****

**NOTIFICATION OF SUSPENSION OF CONDITION(S) DUE TO COVID-19**

**HOME CARE SERVICES**

Please use this form to notify the Commission of any conditions on registration that cannot be complied with as a direct or indirect result of the outbreak of Covid-19 in Jersey.

This notification is being made in accordance with Regulation 2 of the Covid-19 (Regulation of Care – Standards and Requirements) (Jersey) Regulations 2020 which came into force on 26 November 2020 and will expire on 30 April 2021.

The suspension of conditions will be for a period of one month. Should the registered provider require a further period of one month, they must notify the Commission and confirm that they are unable to comply with the conditions as a direct or indirect result of the outbreak of Covid-19 in Jersey.

|  |  |
| --- | --- |
| **Name of Home Care Provider** | |
| **Maximum number of hours of care that are provided in total -**  **What change has occurred?** | |
| **Number of hours of nursing care provided -**  **What change has occurred?** | |
| **Number of hours of personal care / personal support provided-**  **What change has occurred?** | |
| **Category of Care provided**  **What category is no longer provided?** | |
| **What new category is provided?** | |
| **Age range of care receivers**  **What change has occurred?** | |
| **Any aspect of the Statement of Purpose which is impacted by Covid-19? For example, staffing numbers, qualified staff and training**  **Please state contingency plan if services are unable to be provided, for example referral to SPOR** |  |

|  |
| --- |
| **Comments – Please use this space for brief explanation why you are suspending this / these conditions and with any action or contingencies in place to support this if available:** |

**PLEASE RETURN THIS FORM TO** [**notifications@carecommission.je**](mailto:notifications@carecommission.je)