazardous to Health (COSHH); so that staff were aware of first aid procedures should someone have contact with dangerous chemicals. These arrangements mean staff were aware of procedures to take to keep people safe and reduce the risk of harm.

Is the service effective?

Our findings

At the time of this inspection we spoke with 12 people, who lived at Jeanne Jugan. They told us their needs were always met in the way they wanted them to be and that they were happy living at the home. We observed staff members communicating well with those in their care and we saw people being supported in an effective way.

We saw there were detailed policies and procedures in place in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), which covered the five key principles and which provided staff with clear, up to date guidance about current legislation and best practice guidelines. We did not observe any restrictions being used in order to deprive people of their liberty. Records showed that people had consented to specific areas, such as the taking of photographs for identification purposes, agreeing for staff to manage people's medication and the use of bed rails.

We spoke with the induction trainer at length, who explained the induction process to us in detail. Records showed that new employees were guided through the common induction standards programme, which covered important areas, such as confidentiality, fire awareness, health and safety, moving and handling and safeguarding adults.

Records showed the Skills for Care common induction standards had been adopted by the home. This meant a thorough induction process was followed, so that all new staff were given the same opportunities to acquire the knowledge to support people effectively. This programme lasted for a twelve week period on average, but this could be tailored to suit the needs of the individual worker.

Staff were supported well by being provided with a lot of information when they started to work at the home. For example, all new employees received job descriptions specific to their role, terms and conditions of employment, the staff handbook and the relevant codes of conduct. Together this information advised staff about what was expected of them whilst they worked at Jeanne Jugan. We saw that staff periodically completed written knowledge checks in various areas to ensure they understood the training material provided.

Staff spoken with told us meetings were held, so the team could get together and discuss any areas of interest in an open forum. This also allowed for any relevant information to be disseminated to staff members. Records seen confirmed this information to be accurate.

Staff spoken with told us they had regular supervision meetings, which were recorded and conducted in small group settings, although individual meetings could be arranged, if requested. They also told us that annual appraisals were held with the registered manager.

Staff spoken with discussed their training programmes with us. We were told these covered a wide range of areas, such as fire awareness, Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), safeguarding adults, infection control and health and safety. This information was supported by training records and training certificates retained on each staff personnel file. We were told these examples were annual mandatory training courses, but staff confirmed that additional training was also provided specific to the needs of those who used the service, such as diabetes, dementia care and mental health. A range of learning methods were provided, such as face to face training, one to one lessons and distance learning.

People we spoke with told us they were able to choose what they wanted to eat at each mealtime. We observed one member of staff asking each individual person what their choice of meal was for the following day. We observed lunch being served and during this period we spoke with a good percentage of people, who were eating in the dining room.

The dining experience was pleasant. Age appropriate background music was playing in the spacious dining room. The dining tables were tastefully laid with linen table cloths and pleasant place settings. The food was served in tureens to each table, which allowed people the opportunity to select what they preferred to eat and the amount that suited their appetite. The food was hot and well presented. It looked appetising and nutritious. We observed the priest who had given Mass dining with people at lunch time and having a chat, which was pleasing to see. We were told this was a daily activity. Everyone we spoke with complimented the chef. They all told us the food was consistently of a high standard and this was evident by the clean plates returned to the kitchen.

Is the service effective?

The spacious kitchen facilities were clean and well organised. We spoke with a kitchen assistant who confirmed there were always plentiful supplies of both fresh and frozen food. She told us there were never any shortages of cutlery, crockery, utensils or equipment.

During our inspection we toured the premises. They were extremely spacious, comfortable and homely throughout. Tastefully decorated and well-furnished lounges and dining rooms were available. A good percentage of bedrooms had en-suite facilities of hand-basins and toilets. However, several communal bathrooms and toilets were located throughout the home, so that people had easy access to these facilities. One person was eager to show us her private accommodation, which was clean and well-maintained. She told us she found it most suitable for her needs and enjoyed spending time there.

The bedrooms were found to be tastefully decorated, in accordance with people's preferences and people we spoke with were happy with the décor of their private accommodation. Personal accessories adorned the bedrooms, such as pictures, photographs and ornaments.

We explained the reason for our presence to a group of people who were sitting and having a chat. One of them responded by saying, "You won't find any problems here. Everything is just fine. The staff will do anything we ask. They are brilliant." Another told us, "It is like a four star hotel here." And a third giggled when telling us that the home is known locally as 'The Fulwood Hilton.' She added, "I have visited many care homes in my time, to see people, but there is none a patch on Little Sisters. This is by far the best and we don't wrap anything up. We tell the truth. It is a smashing place this is and I am not just saying that."

Is the service caring?

Our findings

One person who lived at Jeanne Jugan commented, “I am so happy here. I have really landed on my feet coming here. The nuns are so kind. They will do anything for us. The carers are excellent too. They must be hand-picked. We couldn’t ask for anything better.”

We spoke with 11 staff members, who worked at Jeanne Jugan. It was clear they understood people’s individual ways and specific needs. We saw staff treating people with respect and providing assistance in a kind and caring manner. It was quite evident that staff members and those who used the service had easy and friendly relationships.

Policies and procedures, which had been developed by the home provided staff with clear guidance about the importance of confidentiality, respecting people’s privacy and dignity and helping them to maintain their independence. This was supported by the plans of care we saw, which clearly outlined best practices for each individual, so that they were able to experience a comfortable and dignified lifestyle.

People who lived at the home said staff always provided them with explanations and clear guidance when any care intervention was being administered and they felt staff listened to them, whilst considering their wishes. This meant the well-being of those who used the service was always promoted.

People we spoke with confirmed they were given the opportunity to make a range of decisions about the care and support they received and the plans of care we saw supported this information. People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions, if the individual so wishes.

People told us their independence was encouraged in a positive way and their privacy and dignity was consistently promoted. The plans of care we saw supported this

information. Assistance was carried out with respect and consideration. Policies and procedures provided staff with clear guidance about equality and diversity. This helped to ensure staff were aware of the importance of providing people with the same opportunities, irrespective of age, ethnic origin or disability.

People we spoke with told us they did not have to wait for assistance from staff when it was requested and they expressed their total satisfaction with every aspect of care and support provided at Jeanne Jugan residence.

The PIR showed us that part of the philosophy of the Little Sisters of the Poor was that, whenever possible and if people chose to do so, they would be cared for at Jeanne Jugan residence until their death and they or their representative would be fully involved in the planning of their own care. The PIR stated that the majority of people who lived at Jeanne Jugan chose to die at the home and most were able to do so, with support from appropriate external services, in order to provide specialist end of life care, as was required. We were told if someone was in the final stages of their life a Sister or member of staff would remain with them at all times. Relatives and friends were also encouraged and supported to be present, if they so wished.

We noted this policy to be followed in day to day practice at the time of our inspection. We were told that some staff had completed the Six Steps training, which provided staff with current guidance about end of life care. We saw people being supported in a compassionate manner following the passing of one of their fellow residents. Records showed that advance decisions had been made by some people who lived at the home, expressing their wishes to remain at Jeanne Jugan residence until their death, if at all possible.

A number of recent ‘Thank you’ cards had been received from relatives of those who have lived at the home. One extract recorded, ‘Thank you for looking after mum so well over the last eight years.’

Is the service responsive?

Our findings

Records showed that a wide range of external professionals were involved in the care and support of those who used the service, so that people received the health care and treatment they required. We asked twelve of these people for their feedback about the quality of service provided by Jeanne Jugan residence. Extracts from the responses received provided us with consistently positive comments, such as, 'They (the staff) have always been well organised when I have attended, with good records on each of their residents. The staff always appear to be caring and the residents appear well looked after. Those that are able to express their thoughts have always been appreciative of the staff. The management structure also appears to be well thought out, and it is easy to find necessary staff. From a friends and family point of view I would not hesitate to recommend Little Sisters of the Poor if one of my relatives required residential care.' And another quoted, 'I have no hesitation in stating I have no concerns whatsoever regarding any aspect of the care provided to residents here. It is clean. Staff are experienced and knowledgeable. Patients are extremely well cared for. There is good record keeping and the atmosphere is happy.'

People we spoke with told us a Doctor visited the home every week to see people who needed medical advice. However, they said staff would request additional visits, if people were poorly. This information was confirmed as accurate by a GP we spoke with and some staff members who worked at the home.

We looked at the care records of four people, who lived at the home. These were found to be well organised, making information easy to find. We chatted with people whose records we examined and discussed the care and support they received. People told us that staff helped them to settle in and were very supportive of their needs. It was evident that people were encouraged to make a variety of choices and were supported to maintain their interests whilst living at the home.

Needs assessments had been conducted before a package of care was arranged. This helped to ensure the staff team were confident they could provide the care and support required by each person who used the services of Jeanne Jugan residence. Plans of care had been developed from the information obtained at the assessment stage and also from other people involved in providing support for the

individual. The needs of people had been incorporated into the plans of care well. These had been generated with the involvement of the person who used the service and their relatives, if appropriate and regular reviews had taken place, with any changes in need being recorded well.

We found the plans of care to be well written, person-centred documents. These had been developed within a risk management framework. This helped to ensure people received the care and support they needed and helped the staff team to develop a clear picture of each individual's assessed needs and how they wished their care and support to be delivered.

A system was in place for recording complaints, although none had been received at the time of our visit to this location. A clear policy was available, which outlined the process for making a complaint, with timescales for action to be taken. People we spoke with told us they would feel confident in reporting any concerns to one of the Sisters or to another member of the staff team. One person commented, "I have nothing to complain about. Everything is just perfect."

The staff of Jeanne Jugan were seen to be supportive in helping people to maintain outside contacts and enabling them to continue to engage in their hobbies. People were well supported to maintain their religious beliefs and to follow their faith. One person showed us her knitting patterns, which she intended to follow. She told us she was happy to amuse herself. There was a chapel on site, which we observed was regularly used.

One person told us there were activities provided. She commented, "I like my own company, so I would rather not join in, but I can if I want to." Another told us, "I go to the dining room for breakfast and my other meals. I could stay in my room to eat if I wanted to, but it is nice meeting the other people. I can get up when I want to and go to bed when I feel like it. They (the staff) never make you do anything you don't want. They are wonderful."

We were told some volunteers visited the home regularly to provide some forms of entertainment for the people who lived at Jeanne Jugan. On the day of our inspection people were enjoying a musical afternoon. One person told us, "I like the music sessions, because they play music that is

Is the service responsive?

from our era, so we can sing along. It is very enjoyable.” One group of people told us about activities which were provided, including trips out in the better weather, to local places of interest like garden centres.

Is the service well-led?

Our findings

Staff we spoke with told us they worked well as a team and they thoroughly enjoyed working at Jeanne Jugan. Some told us they felt well supported by the management team and were able to approach their line managers with anything at all. However, a number of them told us they were not often listened to and did not feel valued, as praise was rarely given and their hard work was not recognised. They said sometimes they were shouted at and spoken to in a derogatory manner by senior staff. This was discussed with the registered manager during our feedback, who acknowledged our concerns, assured us she would explore this matter further and address it as was deemed necessary.

The atmosphere throughout the day was relaxed and happy. The surroundings were comfortable with no unpleasant smells. Everyone we spoke with felt the service provided was of a good standard.

There was a system in place for assessing and monitoring the quality of service provided. However, information was difficult to find and relevant documentation was not retained in an organised way. Therefore, clear audit trails were not evident.

The registered manager was able to discuss people's needs and those who used the service were aware of the management structure of the home. It was evident that the home worked in partnership with other organisations, such as community health care professionals, who visited the home on a regular basis to provide medical advice and treatment.

A variety of surveys had been conducted for those who used the service, their relatives, staff members and stakeholders in the community. This allowed the provider to obtain feedback from a wide range of people with an interest in Jeanne Jugan and allowed the views of people to be shared with other interested parties.

Records showed that a representative from the organisation visited regularly to conduct audits, which covered areas, such as maintenance, environment, record keeping, health and safety and staffing. Any shortfalls were brought to the attention of the registered manager and followed up during subsequent visits to ensure areas identified had been addressed.

A wide range of internal quality audits and risk assessments had been regularly conducted by the registered manager. For example, monthly health and safety checks, medication monitoring, infection control audits, night time checks and first aid awareness. Records showed the quality of the service had been reviewed, and if necessary improvements made from these quality monitoring tools.

It was established that a variety of meetings were held periodically for those who used the service and for staff members. This allowed relevant information to be disseminated to those involved and encouraged people to discuss any topical issues in an open forum.

A wide range of updated policies and procedures were in place at the home, which provided staff with clear information about current legislation and good practice guidelines. This helped the staff team to provide a good level of service for those who used the services of Jeanne Jugan.