



**Jersey Care
Commission**

INSPECTION REPORT

La Haule Care Home

La Route De L'Isle

St Brelade

JE3 8BF

09 December 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 home provides accommodation to older persons living with dementia. The home is a large detached building which has been refurbished and extended in recent years. It is in a rural area surrounded by landscaped grounds which provide a safe and quiet environment that residents can enjoy. There is the added benefit of a large enclosed sensory garden which is accessed from the corridor leading to the main dining room, located on the ground floor.

The home is subdivided into three separate units Kingfisher; Nightingale and Kestrel. There are bedrooms and communal areas in each unit. However, care receivers are free to make use of facilities throughout the home and are encouraged to do so by care staff when supporting care receivers in their daily routines and with social activity. To the front and side of the home are parking areas for staff and visitors.

While the home was first registered with the Commission on 3 October 2019, it was subject to regulatory inspections under the previous law.

Registered Provider	Silver Springs Limited
Registered Manager	Pauline Safe
Regulated Activity	Care home for adults
Conditions of Registration	Maximum number of care receivers - 58 Number in receipt of personal care/support - 58 Age range – 60 and above Old age Dementia care
Dates of Inspection	09 December 2020
Times of Inspection	08:30 am – 2.20 pm
Type of Inspection	Announced
Number of areas for improvement	None

Silver Springs Limited operates the home and the registered manager is Pauline Safe. At the time of this inspection, there were 54 people accommodated in the home.

SUMMARY OF INSPECTION FINDINGS

This inspection was undertaken over the course of a half day by one Regulation Officer. The Care Home Standards¹ were referenced throughout the inspection and the Regulation Officer focussed on the following areas:

- 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.

Due to the Covid-19 situation, this inspection was announced and undertaken in accordance with the home's infection prevention and control measures. Nonetheless, opportunity was taken to view the home across all floors and to observe the practice of the staff members in delivering dementia care interventions.

Overall, the findings from this inspection were positive. On arrival at the home, the Regulation Officer noted the attention that is given to promoting and maintaining the safety of vulnerable care receivers. There are adequate infection control protocols in place, and these were witnessed in practice in respect of persons entering the home.

The Regulation Officer had limited opportunity to engage with the care receivers on this occasion but was nonetheless able to observe their presentations and levels of activity. This included positive observations made about the dining experience, and various other examples of person-centred care. It was evident that a variety of approaches are used at the home in supporting care receivers who have cognitive impairments.

Shortly after the visit to the home, the Regulation Officer contacted several relatives to ask for feedback about their experience of the home. Relatives reported areas of good practice relating to care provision and reflected upon how the home had supported them during the period of lockdown earlier in the year. It was suggested that communication could be further enhanced using telecommunication aids where appropriate to care receivers' abilities. This feedback was forwarded to the home manager for their attention and consideration.

Staff reported a positive working environment and noted that support and supervision are readily available from the manager or deputy. There was evidence of good teamwork and of appropriate delegation of roles and responsibilities. This appeared to promote a calm, relaxed and homely but well-organised environment for care receivers.

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

The Regulation Officer noted the very positive attitude of staff who were spoken with, despite the ongoing challenges associated with the continued need to wear face masks and other Personal Protective Equipment (PPE) throughout the day, including all times of care receiver contact.

Care staff were helpful and receptive to the inspection process and appeared confident in their roles and mindful of their responsibilities in working to support care receivers living with dementia.

There is a clear managerial structure in place at the home. This was demonstrated in the systems which were place such as in respect of accountability in how the home operates in the absence of the Registered Manager, who was unavoidably absent during the inspection visit. Furthermore, the overarching governance arrangements which the provider has in place, were very well-evidenced in the systems which exist for audit and quality assurance monitoring, which takes place routinely.

A review of numerous documents was undertaken to establish safe working practices relating to staffing levels, training and development. Additionally, various care records were also examined. It was evident that a systematic review and evaluation of care needs is undertaken, which demonstrated that the provider assures themselves that care needs are being met appropriately. Care records provided concurrent notes that promoted the review and evaluation of care receivers' needs.

The Regulation Officer was satisfied that the care provided is consistent with the home's aims and objectives. The conditions on registration continue to apply and remain appropriate.

The home has the expected protocols in place which service users and/or relatives can follow in making a complaint. There are clear policies and procedures for all to follow regarding any safeguarding concerns and there was good evidence that these areas of practice are given the necessary levels of scrutiny.

In respect of safe recruitment, it was apparent that due diligence is maintained to ensure that vulnerable care receivers are appropriately protected. An example of this was that criminal record checks are processed before any new employee may commence their duties in the home.

INSPECTION PROCESS

Information submitted to the Commission by the service was reviewed prior to the inspection visit and included notifications and any other communication initiated by the manager. This included reference to areas of practice arising from the period of lockdown.

Although some restrictions were in place during the inspection visit due to the Covid-19 situation, the Regulation Officer was able to inspect all of the main communal

areas of the home, including the dining areas when in use, and to have sight of some individual rooms across all three units of the home. This included a sample of 28 bedrooms which were randomly chosen and some of these were occupied at the time. It is worthy of note, that during the inspection, some care receivers were comfortably asleep in their own rooms. This provided evidence that a person-centred approach is promoted in that care receivers are encouraged to make choices around how to structure their day.

The visit commenced with an initial review and discussion with the Deputy Manager in the absence of Registered Manager. The current protocols and systems which were utilised to manage the ongoing situation were established. The restrictions which were in place were proportionate to manage the risks posed by Covid-19. It was apparent that Government of Jersey and Silver Springs Limited provider guidelines were being adhered to in this regard.

An overall summary of care receivers' needs, and presentation was established from both a discussion with the Deputy Manager and through a review of supporting documents which they had prepared and provided for reference. This enabled the Regulation Officer to cross-reference the documentation with notifications and other information submitted to the Commission and reviewed by the Regulation Officer prior to commencing the visit.

The recruitment, training and development of staff was discussed with reference to the training log which was provided for reference. A brief discussion with several members of staff who were on duty during the inspection visit confirmed that training and development opportunities are provided as a matter of routine. A sample of five Human Resources (HR) files was reviewed to ascertain the level of scrutiny which is given in checking any new employees' suitability to work with vulnerable care receivers.

The Regulation Officer observed how care receivers are supported in both the communal areas and in their own rooms. These observations provided evidence of the level of activity in the home and of some of the approaches which are used in engaging and supporting those living with dementia. The Regulation Officer was able to observe various interactions which were initiated and reciprocated by care staff during this time and the level of positive engagement by staff in the overall inspection process.

An audit of 15 care records was undertaken which cross-referenced notifications of incidents, which the Commission had received as routine during the previous six months. This was supplemented with discussions about Significant Restriction on Liberty (SROL) authorisations which were in place and which were both necessary and proportionate in meeting the needs and in maintaining the safety of some care receivers.

The Regulation Officer spoke with some care receivers briefly individually and in the busier communal areas. These interactions were brief however and impacted by the necessary wearing of a mask by the Regulation Officer. Nonetheless, this provided the opportunity to observe how comfortable and relaxed their presentation was.

Following the visit to the home, seven relatives were contacted for their views about the care provided to their loved ones. Relatives reflected upon the communication with the home during the first period of lockdown, and of the restrictions to visiting which had been announced two days prior to this inspection visit. In addition, their views about how the home has supported their relatives prior to the period of lockdown and during any recent visits into the home were established.

INSPECTION FINDINGS

The service's Statement of Purpose and conditions on registration

The 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 home's Statement of Purpose reflects the range and nature of services which are provided to care receivers. The Regulation Officer was satisfied that the provider / manager fully understood their responsibilities in this regard.

La Haule is, as part of the registration process, subject to the following mandatory and discretionary conditions:

<p>Conditions of Registration</p>	<p><u>Mandatory</u></p> <p>Type of Care: personal care, personal support Category of care: Old age, Dementia care. Maximum number of care receivers: 58 Maximum number in receipt of personal care/support - 58 Age range of care receivers: 60 years and above Maximum number of care receivers that can be accommodated in the following rooms: Nightingale 2 – 32, Kingfisher 1 – 12, Kestrel 2 – 18: one person</p> <p><u>Discretionary</u></p> <ol style="list-style-type: none"> 1. The registered manager must either provide formal confirmation from an appropriate educational source that their academic qualifications have equivalence to QCF Level 5 Diploma in Leadership in Health and Social Care Module or obtain this specific qualification by 1st October 2022. 2. Bedroom numbers 3, 4 and 5 in Kestrel unit must have en suite toilet and wash hand basins provided by 1st October 2022.
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	<p>3. Bedroom numbers 1, 2, 6, 7 and 9 in Kingfisher unit must meet the minimum 12m² space standard by 1st October 2022.</p> <p>4. The chair lift, which serves the ground to first floor in Kingfisher, must be replaced with a passenger lift, which will facilitate resident independence by 1st October 2022.</p>
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A discussion with the Deputy Manager and an examination of records provided confirmation that these conditions on registration were being fully complied with and were intended to remain unchanged. In addition, a review of the engagement between the Registered Manager and the Commission in relation to how the risks associated with the pandemic were being managed at the home, provided further indication that the service continued to be provided in line with the home's registration.

Submissions of routine notification of incidents over the course of the year reflected appropriate practice in the management of specific care needs. Specifically, it was evident that appropriate dementia care was being delivered in line with the conditions of registration.

The Regulation Officer was satisfied that all conditions were being met at the time of the inspection. The discretionary conditions remain a consideration although progress has been limited due to Covid-19 situation. However, these will be reviewed further with the provider separately to this inspection.

There were very clear and identifiable governance arrangements in place which promoted due diligence, and which demonstrated that any untoward events are properly investigated in the promoting of the best care environment for care receivers. This was seen from the rigorous audit process that were in place, which is overseen in-house by the Registered Manager and appropriately followed by the team. In addition, the audit process is further scrutinised by the Regional Manager, with quality assurance systems well integrated into how the home self-monitors the care which is provided.

Reference was made to Significant Restriction on Liberty (SROL) authorisations which were in place. It was apparent that due consideration is given to the primary purpose of the home which is in supporting care receivers who have a formal diagnosis of dementia and/or the primary symptoms relating to this condition.

In the matter of SROLs, the home continues to operate with reference to best practice guidelines benefitting from an environment by design that will best safeguard and protect the most vulnerable care receivers within a least restrictive layout, whilst promoting a nurturing culture of care.

The Regulation Officer's walkabout of the premises was undertaken at different times during the visit and established that the home upholds a high standard of décor and cleanliness across all areas. The efforts and staffing resources which are in place to enable the service to follow the necessary infection control principles

were noted. It is acknowledged that some of these measures might be expected as a matter of routine. However, it was further apparent that additional protocols have been put in place to minimise the risk of Covid-19 transmission. Housekeeping staff were observed throughout the home to be working diligently in carrying out this important role.

In addition, it was noted that significant efforts had been made in decorating the home throughout with festive items appropriate to the time of year. This created a warm and hospitable environment for the care receivers to enjoy and had the effect of enabling them to be orientated to the season.

Attention was given to how the home has supported its residents during the recent lockdown period, and it was reported that some different platforms were being utilised to enable face-to-face contact i.e. FaceTime. Although this was confirmed by some relatives, who were subsequently contacted, some relatives commented that this was not consistently forthcoming or easy to access.

The Registered Manager was able to clarify this matter during the visit and was informed that an additional Social Activities co-ordinator had recently been recruited with a view towards addressing this. It was also advised that this issue had been highlighted in the provider's own internal review and as part of the Quality Assurance framework. The latter is overseen by the Regional Manager and it was explained to the Regulation Officer, that extra attention was already being given to this matter. This is particularly timely given the recent advice provided by the Government of Jersey, at the time of the inspection, regarding new restrictions on visiting. In conclusion, it was positive to note that the feedback from relatives was both acknowledged and acted upon by the management team.

Safeguarding (adults and children)

The Standards for care homes 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 home's safeguarding arrangements were discussed with the Deputy Manager during the inspection. This included reference to a routine discussion which had taken place with the Registered Manager some months previously in relation to a practice issue which the home had raised with the Commission as an alert. In resolving the matter, the home had demonstrated best practice and a culture of openness and transparency in which it was apparent that the duty of candour principles had been followed.

Where practice issues are reviewed, either by the home's management team or by an external agency, the home has on occasions, revised its training and staff development arrangements to ensure that best practice is suitably promoted. A combination of anecdotal accounts and a review of records provided good evidence

for such actions being taken to ensure that safeguarding principles are consistently followed and in a timely manner.

It was clearly demonstrated during the inspection visit, that training is a key component in how the home ensures that safeguarding is given priority. It was apparent that staff were familiar with the policies and procedures which need to be followed to escalate concerns as they arise. It was also evident that the Registered Manager has, on occasions, consulted with the Commission or other relevant agencies where advice or guidance has been needed relating to issues requiring additional scrutiny and consideration.

Supervision and appraisals reference any areas of concern with consideration for the most vulnerable care receivers, who due to their underlying condition, may not always be able to readily convey any concerns themselves.

The Deputy Manager highlighted some of the processes which are followed if or when any areas of concern arise. An example was provided in relation to staff conduct on occasions where the expected standards in providing specialist dementia care are not followed or suitably demonstrated.

Complaints

<p>The Standards for care homes 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.</p>
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An observation of the care and support which was provided to care receivers by staff when in communal areas or in the privacy of their own rooms provided a positive overview of their general comfort, relaxed appearance and of being in relatively good humour. This was seen to be reflective of a supportive care environment.

Examples of good principles of dementia care were observed in the use of diversionary therapy, paced interactions that were unrushed, and in the consistent delivery of information. In addition, where unsettled behaviour or distressed reactions were evident these were quickly recognised and addressed by carers. In such instances, the care receiver was given time and space to freely walk about or to express themselves verbally. Thereafter, interactions were recommenced some minutes later by care staff with more positive response's forthcoming from the care receiver. It was evident from these observations that interventions were being carried out in a skilled way.

Direct engagement between the Regulation Officer and care receivers was limited due to both the restrictions associated with the use of face masks and due to care receivers' cognitive impairments. Therefore, focus was given to relatives' views about how the home supports their loved ones.

In total, seven relatives were spoken with about a variety of topics including their understanding and experience about how the home meets their loved ones' needs and of the process which they would follow if they needed to raise any concerns. The relatives demonstrated that they had a good understanding of the home's complaints procedure and of the key persons whom they may engage with, including the Registered Manager and Deputy. They also reflected a high level of positive regard in respect of these staff members' professionalism and willingness to help in resolving such matters.

One relative expressed that, "some staff are absolutely wonderful" and referred to the social activities which are promoted routinely. However, they also mentioned some difficulties relating to aspects of communication and specifically around the need for there to have been greater use made of telecommunications during the period of lockdown. This matter was conveyed directly to the management team for further attention as part of the inspection feedback although it was also noted that this issue had already been partly addressed by the home and predated some of this feedback.

Another relative spoke positively about how they are involved and encouraged to participate in some aspects of supporting their loved one and of how the home recognises their key role. Specifically, this relative referred to the benefit that the care receiver clearly derives in enjoying outings with their family member.

One relative spoke of the quality of information that they had received and of having been fully and promptly updated about the evolving situation throughout the period of the Covid-19 restrictions, particularly in relation to visiting the home. They also stated that staff at the home were, "very good, nothing is too much trouble" and that they felt well-informed throughout the lockdown period earlier in the year.

"I cannot speak too highly about La Haule, they have been brilliant" was reported by one relative who highlighted with examples some of the efforts the staff had made. Examples included the provision of videos and updates of their loved ones when visiting had been stopped due to Covid-19 restrictions, as imposed by Government of Jersey guidelines.

The Regulation Officer was satisfied that appropriate and adequate complaints procedures were in place with clear systems of governance, which ensure that any formal complaints are addressed in a systematic and timely manner. This is as set out in relevant policy and guidelines which can be referenced in the home. The home also has a whistleblowing policy for staff to utilise.

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

<p>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 always suitably recruited, trained and experienced staff available to meet the needs of care receivers.</p>

The Regulation Officer reviewed five Human Resources (HR) records. All were found to be in good order with the expected involvement of the Registered Manager evidenced throughout. The review of these records confirmed that the necessary pre-employment checks including references and Enhanced Disclosure and Barring Service (DBS) criminal records checks had been undertaken prior to any new staff commencing work in the home.

The training and development of staff was evidenced from a review of the training log and the attention which is given to staff competency by use of observational tool of their working practices was noted. It was explained that this tool is used as part of quality assurance framework also.

There is a clearly defined managerial structure in the home with a deputy manager in post who will cover for any manager absence. This was well evidenced during the inspection visit, in that the deputy manager was able to provide all relevant information and supporting documentation to facilitate this inspection process. This included a comprehensive care needs analysis which was provided for review by the Regulation Officer, and which related to all the 54 care receivers currently in residence. This evidenced the comprehensive recording systems which are used and that a review of care needs is routinely undertaken by the management team and senior carers.

The home benefits from a good resource training and learning which is facilitated by the provider. This is supplemented by advice and support sourced from colleagues from outside agencies including District Nursing, particularly where there is a need for clinical expertise and specific guidance relating to care planning.

A review of three weeks' duty rosters was undertaken by the Regulation Officer in relation to all staff. This confirmed that adequate numbers of staff were in place to both meet the care needs of care receivers and to maintain the home environment. The current staffing ratio meets the minimum Standard but will be continually monitored and revised if any increasing care needs are noted which require additional resources or reallocation of staff in different areas of the home

Six members of staff were spoken with during the visit, including senior carers, carers, a housekeeper, housekeeping staff and a maintenance officer. Observations made from these interactions were of a well-informed and organised team attending to their roles and responsibilities competently and with confidence. This was also reflected in how the home appeared very calm, with care receivers presenting in a settled and relaxed manner, but also occupied and stimulated by activity and engagement with each other and with care staff.

A discussion with carers and housekeeping staff elicited positive feedback about the managerial support which is provided. However, reference was also made to the challenging working environment brought about by the current infection control measures which are adhered to by all staff. It was evident from these interactions, that the staff team were well-motivated and demonstrated a positive attitude in undertaking their roles. The overall staff team demonstrated a good work ethic particularly when working under relatively taxing situations relating to Covid-19 and the associated infection control requirements.

There are formal supervision sessions alongside an open-door policy. This is underpinned by the undertaking of appraisals which are routinely carried out throughout the year.

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 Regulation Officer undertook a review of a random sample of fifteen care records. These were cross-referenced with Significant Restriction on Liberty (SROL) notifications and incident forms which are submitted to the Commission as routine.

The Deputy Manager reflected on some of the challenges involved in engaging with care receivers when planning their provision of care. This was due to some care receivers' levels of cognitive impairment. The Deputy Manager reflected that involving care receivers in the care planning process is an area which requires skill. There is a need to promote the involvement of care receivers whilst avoiding inadvertently causing undue distress or further confusion. In this matter, where possible, care planning will incorporate the involvement and contribution of significant others to ensure that information is conveyed in a way which will best enable understanding and in order to ensure that interventions are appropriate to and supportive of the individual care receiver.

From a review of care plans, it was noted that the information recorded was of a personalised nature, being informative and respectful, and that the themes of promoting independence, choice and safety are properly incorporated. There was good evidence of a systematic approach to review and evaluation of care plans being applied, with revisions and updates made where indicated. In addition, there was supporting information recorded for clinical matters such as in relation to wound care and pressure sore prevention which included photographs. These care plans were available for referenced by external agencies such as District Nursing teams, as appropriate.

The information maintained on file included relevant assessments and referral information from Healthcare Professionals including social workers. That such information is retained on file adds quality to the care planning process. Care plans evolve from these recordings and are subsequently reviewed both routinely and as a care receiver's needs change over time.

Where specific risks were identified, such as in relation to falls or choking, these were carefully recorded and appropriately assessed, with measures put in place to manage and minimise such risks. Up to date daily records were consistently maintained and it was evident that care records are regularly reviewed. There was uniformity in how the care records were organised, reviewed and maintained with the inclusion of information relating to specific areas of care such as skin integrity

(examples included Pressure Area Risk Assessment (Waterlow) charts and body mapping diagrams).

Corresponding accident forms were noted. These matched with the routine notification of incidents provided to the Commission. This demonstrated that an effective and seamless reporting mechanism was in place. This is reviewed as part of the quality assurance principles as overseen by the Regional Manager. The reports which were provided for review confirmed that a comprehensive process is routinely followed. Noted from this was the update for life histories being processed at time of this visit as highlighted from recent analysis that further evidenced care planning principles for review and evaluation being continually updated and addressed

The presentation of one care receiver had recently changed. This had resulted in a referral to the Community Mental Health Team (CMHT). It was possible that the care receiver might require either an increase in support or a review of their placement. The recordings on file indicated that this matter had been appropriately progressed in a timely fashion. This provided evidence that the Standard relating to the provider's responsibility in ensuring that care plans are person-centred and kept under review was well met.

Monthly quality reports

<p>The quality of care provision 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.</p>

The provider has a Regional Manager who visits the home on at least a monthly basis to monitor the quality and safety of the service and with summary report recorded. This includes a review of adherence to the Standards and compliance with the Regulations. The Regulation Officer had sight of the most recent review and noted the comprehensive approach, which is applied, and which incorporates a system to include Datix recording; that will address incidents and risk management of same if or when indicated

It was apparent that the home and its manager follow a comprehensive quality assurance framework. From a discussion with the maintenance officer, it was confirmed that a systematic review of the environment is undertaken to ensure that the building and all equipment is suitably maintained and serviced. This includes, attention to call systems; window restrictor checks; visual checks of all areas; PAT testing for electrical items; tall furniture checks; Legionella checks and water outlet activation schedules; temperature logs for heating systems and radiators, alongside TMVs (thermostatic controls).

The Deputy Manager highlighted the recent introduction of additional/enhanced audit procedures by the Regional Manager that incorporate improvement plans and action plans and that will cross over with the Registered Manager's audit processes. This

therefore provides an ongoing cycle for review that will focus on several areas that include environment and direct care interventions. It was therefore clearly demonstrated that a very robust and comprehensive approach is utilised in quality assurance monitoring, with auditable records available to reference for all such matters.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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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