



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**St Joseph's Residential and Nursing Home**

**Care Home Service**

**St John's Road  
St Helier  
JE2 4XZ**

**22 & 23 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

The is a report of the inspection of St Joseph's Residential and Nursing Home. The service is situated in St Helier and is served by public transport to and from St Helier. There is a small shop close by as well as a retail park where a health centre and pharmacy are located.

There are extensive grounds around the home with car parking provided close to the main entrance. There is also a chapel attached to the home, which until recently was available to the community. The home can accommodate up to 80 care receivers at any one time and bedroom accommodation and communal areas are divided into four separate units over two floors. There is a lift facility to all floors. The units are named Jeanne Jugan, John of God, Caroline Shepherd and John Eudes. The home is registered to provide nursing and personal care to people who have a range of needs.

The service became registered with the Commission on 19 December 2019. The home is one of the care homes owned by LV Group Limited. Prior to the provider taking over the provision, the home was operated by the religious order, 'The Little Sisters of the Poor'. The provider has given an undertaking that the home will be refurbished and updated to improve the home's internal aesthetic appearance in the near future.

There had been changes to the home's management in the weeks leading up to the inspection.

Registered Provider	LV Group Limited
Registered Manager	Kathleen Murphy (from 19 December 2019 until 30 June 2020) Interim Manager Tracey Gentry (from 30 June 2020)
Regulated Activity	Care home
Conditions of Registration	Personal care or personal support can be provided to 54 care receivers Nursing care can be provided to 26 care receivers Category of Care is Old Age

	Age range of care receivers is 60 years and over
Dates of Inspection	22 & 23 July 2020
Times of Inspection	11:30am – 4:50pm & 12:45pm – 5.00pm
Type of Inspection	Announced
Number of areas for improvement	Four

The care home is operated by LV Group Limited, and from the time the home was registered until 30 June 2020, the registered manager was Kathleen Murphy. With effect from 30 June 2020, Tracey Gentry has taken over as manager and will be making an application for registration in the near future. At the time of this inspection, there were 64 people accommodated in the home.

This was the first inspection since the service was registered, although an unannounced inspection had been planned to take place in March 2020. Due to the impact and restrictions associated with Covid-19, the inspection did not go ahead at that time. This inspection was announced and pre-arranged with some consideration for the restrictions imposed by Covid-19, and to ensure care receivers would not be placed at unnecessary risk.

An informal visit was made to the home on 29 January 2020, where Commission staff met with the provider and registered manager to discuss the plans and proposals for refurbishment. A structured telephone discussion which examined a range of areas including those addressed during this inspection, took place on 29 April 2020 with the registered manager who was in post at that time. An informal visit was undertaken on 9 July 2020 to meet with the new manager.

## SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was completed on 22 and 23 July 2020. The Standards for care homes 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)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

<sup>1</sup> The care home standards can be accessed on the Commission's website at <https://carecommission.ie/standards/>

Overall, the findings from this inspection demonstrate compliance with Regulations and Standards in all but a few areas. There are some areas to be improved upon in relation to the provision of care being more fully aligned with the Statement of Purpose; complaints procedures being in place; staffing levels being increased and the need to ensure that safe recruitment processes and principles are adhered to and upheld.

The new manager is a registered nurse. She is suitably qualified and experienced in managing care homes and was able to demonstrate a good level knowledge of the Regulations and Standards which must be adhered to. During the inspection, the manager had already identified key areas to target and improve upon; one of which relates to enhancing the communication arrangements which are in place for all staff in the home. A discussion with the manager provided evidence that they can seek and obtain support from the provider to help achieve their objectives.

Care receivers overall spoke positively of the staff team. Throughout the inspection, interactions between care staff and care receivers were seen to be kind, caring and respectful.

The home was found to be very clean and well maintained throughout, with good levels of hygiene promotion and infection control measures in place. This was evident during both visits. Some improvements since the previous visits to the home were noted which included the installation of devices around the home to facilitate internet access to improve communications for care receivers and staff. Upgrading the fire alarm systems was also in progress during the inspection visit. Care staff described their responsibilities and were able to provide details about individual needs of care receivers and how their needs are met.

The staffing levels overnight were not sufficient to meet the minimum Standards nor to provide adequate levels of monitoring and support. There were some gaps within the recruitment process in that it was difficult for the home to evidence that all staff employed within the last three months had been recruited safely.

## **INSPECTION PROCESS**

Prior to the inspection visits, information submitted to the Commission by the service since it became registered, was reviewed. This included any notifications and any changes to the service's Statement of Purpose. As the initial planned inspection was postponed, a structured telephone discussion was conducted with Kathleen Murphy on 29 April 2020. Other telephone and email communications were also made between the Commission and the registered manager during the height of the Covid-19 pandemic.

The Regulation Officer sought the views of the people who use the service and spoke with managerial and other staff. Five care receivers and 13 members of staff of all grades were spoken with during the inspection.

During the inspection, records including, policies; incident and accident records; staffing rosters; training records; quality assurance reports; staff files and supervision records were examined. The Regulation Officer undertook a tour of the premises and reviewed some communal areas, although a limited number of bedrooms were viewed to minimise face-to-face contact with care receivers. At the conclusion of the inspection, the Regulation Officer provided feedback to the manager.

After the inspection, the manager provided an investigation report in relation to a safeguarding concern that had arisen in July, which was also referenced and included as part of the inspection findings.

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

## INSPECTION FINDINGS

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

The care home service'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 Statement of Purpose was provided upon initial registration and updated and submitted to the Commission on 14 February 2020, following a request from the registered manager to vary the conditions of registration to increase the number of nursing beds.

The Regulation Officer was satisfied that the interim manager fully understands their responsibilities to manage the service in accordance with the Statement of Purpose and will keep the Statement of Purpose under review. The care home service is, as part of the registration process, subject to the following mandatory conditions:

Conditions of Registration	<p><u>Mandatory</u></p> <p>Maximum number of care receivers: 80            Number in receipt of nursing care: 26            Number in receipt of personal care or personal support: 54            Age range of care receivers: 60 years and above            Category of care provided: Old Age            Maximum number of care receivers to be accommodated in the following rooms:            1 –31, 101 – 105, 108, 109, 111, 112, 112a, 113, 114, 114a, 116, 117, 118, 118a, 119, 119a, 120 – 123, 201, 203-207, 209 – 218, 220 – 227 - one person</p>
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	<p><u>Discretionary</u></p> <p>There are no discretionary conditions.</p>
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Discussion with the manager and examination of records, provided confirmation that these conditions on registration were being fully complied with and will remain unchanged. The provider has indicated that an application will be made for the interim manager to become the registered manager.

Prior to this inspection, the Commission met with the provider on 29 January to discuss the proposed refurbishment plans which includes relocating the main kitchen, creating new ensuite bedrooms and improving the internal décor throughout.

The Regulation Officer was satisfied that all conditions are currently being met.

The Statement of Purpose provided in February 2020, refers to, 'encouraging residents to make their own informed decisions about their care and lifestyles, offering assistance when required'. One care receiver's experience did not reflect that these aims were being fully realised in practice.

A care receiver who participated in the inspection advised the Regulation Officer of their experience of being told they were being moved to another room in the home which was smaller. The care receiver reported they had been given no choice in the matter and had been content in the room they had been moved from. Another care receiver also reported they had heard some care receivers had not been given a choice about moving to other rooms in the home.

The Statement of Purpose also refers to a range of daily activities being provided, mainly in the activities centre on the lower floor. Due to some care receivers' health conditions, they are unable to independently make their way to the main activities area and therefore offered little in the way of stimulation and interaction on a one-to-one basis. The manager has immediately recognised this shortfall and is considering a range of measures in developing a more stimulating and interactive culture within the home.

During both inspection visits, several visitors were observed spending time with care receivers in many communal areas throughout the home. Due to Covid-19, restrictions had been placed on visiting opportunities, in line with Government advice. However, there is now a booking system in place which allows care receivers and their visitors to have allocated periods of face to face contact.

The assisted bath on one of the units was reported at the time of inspection, to have been out of order for a few months. However, the manager followed up on some initial repair estimates that had been obtained and made arrangements for it to be repaired. Less than two weeks after the inspection concluded, the bath was repaired and is now fully operational.

During the inspection, the nursing team and manager were meeting to discuss operational aspects of the home and reviewing ways of working.

The Statement of Purpose must be kept under review and must evidence that the home is meeting its stated purpose, aims and objectives. Whilst this is an area for improvement, discussion with the manager highlighted a commitment to fostering a more inclusive atmosphere whereby care receivers, families and staff feel valued and benefit from the ethos, leadership and management approach of the home.

### **Safeguarding (adults)**

The Standards for care home's 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.

The training records showed all staff to have completed safeguarding training. Discussions with various staff members demonstrated a good understanding of safeguarding issues. Safeguarding training is delivered in-house and is reflective of the Safeguarding Partnership Board's learning outcomes.

Two safeguarding alerts had been raised by external health professionals in April and July 2020. The manager was unaware that an alert had been raised in April. The relevant records were not available in the home and could not therefore be referred to. These were therefore provided by the Regulation Officer.

The safeguarding concern in April related to one care receiver's alleged experience of poor standards of care. At the time the alert was raised, the Commission received telephone contact from the care receiver's family member who stated that they would raise a complaint with the provider about the care receivers alleged experiences in the home. It is not known as to whether such a complaint was made, as there were no records to refer to in the home.

The alert raised in early July from an external health professional related to one care receiver developing a pressure sore which required ongoing treatment. As part of the safeguarding strategy, the manager investigated the circumstances around the development of the pressure ulcer. These highlighted that the reporting systems for tissue viability concerns were not sufficiently robust. The need to understand the consequences of not implementing an evidenced-based protection plan once skin damage occurred, was identified as a learning need which needed to be addressed. The manager's comprehensive report has been shared with the Regulation Officer and the safeguarding lead in Health and Community Services. This confirmed that a thorough review of the pressure ulcer development had been undertaken. It also identified that working practices at the time of the incident may have influenced the development of poor reporting and referral mechanisms.

The care receiver in question has since received a full health assessment, which was carried out by the manager, and has transferred into nursing care. Consequently, their health needs can be more fully met and the treatment relating to the pressure ulcer can be managed by registered nurses in the home. The manager has also provided full explanation to the care receiver and their representative. This demonstrates the shift to a more open and transparent culture which includes the involving of care receivers in decision-making about their care and treatment.

The approach taken by the manager demonstrates that safeguarding issues are regarded seriously. There is a willingness to reflect, learn and implement changes as necessary. The manager's investigation findings demonstrate that the previous ways of working will be improved upon to facilitate alternative working practices which are more consistent with the values expressed within the Statement of Purpose.

A discussion with care staff indicated a good level of understanding of the definition and extent of restraint and of the need to have a clear justification and rationale when using techniques or equipment which restrict movement (such as bed rails).

The home has been largely compliant in submitting notification of incident records to the Commission since it became registered. The records completed during 2020 and retained in the home, were reviewed during the inspection and cross-referenced with those which had been provided to the Commission. There were two incidents recorded in April and May 2020, which related to minor injuries of care receivers. The Commission had not been notified of these incidents and it was acknowledged that such notifications must be made consistently. Since the manager has taken up her position, all notification of incident records have been brought to her attention and follow-up actions have been recorded. This was evidenced from a review of records completed from July 2020 onwards.

A discussion with care receivers during the inspection visit indicated that they feel content and safe in the home and that their care needs are comprehensively met.

The following was reported,

"They look after me very well indeed; I get a lot of care the girls bring my newspapers every day which are my lifeline. I would say it's 10/10 for looking after people".

"It's very good, in fact excellent. I haven't been here very long but I'm very happy. I like all of the staff, if you ask them to do anything it's not too much trouble and you can have a good laugh and joke with them".

"The girls are brilliant; I've got every confidence in them".

"Everyone is really friendly, and the standard of cooking has really improved lately".

"I'm very happy here, got no complaints at all".



## Complaints

The Standards for care home's 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.

In April and June of this year, three separate care receivers' representatives contacted the Commission directly to ask for details of how to raise concerns with the provider. All three representatives indicated a level of dissatisfaction with the support provided to their family members. In line with the Commission's complaints policy, they were advised to contact the provider directly in the first instance to raise their concerns and were given their contact details.

A discussion with two care receivers who reported they had moved into the home earlier this year, confirmed that they had not been informed of how to formally raise concerns or how to make a complaint. Another care receiver who said they had lived in the home for a few years, confirmed that they would not hesitate to raise any concerns with staff. One staff member also reported that one family member had informed them that they were going to make a complaint, although the staff member was not aware as to whether it had been made or informed of the outcome.

Discussions with care staff confirmed that they would approach the manager on behalf of care receivers if they indicated dissatisfaction with any aspect of their care. One staff member provided an example, where a verbal complaint was made by a care receiver about their food. This had been addressed and resolved to their satisfaction.

At the outset of the inspection visit, there was no information about the provider's complaints procedure displayed in the home and there was no evidence that care receivers had been provided with written information of this nature. It was encouraging to note that on the second day of inspection, the manager had displayed information relating to the complaints process in a prominent area and acknowledged that further development needed to take place to ensure that care receivers are better informed about the complaints process.

Since taking up their position, the manager has created a folder containing written records of complaints and communications with complainants. This was examined during the visit. The Standards in relation to informing care receivers and their representatives of the complaints process is an area for improvement which the manager acknowledged and agreed to address the matter as a priority.

## **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.

During the visit in January 2020, the registered manager advised that there had been some staff resignations. Several staff had been recently recruited due to some existing staff absences associated with Covid-19. Due to physical distancing requirements, some staff interviews had to take place by telephone which was recognised as not in line with the home's usual recruitment practices.

A review of five personnel files for staff recruited from April 2020 onwards, was undertaken. This highlighted inconsistencies in terms of safe recruitment for staff employed in January and February 2020, compared with staff employed from April onwards. The recruitment processes for staff employed earlier in the year evidenced that all necessary checks were obtained in advance of them starting work in the home. For staff employed from April onwards, some shortfalls in the recruitment process were identified. These included, incomplete application forms without the names of references; enhanced criminal records checks and references obtained after the person started work and an instance where no references were provided. The failure to safely recruit and supply staff to work in the home has the potential to place care receivers at risk.

The manager recognised these shortfalls and deficiencies in terms of evidencing safe recruitment practices and agreed to review, audit and follow up any outstanding information. This is an area to be improved upon and the manager provided an assurance that any new members of staff would be subject to a thorough and comprehensive recruitment process.

Discussions with care staff about the needs of the care receivers in some of the units and a review of staffing rosters highlighted that the staffing ratios are below the minimum requirements.

Staff described the types of interventions which they undertake on a regular basis. These included,

- supporting care receivers with mobility and handling requirements
- interventions to prevent pressure ulcer development;
- interventions to promote falls prevention
- the supporting of care receivers to maintain their safety (particularly where there is a degree of cognitive impairment)
- the supporting of care receivers with nutrition and hydration.

These discussions provided good evidence that staff have a rounded understanding of the needs of the care receivers residing at the home. Staff commented that:

“Some residents are now more confused and have dementia but we have just one carer overnight and one resident with a sensor mat who needs monitoring so we have to call for the nurse overnight” and “we have some residents with changes to their condition and they need more help, six or seven residents need help to get to bed and there’s only one carer”.

The staffing records which were reviewed on Caroline Shepherd unit, where sixteen care receivers can be accommodated, indicated that there was one care worker rostered overnight. The records which were reviewed on John Eudes unit, which can accommodate seventeen care receivers, indicated that there was one care worker allocated. In total there are seven care staff on duty overnight and one registered nurse. This does not meet the minimum Standard relating to the staffing levels which would be required in order to meet the needs of this number of care receivers, given the varying levels of supervision and support which is needed.

Reference was also made to an e-mail from one staff member to the manager shortly after her taking up post, highlighting concerns about the staffing levels overnight. The failure to ensure there are adequate numbers of suitably skilled and experienced staff on duty at all times has the potential to place care receivers at risk. This is an area for improvement. However, it was encouraging to note that prior to the conclusion of the inspection visit, the manager had already begun to address the staffing deficit and had identified the need to increase the numbers of staff given the requirements of the Standards, the size and layout of the building and the current resident profile.

The manager will also consider the rosters and skill mix of staff working alongside each other. Feedback from one care receiver during the inspection implied that there is an inconsistency in staffing capabilities at times. The care receiver commented that,

“you see a difference in the quality of staffing when the other shift is on. Their time keeping is not as good, like they take away my tray and bring my water jug straight back. Sometimes the other shift doesn’t bring it back until teatime. This group are on the ball, you get your food on time and they’re brilliant”.

Staff described changes to shift patterns which had been made earlier in the year. They described that these had been implemented without discussion with staff. The shift patterns are now of 12 hours’ duration. Staff also described uncertainty around a job role that had been introduced earlier in the year. The role of Assistant Senior Carer had been introduced although care and nursing staff who were spoken with during the visit were unaware of how staff might be recruited to this role or of the specific responsibilities associated with it. One staff member described working on one unit as a carer one day then transferring to another unit and working as an assistant senior carer. They expressed that they do not have a clear understanding of what was really expected of them other than to take charge of the unit in the absence of a senior carer.

Staff spoke positively of colleagues and described being motivated and willing to provide good standards of care to care receivers. They described their efforts in trying to improve their daily lives. Comments were expressed which included,

“this is the best nursing team I’ve worked with”, and,

“we all get on great when we’re working together, we like to laugh with the residents and cheer them up”, and,

“there’s a different atmosphere since Tracey came”.

Staff described the manager as being open to addressing any issues or concerns and indicated that more open lines of communication with family members were being put in place. On the day of the inspection, a registered nurse meeting had been arranged and it was noted that numerous staff who work both day and night shifts were in attendance.

The training matrix was reviewed which evidenced that staff had received mandatory training as set in the Standards. Additional training was also provided in a range of other areas which is delivered by the provider’s own training department.

The training records showed that fire drills and basic life support had been arranged for all staff to attend. All staff usually complete an induction process although discussion with one member of care staff who was recruited in April, indicated that their induction was not as comprehensive as it might have been. Part of the induction programme includes completion of the Care Certificate which is delivered by the training manager and forms part of the induction process for staff who are new to care.

There is a training programme to support care staff to progress towards achieving vocational training awards in health care at levels two and three. All care staff who administer medications have completed a recognised training module and have been assessed as competent. The manager has identified development needs in respect of recognising risks associated with pressure ulcers and has already started to plan for staff training to be delivered.

Samples of staff supervision records completed throughout June and July 2020 were viewed, the process of which is to be further reviewed so that it becomes consistent and proves to be beneficial for all staff.

## Care planning

The people to 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 outcome of the most recent quality assurance audit carried out in June, identified that improvements in care planning records were required and a further audit was underway on the first day of inspection.

Staff were observed completing care records throughout the visit, and the manager reported that there is likely to be a move to electronic recording in the near future. Some care staff described not being as involved in developing and reviewing care records as much as they would wish. This was because one member of care staff was specifically allocated to review and amend plans. The manager indicated that this role will not fall to one member of staff in the future and that all staff will be empowered and expected to review care plans in conjunction with care receivers and/ or their representatives.

After the inspection visit, the manager reviewed the arrangements that were previously in place for care staff to make referrals to the community nursing team. Changes have since been introduced to simplify the process through a range of measures which include empowering staff to make direct referrals, provision of more computers and wifi access to facilitate speedier referrals and regular discussions with the community nursing team.

## 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.

The provider has a nominated compliance manager who is a registered nurse to report on the quality of care provided. During the inspection, the staff member responsible for this aspect of quality assurance explained their area of responsibility and made recent reports available for review. At the outset of the initial Covid-19 lockdown, the compliance manager reported that they remained on site for a period which allowed for various aspects of quality to be reviewed.

The report completed in March 2020 noted there was little evidence of improvements having been made or recommendations actioned from earlier findings. Within the monthly reports, there was evidence of the review including consultation with care receivers, representatives and visiting health professionals. Feedback from visiting health professionals in January and March 2020, suggested some areas for improvement relating to staff development needs which will be addressed by the manager. Regular audits are also completed which cover key aspects of care provision, including medication administration and pressure ulcer development. In view of the findings of the review into the circumstances of one care receivers pressure ulcer, the effectiveness of the provider's system for quality assurance should be reviewed to ensure it addresses these areas.

The manager has recognised ways in which the service can be strengthened to improve outcomes for care receivers and enhance their overall quality of life, placing an emphasis on improving opportunities for social stimulation and interactions.

As an outcome from the manager's review of the needs of some care receivers, it is encouraging to note that more collaborative ways of working have been introduced with the community nursing team involved in discussions relating to care receivers' ongoing personal care needs.

## IMPROVEMENT PLAN

There were four 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>Ref:</b> Standard 3.6</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The registered provider must ensure all staff employed in the home are recruited safely.</p> <p><b>Response by registered provider:</b> We have completed a thorough audit of all personnel files in line with Standard 3 of the Jersey Care Commission Care Standards 2019.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 2.3</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The registered provider must ensure the home is operating in accordance with its Statement of Purpose.</p> <p><b>Response by registered provider:</b> The Statement of Purpose has been reviewed, to ensure our aims and objectives are inline with the ethos of St Joseph's.</p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 3.9</p> <p><b>To be completed by:</b> 1 month from the date of inspection (23 August 2020).</p>	<p>The registered provider must ensure that the staffing levels always meet the minimum standards.</p> <p><b>Response by registered provider:</b> A thorough review of the care needs of our residents prior to the inspection highlighted the need to increase the staffing levels. So a programme of recruitment commenced which is still ongoing as the staffing levels are not static. The Minimum Staffing Requirements Appendix 5 of the JCC Care Standards are minimum requirements, and actual staffing levels should depend on the individual care needs and dependencies of the residents.</p>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 10.2</p> <p><b>To be completed by:</b> 2 months from the date of inspection (23 September 2020).</p>	<p>The registered provider must ensure that people who receive care and their representatives are aware of the service's complaints policy and procedures.</p> <p><b>Response by registered provider:</b> Following the inspection a copy of the St Joseph's Complaints Policy and Procedure was placed in reception to enable visitors to the home to obtain a copy. All the residents personally received a copy and this was discussed with them.</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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