



**Jersey Care  
Commission**

# **INSPECTION REPORT**

## **FIELD VIEW**

**Care Home Service  
(Supported Accommodation)**

**La Grande Route de St Martin**

**St Saviour**

**JE2 7GS**

**30 July 2020**

## THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 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.

## ABOUT THE SERVICE

This is a report of the inspection of Field View care home which provides supported accommodation to young adults. Based in a three-storey house, the service is registered to provide residential care for six young adults. It has six bedrooms, two lounges, a dining room, conservatory, kitchen and a laundry. The service became registered with the Commission on 4 December 2019.

Registered Provider	Government of Jersey Children's Services Accountable Officer: Mark Rogers (Director General Children, Young People, Education and Skills)
Registered Manager	Anna Pospiech
Regulated Activity	Care Home (supported accommodation) for young adults
Mandatory conditions of registration	Type of care: personal care and personal support Category of Care: Young adults Maximum number: 6 Care leavers aged 18 to 21 (two temporary variations in place for an age range of 17 to 21 until the care receivers eighteenth birthday) Rooms 1 to 6, one person per room
Discretionary conditions	None
Dates of Inspection	30 July 2020
Type of Inspection	Announced
Number of areas for improvement	Six

At the time of this inspection, there were two young people (under 18) and four young adults accommodated in the home.

## SUMMARY OF INSPECTION FINDINGS

An unannounced inspection was planned for March 2020. However, this had to be postponed due to Covid-19 restrictions. This inspection was announced with some consideration of the restrictions imposed in response to the Covid-19 pandemic.

The Standards for supported accommodation are under development and draw on the Standards for care homes and for children and young people's residential care and were referenced throughout the inspection.<sup>1</sup>

The Regulation Officer focussed on the following areas during the inspection:

- the service's Statement of Purpose and Conditions on registration
- safeguarding (adults and children)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

There were six areas for improvement arising from this inspection.

The Regulation Officer found that the Statement of Purpose continues to reflect the range and nature of services that can be provided to care receivers, including the possibility of requests to vary the age condition if there is a referral for a young person aged 17 who would benefit from a placement at Field View.

However, there were concerns about the understanding and use of the Statement of Purpose that resulted in an area for improvement. The registered persons should review the Statement of Purpose and request a variation if appropriate. There should be an updated Statement of Purpose that sets out any changes to admissions procedures and decision-making, categories of care, the legal status of care receivers, and the use of rooms.

The Regulation Officer found that the care needed to keep young people and young adults safe is well demonstrated in risk assessments, residential personal plans and in the daily logs which are completed by the staff team.

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

A number of unreported events has led to an area for improvement for the registered manager to ensure that the Regulations, Standards and guidelines for Notifications of incidents, accidents and other events are understood by the staff team and followed.

The introduction of individual support plans evidenced the complexity of emotional needs experienced by the care receivers. Safe care is achieved by the positive relationships which are developed with key workers and all members of the staff team. Key workers are members of staff allocated to each care receiver and are responsible for working with the care receiver to write and update their personal residential plan.

There have been some complaints received within the last 12 months about the quality of care which is provided. The manager and staff demonstrated they are familiar with the service's complaints arrangements and that staff have received appropriate training. The manager was able to evidence that the complaints have each been responded to in a consistent and timely manner.

An example of good practice is the keeping of a log that records complaints made by care receivers. The recordings show how each of the complaints were dealt with and records the outcome for the care receiver and what, if anything, is required to happen next.

A recommendation from several pre-registration inspections of homes that are operated by Children's Services, which was made in 2019, has not been actioned. Staff records (including application forms and checklists, interview notes, references and other documents), have not been transferred to the registered manager. This remains an area for improvement for Field View.

The Regulation Officer noted that the core staff group is an experienced and skilled (qualified) staff group, many with long experience of working in children's homes. However, it was a concern to note that there were not enough staff on duty for six care receivers with complex needs. Such low levels of staffing has the potential to contribute to a range of poorer outcomes for the care receivers at Field View. Such outcomes may relate to their emotional support needs being consistently met, their confidence, motivation and aspirations relating to future employment and further education and in relation to the ability of care receivers to obtain the skills associated with living more independently.

The registered persons must ensure that an appropriate staffing structure is in place to adequately meet the needs of the young people living in the home. This must be consistent with the home's Statement of Purpose.

The registered person must update the Young Person's Guide to include an agreement about what is expected of care receivers and what staff will do for them.

It should also make clear what consequences there will be if care receivers do not engage with the agreed programme of support.

There was evidence of good recording and some links between the observation logs and the various plans for the care receivers.

There was evidence of good recordings of Residential Personal Plans that were consistent with Pathway Plans created by social workers in partnership with care receivers. It was apparent that the care receivers have access to and receive support in writing these plans.

An independent person, who is appointed by Children's Services to review Children's Homes in accordance with regulations has been commissioned to also provide monthly review reports for Field View. The Regulation Officer has read these reports and is satisfied that the quality of care provided by this service is kept under regular review.

The registered manager was familiar with the findings of this quality monitoring activity and any actions required to improve the quality of service provision.

For April and May the registered manager had submitted two quality-monitoring reports to senior management. These reports address the 15 Standards for Children and Young People's Residential Care and included reference to the low levels of supervision that were taking place; this is the subject of a final area for improvement.

Subsequent to this inspection, the Commission sought assurances from the registered person in relation to the concerns about the home's staffing arrangements. Written assurances were received by the Commission in this regard on 28 August. The Commission will keep this matter under review.

## **INSPECTION PROCESS**

Prior to the inspection, the Commission reviewed a range of information submitted by the service since it became registered. This included any notifications and any changes to the service's Statement of Purpose.

The Regulation Officer sought the views of the people who use the service and spoke with managerial and other staff.

During the inspection, records including policies, care records, incidents and complaints were examined.

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the registered manager.

This report sets out the findings of the inspection and includes areas of good practice which were identified. Where areas for improvement have been identified, these are described in the report and an action plan is attached at the end of the report.

## INSPECTION FINDINGS

### The service's Statement of Purpose and conditions on registration

The Care Home's Statement of Purpose was reviewed prior to the inspection visit. The Standards outline the provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The Care Home is, as part of the registration process, subject to the following conditions:

Conditions of Registration	<u>Mandatory Conditions</u> Type of care: personal care and personal support Category of Care: Young adults Maximum number of care receivers: 6 Age range of Care receivers: 18-21 years (two temporary variations in place for an age range of 17 to 21 until the care receivers eighteenth birthday) Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1- 6. One person in each room.
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There are no discretionary conditions.

The Statement of Purpose continues to reflect the range and nature of services that can be provided to care receivers.

The Statement of Purpose states that Field View provides placements for six care leavers of mixed genders between the ages of 18 and 21. The Statement of Purpose takes account of situations in which a young person's transition arrangements can be supported. This means that there may be occasions when the

home can offer a placement to a young person in another care setting when they are aged 17 and at a point when the young person is ready to move to supported accommodation.

In the event that a 17-year-old is able to make the transition to supported accommodation, Field View may make an application to the Commission for a variation to the age conditions.

Three such applications have been made since the service became registered. All of these were granted by the Commission on the basis that they remain in place until each young person reaches their eighteenth birthday.

During the inspection the Regulation Officer discussed three areas of concern with the Registered Manager:

### *1. Placement decisions*

From discussions with the registered manager it was noted that two young people were admitted to the home prior to their needs having been fully assessed. This meant that the home accepted two placements without being sure that the range of their needs could be met safely. The Commission's concerns regarding one placement were escalated in writing to Children's Services senior managers in April and May 2020. Subsequent discussions focused on the risks associated with accommodating a young person with particular needs in the absence of adequate numbers of skilled staff. The Commission will keep this under review.

### *2. Categories of care*

A young person who had been admitted to the home was described by the manager and a social worker as a child in need rather than a child in care. The Statement of Purpose states that Field View is intended for the accommodation of care leavers. The Regulation Officer noted this inconsistency and sought the view of senior management who acknowledged that this placement has been accepted contrary to the aims and objectives set out in the Statement of Purpose.

### *3. The use of the staff Sleep-in room*

The home is registered to accommodate a maximum of six care receivers. The home's facilities for staff to 'sleep over' are limited. Prior to the admission of the sixth young person, staff had been using the sixth bedroom as a 'sleep over' room. It was a finding of this inspection that there is no dedicated sleep over room for staff and at the time of the inspection, staff were using a lounge in the home as a bedroom each night. This significantly reduces care receivers' access to communal areas each

night and while there are two lounge areas, only one will be in use for the foreseeable future. This also impacts on the privacy of staff working in the home.

The Regulation Officer was therefore not satisfied that all the mandatory conditions and associated Standards are currently being met.

An area for improvement is that there must be a review of the Statement of Purpose and the conditions. Where variations are needed, associated applications to the Commission must be made accordingly.

There must be an updated Statement of Purpose that sets out:

- any changes to admissions procedures
- the decision-making process associated with the above
- categories of care
- the legal status of care receivers
- the designated use of rooms

## **Safeguarding**

The standards set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.

Children's Services staff receive training during their induction and on an ongoing basis in safeguarding and the effectiveness of this is kept under review by the manager. There was evidence of this from team-meeting discussions, supervision, and practice observations.

There were no Safeguarding referrals (alerts to the Safeguarding Team), made in the last 12 months, but there have been two notifications to the Commission about serious incidents that were recorded in the home's safeguarding log. The home maintains a log of incidents which were recorded well and appropriate actions taken. However, it was noted from the log of incidents that many of these should have been reported to the Commission in accordance with the Regulations and Standards and published guidance. This is an area for improvement.

Prior to this inspection, the Commission had received a notification which contained details of a care receiver's confidential information. This was concerning as the information did not meet the criteria for reporting to the Commission and had been shared inappropriately.



Commission staff sought immediate assurances that this data breach was managed in accordance with the service's data protection and information governance protocols. The Commission received the necessary assurances in this regard and is satisfied that the matter had been managed appropriately. This included liaison with the Office of the Information Commissioner and additional staff training.

Safeguarding incidents and referrals and notifications are reviewed as part of the service's monthly quality monitoring activity.

Children's Services have comprehensive Safeguarding (Safeguarding Board) policies and procedures that meet the requirements of the Commission's Regulations and Standards.

Appropriate actions being taken to keep young people and young adults safe was evidenced in risk assessments, personal plans and the daily logs completed by the staff team. The introduction of Individual Support Plans reveals the complexity of emotional needs experienced by the care receivers. Safe care is achieved by the development of strong and durable relationships with key workers and other members of the staff team.

## **Complaints**

The Standards set out the provider's responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint.

The service's staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.

The service has a complaints policy which is made available to staff, care receivers and their representatives. A summary of the policy has been included in the Statement of Purpose, together with how children and young people can contact the Children's Rights Officer and the Children's Commissioner. Many of the personal plans include a statement by the care receiver that they know who to speak to should they wish to.

There have been complaints received within the last 12 months. The manager and staff demonstrated that they are familiar with the service's complaints arrangements and that staff had received training.

There is a log, (which is a further example of good practice), that records complaints made by care receivers. The log details how these were dealt with and records whether the care receiver was satisfied with the outcome as well as any further actions which need to be taken, by whom and the associated timescale.

Complaints are reviewed as part of the service's monthly quality monitoring activity.

**Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)**

The safe recruitment of staff is an important element of contributing to the overall safety and quality of service provision. The standards and regulations set out the provider's responsibility to ensure that there are at all times suitably recruited, trained and experienced staff available to meet the needs of care receivers.

Children's Services has a policy on safe recruitment which is in accordance with the Standards and Regulations. The manager has demonstrated a commitment to safe recruitment and is familiar with the service's recruitment policy.

The service maintains records of staff training and development, sickness absence, and supervision, but does not have all the documents from past recruitment (for existing staff). Therefore, the service is unable to demonstrate full compliance with legislative requirements.

A recommendation from several pre-registration inspections of homes operated by Children's Services in 2019 has not been actioned and staff records (including application forms and checklists, interview notes, references and other documents), have not been transferred to the registered manager. This remains an area for improvement for Field View.

The Commission was notified in April 2020 by Children's Services of a finding relating to the arrangements for ensuring that all staff have an updated Enhanced DBS check (in addition to their initial pre-employment Enhanced DBS certificate). It was acknowledged that failure to take forward the recommendation made at the previous inspection regarding the manager's access to recruitment records had contributed to an oversight. Steps were taken to put appropriate safeguards in place whilst DBS checks were completed, and this inspection was able to evidence compliance.

The Regulation Officer noted that the core staff group is experienced and appropriately skilled and qualified. A number of staff possess significant experience in working in children's homes. However, it was the case that there was insufficient staff on duty to meet the needs of six care receivers with complex needs.

There have been changes to the staff team since December 2019 and some movement of staff between services on account of staff shortages in other children's homes. More recently the staff team has been depleted because of Covid-19 and the need for some staff to self-isolate.

Observations during this inspection and the records reviewed, raised a concern about the adequate supply and deployment of staff in the service.

The rotas show that minimum staffing has been achieved by staff working overtime during the Covid lockdown months. However, staffing levels remain low.

According to the Statement of Purpose, the staffing establishment for Field View is one Senior Shift Leader (Deputy), two Shift Leaders (Senior), and seven Residential Child Care Officers. That is (when the facility is full), a ratio of 10 staff for six young people/young adults.

At the time of the inspection, the staff list was: no deputy; one Shift Leader and only six Residential Care Officers. That is a ratio of seven staff to six young people/young adults. The registered manager indicated that there was a significant amount of lone working taking place.

During the inspection, staff talked about their enjoyment of working with young adults, and the young people talked about how well they felt supported by the staff team. However, the day of the inspection was a 'quiet' day, in that there were no health appointments, job interviews, or appointments to view accommodation scheduled. Staff and the manager talked about most of the care receivers needing to be at Field View for a long time and that they were not yet ready to seek employment or to live more independently. Two of the personal plans recorded that the care receivers had expressed that they know that they are able to remain in the facility until they are 21 years of age.

The view of the Regulation Officer is that low levels of staffing have the potential to contribute to a range of poorer outcomes for the care receivers at Field View. Such outcomes may relate to their emotional support needs being consistently met, their confidence, motivation and aspirations relating to future employment and further education and in relation to the ability of care receivers to obtain the skills associated with living more independently.

It is acknowledged that care receivers in a supported accommodation service should not be rushed into moving on prior to being skilled and confident enough to do so. However, it also acknowledged that they are likely to require support in order that they can progress through a programme of support. Alongside this, there needs to be an alignment of rights and responsibilities. Care receivers should be supported to

recognise that there are likely to be consequences if they are not prepared to engage fully with the programme of support.

Two areas for improvement have been identified. The registered person must appoint a staffing structure which is consistent with the home's Statement of Purpose, and the associated staff-to-care receiver ratio. The Young Person's Guide should include an agreement about what is expected of care receivers and what staff will do for them. The Young Person's Guide should also make clear what consequences there will be if care receivers do not engage with the agreed programme of support.

The low level of staffing at Field View has been a concern for the Commission for some time and subsequent to this inspection, the Commission sought assurances from the registered person in relation to the concerns about the home's staffing arrangements. Written assurances were received by the Commission in this regard on 28 August. The Commission will keep this matter under review.

The manager / provider is familiar with the list of areas of mandatory training set out in the Care Standards and arrangements are in place to meet these Standards. There is a policy on staff supervision which the manager and staff are familiar with. Records of staff supervision are maintained. However, the April and May monthly quality monitoring reports include figures that show only 50% of intended supervision meetings took place due to the current Covid-19 situation. There is evidence in recent reports from the Independent Person of staff saying that they do not receive regular supervision and that they have not had a performance appraisal.

The Regulation Officer noted that appraisals had not yet been completed and the Standard expects that they will be within the first year of registration. An area for improvement is to ensure that regular supervision sessions (monthly), are in place for all staff.

## Care planning

The children and young people who receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility to ensure that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.

The Statement of Purpose sets out the service referral policy and arrangements for securing written information about care receivers. Each care receiver should have a detailed personal care plan, which clearly outlines the care receiver's needs and reflects their wishes and preferences.

Staff should be familiar with care plans and will have access at all times to the care records, which will be kept up to date and legible.

MOSAIC (Children's Services record keeping tool) shows the detailed Pathway Plan and the Residential (Personal) Plan for the care receivers and these were examined by the Regulation Officer.

The record also includes a day-by-day log divided into morning, afternoon and night segments. The log is mostly a record of activity and observations and staff names are recorded as part of the log entry.

The Statement of Purpose states that Field View is a facility intended to meet the needs of care leavers. Accordingly, there should be Pathway Plan and Looked After Children Reviews for any young person aged 17 and not yet 18. As already noted, a young person admitted to the home was described (by the registered manager and the social worker) as a Child in Need and not a Child in Care.

There was evidence of good recording and some links between the observation log and the various plans for the residents. The Regulation Officer noted that there was evidence of some good recordings of Residential Personal Plans, consistent with the social workers' Care Plans or Pathway Plans, together with evidence that the care receivers have access to and support to write these plans.

The home maintains Risk Assessments on MOSAIC, and the same information in a more narrative style on a Crisis Management form. This paper record is more accessible to care receivers and is more likely to be used by the staff team who need to know whether there are any types of activity or behaviour which has the potential to trigger angry or violent behaviour or put the care receiver at risk. It was noted that these forms contained a range of old, often out-of-date information being left in a form every time it is reviewed.

It was suggested that the quality of these records could be improved by making more use of new forms and to ensure that information is contemporaneous and updated regularly.

### **Monthly quality reports**

The quality of services provided by this service should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.

Children's Services have put in place an arrangement to ensure that an Independent Person visits the home unannounced each month to review the quality of services and produce a report.

The Regulation Officer was able to read all the reports completed since May 2019 (prior to registration) and for the months before the inspection and noted that during the Covid-19 lockdown period, the Independent Person had not been able to visit the home.

There was evidence however of discussions held with the registered manager and staff and requests for written information, and the Regulation Officer was satisfied that the Independent Person was regularly and appropriately reviewing the quality of care.

In addition to the visits undertaken by the Independent Person, Children's Services commenced a system of internal quality monitoring in April 2020. This involves registered managers completing a template which references the Standards. The Regulation Officer reviewed reports that had been completed in April and May and these provided a good account of how the Standards are being met, with appropriate references to good practice and areas for improvement. There was no report produced for June.

The Regulation Officer considered that this Standard was well met.

## IMPROVEMENT PLAN

There were six areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Regulation 3 Conditions of Registration (General)</b></p> <p><b>To be completed by:</b> 3 months from the date of inspection (31<sup>st</sup> October 2020).</p>	<p>The registered person must undertake a review of the home's Statement of Purpose. The updated Statement of Purpose must set out the home's admission procedures, the categories of care and the legal status of care receivers, and the use of rooms.</p> <hr/> <p><b>Response by registered provider:</b> The Registered Manager will review the home's Statement of Purpose and ensure the admission procedures, categories of care, legal status of care receivers and the use of rooms is updated.</p> <p>The revised version of this Statement of Purpose will be shared with the Jersey Care Commission at the first opportunity, once the document is ready for implementation.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Regulation 21 Notification of incidents, accidents and other events</b></p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered manager must ensure that the Regulations, Standards and guidelines for Notifications of accidents, incidents and other events are understood by the staff team and followed.</p> <hr/> <p><b>Response by registered provider:</b> The Registered Manager and Field View team consider that they are aware and following JCC guidance regarding notifiable events and when the JCC must be informed via notification. Notifications have been sent to JCC when events have occurred, which was on three occasions - 24/12/19, 22/05/20, 05/06/20 within JCC Guidance. A further notification regarding a new admission of a young person has been sent to JCC this year.</p> <p>During Inspection, the Registered Manager was advised by the Inspector to put a note or extra column in the Safeguarding log to detail if the JCC is notified, when required following JCC Guidance.</p>

	The Registered Manager will continue to ensure that the Field View team continue to inform the JCC regarding relevant events.
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<b>Area for Improvement 3</b> <b>Regulation 17 Workers</b>  <b>To be completed by:</b> 3 months from the date of inspection (31 <sup>st</sup> October 2020).	A requirement that all existing staff HR records from past appointments are transferred and kept by each registered manager.
	<b>Response by registered provider:</b> The Registered Manager has taken steps to ensure that whilst kept centrally within the Human Resources department, they have access to all of the required staff files pertaining to their team. It is acknowledged that in some instances, staff records prior 2018 are incomplete or unavailable due to information lost when HR platforms were migrated in previous years. Recent appointees have completed files that are available to the Registered Manager, at their discretion.

<b>Area for Improvement 4</b> <b>Regulation 17 Workers</b>  <b>To be completed by:</b> 3 months from the date of inspection (31 <sup>st</sup> October 2020).	The registered person must appoint a staffing structure which is consistent with the home's Statement of Purpose, and the associated staff-to-care receiver ratio.
	<b>Response by registered provider:</b> The Registered Manager recently interviewed a number of internal and external candidates for permanent full time staff. One member of staff previously employed as a Bank Staff member was successful at interview and is awaiting a full time contract.  A Bank Staff member was recently appointed and is currently awaiting a contract and start date for induction.  Ongoing recruitment is in the process of being arranged (dates to be confirmed) and it is anticipated that this will enhance the quality of the service provided and permit a staffing structure consistent with the home's Statement of Purpose.

<b>Area for Improvement 5</b>	The Young Person's Guide should include an agreement about what is expected of care receivers and what staff will do for them. The Young Person's
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<p><b>Regulation 3 Conditions of Registration (General)</b></p>	<p>Guide should also make clear what consequences there will be if care receivers do not engage with the agreed programme of support.</p>
<p><b>To be completed by:</b> 3 months from the date of inspection (31<sup>st</sup> October 2020).</p>	<p><b>Response by registered provider:</b> The Registered Manager will ensure that the Young Person's Guide is reviewed in its entirety, with specific consideration given to the expectations of the Young People who are residing at Field View and clarity around the support staff will provide to them.</p>

<p><b>Area for Improvement 6</b> <b>Regulation 17 Workers</b></p>	<p>The registered persons must ensure that regular supervision sessions (monthly) are in place for all staff.</p>
<p><b>To be completed by:</b> <b>Immediate and ongoing</b> 3 months from the date of inspection (31<sup>st</sup> October 2020).</p>	<p><b>Response by registered provider:</b> It is recognised and acknowledged that staffing resource constraints during the Covid – 19 period resulted in restricted opportunities to complete monthly supervisions in the normal format. The Registered Manager has since addressed this situation and will ensure that all members of the staff team have regular supervision moving forward.</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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