



**Jersey Care
Commission**

INSPECTION REPORT

Jersey Cheshire Home

Care Home Service

**Eric Young House
Rope Walk
St Helier
JE2 4UU**

15 and 16 February 2021

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 Jersey Cheshire Home Care Home. The service provides accommodation in a two-storey purpose-built property situated on the outskirts of St Helier. An extension to the home was completed in 2018. The service became registered with the Commission on 5 March 2020. The home has been operating as a care home for many years and was registered and regulated prior to the current legislation coming into force.

The home can provide nursing care and personal care to a maximum of twenty-eight care receivers over eighteen years of age. Care is provided to care receivers who have a range of needs, which include physical disabilities, progressive neurological conditions and acquired brain injury. Single bedroom accommodation is provided over both floors. Some bedrooms are without en suite toilet and wash hand basin facilities; however, adequate communal facilities are provided. A variety of communal areas are provided on both floors for care receivers' use, including lounge, dining and recreational facilities. There is access to outdoor areas also.

The home is equipped with a hydrotherapy pool and separate gym. The home is staffed daily with registered nurses, a physiotherapist, care and therapy assistants, catering, housekeeping and administration staff. The recently appointed Chief Executive Officer also maintains a daily presence in the home.

The aim of the home as described in the Statement of Purpose is '*to provide residential accommodation or help for the care, general well-being and, where possible, rehabilitation of residents who are physically disabled or who, as a result of physical injury or illness, are in need of rehabilitation or are in necessitous circumstances*'.

Registered Provider	Jersey Cheshire Home Foundation
Registered Manager	Liliana Opinca
Regulated Activity	Care home for adults
Conditions of Registration	Nursing care can be provided to 21 care receivers

	Personal care can be provided to 7 care receivers Category of Care is Physical disability Age range of care receivers is 18 years and over
Dates of Inspection	15 and 16 February 2021
Times of Inspection	2:00pm – 6.30pm and 9am – 2.30pm
Type of Inspection	Announced
Number of areas for improvement	Three

At the time of this inspection, there were twenty-eight people accommodated in the home.

SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was completed by two Regulation Officers on two separate visits on 15 and 16 February 2021. The reason that an announced visit took place was to ensure that the Regulation Officers were aware of the home's infection control procedures that were in place and to ensure the availability of the registered manager.

The Standards for care homes were referenced throughout the inspection¹ and the Regulation Officers 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.

Overall, the findings from this inspection demonstrate that there have been some positive changes and improvements made since the last inspection which have had a positive impact upon care receivers' experiences. Improvements include the completion of a newly refurbished wet room, which has increased the availability of showering facilities and there has also been an increase in the number of nursing staff working each day. Care receivers' bedrooms were found to be more personalised than has been noted on previous visits. There has been an increase of the number of staff recruited last year which is part of the provider's Covid-19 contingency arrangements.

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

A variety of records relating to the management of the service, including policies and procedures have been reviewed and updated. The Statement of Purpose has been kept under review and has been updated to reflect the range of services provided. The inspection found the home is working within its conditions of registration. The conditions on registration meant that the provider had to provide an additional bathroom by 31 March 2021. At the time of inspection, this work had been completed and care receivers were reported to be benefiting from this additional facility.

Care receivers and their representatives were on the whole complimentary of the care and support provided by the staff team, except for one person who was not so positive in their views. The home has recently reintroduced visits for care receivers and their relatives and plans were in place to safely manage visits in accordance with local guidance. The home was found to be very clean in its appearance and infection prevention and control measures were in place to reduce the potential spread of infections.

The environment was well maintained and arranged to accommodate wheelchairs to allow care receivers to move around independently. Corridors and communal areas were bright, spacious, and well lit. There was limited sensory equipment available for some care receivers who may benefit from such provision and this requires improvement. The manager explained that there are plans to create a sensory room.

Throughout the inspection, care receivers were noted to be engaging in various activities and staff were observed being attentive to their needs.

Staffing levels exceed the minimum standards and they are recruited safely. A range of training opportunities are provided for staff with various roles in the home and they are supported through supervision also. New staff are inducted into their roles. Staff should be provided with training relevant to the care of individuals with neurological conditions and physical disabilities and this is an area for improvement.

The third area for improvement relates to enhancing care receivers' care records to evidence the quality of care provided and to demonstrate that care receivers or their representatives are included in their development and review.

The recently appointed Chief Executive Officer and registered manager were both transparent and open in describing the priorities for improvement and how these will be addressed.

INSPECTION PROCESS

Prior to the inspection visit, 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. A review of the findings from the previous inspection, which was completed on 17 December 2019 also formed part of the pre-inspection preparation and planning.

Both Regulation Officers took the opportunity to speak with eight care receivers, to seek their view of the home. The Chief Executive Officer (CEO), registered manager, three registered nurses, administration, housekeeping, care and therapy staff were spoken with during the inspection. In addition, the Physiotherapist provided an overview of their role and both Regulation Officers observed care receivers making use of the hydrotherapy pool. A walk through the home was undertaken to review communal areas and time was spent observing care receivers' evening mealtime experiences. Some care practices, alongside staff and care receiver interactions, were observed and a sample of five bedrooms were reviewed.

During the inspection, records including, policies; induction programme; training records; quality assurance reports; staff survey report, medication and care records and staff files were examined.

Subsequent to the visit, contact was made with four family members and three health care professionals, who each provided feedback about their experiences.

At the conclusion of the inspection, the Regulation Officer provided feedback to the CEO and 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 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 inspection found full compliance with the mandatory and discretionary conditions on registration. This was evidenced through discussions with the registered manager and registered nurses, which confirmed that care receivers require care and support with their daily lives because they are living with a range of neurological conditions.

The registered manager provided an overview of the health needs of the most recent individual to have been admitted into the home, which evidenced that a detailed assessment had been undertaken to ensure that their needs could be met. The registered manager usually carries out initial assessments, which is useful in ensuring that there is a consistent approach. The assessment, in relation to that individual took account of their support needs and health conditions and was reflective of the process as described in the Statement of Purpose. The assessment evidenced that their family had been involved in the assessment process.

The home's Statement of Purpose was reviewed and updated by the registered manager and provided during the inspection. In comparison to the content within the previous document, which was provided for registration purposes, it is considered by the Regulation Officer to be more articulate and focuses more upon enhancing the lives of care receivers in terms of describing the aims and objectives of the home.

During the inspection, the registered manager and CEO described their active involvement in the day-to-day running of the home and described their aim of promoting a positive culture that is open, inclusive, and empowering. Individual discussions with some care receivers, confirmed that they often see the manager and CEO around the home and could approach them if needed.

The inspection found that the home makes provision for care receivers to access a range of health professionals including a speech and language therapist, a neurological nurse specialist, adult social care professionals and General Practitioners. The manager described that care receivers are supported to attend appointments with relevant professionals in community clinics wherever possible, although this has been disrupted by the pandemic.

One health professional who provided feedback to one Regulation Officer described the home as having a 'positive atmosphere' and has observed care receivers freely moving around and interacting with staff. They described the home as being 'friendly and professional' and considers that staff have an understanding and knowledge of people they are caring for. One of the Regulation Officers undertaking the inspection considered the atmosphere in the home to be more relaxed, yet vibrant, in comparison to previous visits undertaken.

Discussions with the registered manager and registered nurses confirmed a good understanding of medical emergency situations that can result as a consequence of spinal cord injuries. They described the monitoring systems in place for care receivers at risk of such complications and the ways in which their health is closely monitored. This ensures that any changes in care receivers' conditions are monitored and discussed in order that interventions, when required, can take place quickly. One health professional told the Regulation Officer that they have found the nurses and manager to be very knowledgeable about individuals' complex needs and they have been able to demonstrate a clear understanding of the importance of identifying care receivers' needs, wishes and preferences.

At the time of inspection, the home had reintroduced family visits in line with updated Government of Jersey advice. During the evening visit, family members were noted to be in the home and the home had updated their visiting policy to reflect the change. All visitors are subject to a rigorous screening process as part of the home's approach to infection control protocols. The Regulation Officer spoke with one family member after the inspection who described their distress and sadness at being apart from their relative due to the visiting restrictions brought about by the pandemic. This was relayed to the manager who agreed to look into ways to facilitate visits.

During the second visit to the home, one care receiver was observed to be participating in a physiotherapy session which appeared to be beneficial to them. It was evident that care staff had paid attention to detail in relation to the care receiver's appearance, choice of clothing and accessories. The manager described and demonstrated the ways in which their family is provided with information and updates about their progress.

The manager and CEO spoke of their strategic and day-to-day priorities which they believe will enhance the quality of outcomes for care receivers living in the home. Both were transparent and open in their communications during the inspection and shared a range of information and explained how they aim to address areas that need improving. The manager provided evidence which confirmed she has a good understanding of the range of needs provided for and the responsibilities of her role. During the visit, two minor deficits were identified in the environment, to which the manager and CEO responded to and addressed immediately.

The discretionary condition imposed on registration required the home to provide an additional communal bathroom and was to be completed by 31 March 2021. During the inspection, it was encouraging to note that the bathroom had been completed in advance of the completion date and was reported to be in use. The Regulation Officer was satisfied that the condition had been met and has since removed the condition from the home's registration.

A further discretionary condition on registration relates to the manager's qualifications. The registered manager advised they had enrolled on a Level 5 Diploma and anticipates being able to obtain the qualification within the identified timeframe for completion.

The care home service is, as part of the registration process, subject to the following conditions:

<p>Conditions of Registration</p>	<p><u>Mandatory</u></p> <p>Maximum number of care receivers: 28 Number in receipt of nursing care: 21 Number in receipt of personal care: 7 Age range of care receivers: 18 years and above Category of care provided: Physical disability Maximum numbers of care receivers that can be accommodated in the following rooms: Bedrooms 1 – 12 & 14 – 29 One person</p> <p><u>Discretionary</u></p> <p>1. The registered manager must obtain a Level 5 Diploma in Leadership in Health and Social Care by 5 March 2023.</p>
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Safeguarding (adults)

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.

Prior to the inspection, the home had reintroduced family visits following an update in Government of Jersey advice. There was a system introduced to ensure that all visits are undertaken in line with the guidance and the Regulation Officers underwent a screening process before entering the home. One care receiver described their delight at being reunited with some of their family members and provided an overview of the ways in which the staff team had kept them safe during the pandemic.

The home was well-maintained internally and externally, and was found to be clean, bright, and free from obvious trip hazards and obstructions. Care receivers were protected from infection by various infection control practices and measures. During the visit, the Regulation Officer spoke with a member of the housekeeping team, who described their responsibilities and explained the enhanced programme of cleaning that had been developed in response to the pandemic.

All staff were observed wearing protective equipment and the manager provided a copy of the home's policy in relation to infection control protocols. The physiotherapist described the systems in place to control risks associated with the hydrotherapy pool by regular maintenance and monitoring of the water quality. The pool area is covered by overt closed-circuit television cameras (CCTV) which is incorporated in the home's policy and provides details of its purpose. Ordinarily the main door to the home is unlocked during the day which evidences that care receivers are free to exit the building whenever they wish.

There are measures in place to protect care receivers from being harmed and to promote their safety and respond to incidents and accidents. All staff receive training in safeguarding, and care staff spoken with during the inspection described their responsibilities in keeping care receivers safe. Staff described the procedures and processes in place to report any concerns relating to care receiver's welfare and wellbeing. The home's safeguarding policy was examined which confirmed the content reflected local safeguarding procedures. The induction programme refers to whistleblowing procedures.

All staff were consistent in describing the reporting processes directly to the manager or CEO. Discussions during the inspection with care receivers also highlighted their confidence in approaching both the manager and CEO should they have any concerns and were aware of their regular presence in the home. One care receiver told the Regulation Officer that they had been informed that an inspection was taking place and that the manager had encouraged them to be open and honest in expressing their views of the home and criticisms if necessary. All care receivers

spoken with described confidence and openness with the home's management team.

Copies of the home's essential policies which include the arrangements for safeguarding, are provided to care receivers and their representatives which includes information about the home's complaints and gift policies. One family member confirmed they had been provided with the policies. The gifts policy was reviewed during the visit and the management team recognised that it needs to be made clearer and agreed to address the policy straight away. After the inspection, a revised version of the policy was provided to the Regulation Officer which demonstrates that the home is receptive to suggestions to change and prepared to act swiftly upon recommendations.

During the inspection, it was found that the home receives some monies on behalf of care receivers from the social security department, although there was no policy or guide in place to support the management of such funds. This was accepted by the management team who acknowledged this oversight and agreed to address this matter straight away.

A medicines management inspection was undertaken on 30 October 2020 by a Senior Pharmacist from Health and Community Services on behalf of the Commission. The findings from the visit were shared with the Regulation Officer and it was positive to note that the suggestions made by the pharmacist had been resolved and addressed during the inspection. Samples of medication administration records were reviewed which evidenced that care receivers had received their medication consistently in accordance with the directions to administer. One registered nurse explained that the stock balances of controlled drugs are monitored and checked regularly.

Care receivers' representatives described their experiences of the home and explained that they have every confidence in being able to contact the home at any time and any questions they have had are responded to promptly. One person commented "during the last few months, where life has been challenging the home have never failed to keep the residents safe and happy".

One health professional commented that the home had taken a sensible approach during the initial stages of the pandemic when considering whether visits to the home were essential.

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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The home's complaints policy which was examined during the inspection describes the process to be followed in the event of a complaint being received. The manager

provided details and records which described the approach which had been taken in responding to a complaint made by a family member during the previous year. During the inspection visit the care receiver who was involved in the complaint provided complimentary feedback relating to the relationships which they had formed with the staff team and of the overall standard of care provided.

The manager described a situation where one care receiver and their representative had provided some negative feedback of their experiences in the home. The manager explained the processes and actions that had been put in place as a consequence and described the ways in which the views of the care receiver had been listened to and appropriately responded to. During the inspection visit, the care receiver spoke of their experiences which suggested that there are some variances in the compassion displayed and abilities of staff. The manager was informed of this during the inspection and agreed to address the issues raised and to keep them under review.

The manager provided the Regulation Officer with the family member's contact details in order that they could provide their views as part of the inspection process. Feedback from the care receiver's representative confirmed that there were some issues that had caused them concern, although they had noted some improvements recently. They confirmed that they had received a copy of the Complaints Policy.

Discussions with some care receivers and staff, confirmed an understanding and awareness of the ways in which to raise concerns and complaints. All people spoken with described a confidence in the manager and CEO to listen and act upon any concerns raised.

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

The manager is a registered nurse, employed on a full-time basis, and maintains a regular presence in the home. She is in the process of completing a management qualification. During both inspection visits, the manager and CEO were visible on the floor chatting with staff and care receivers and there is a member of management on call at nighttime and weekends. The manager described that the staffing levels had been reviewed recently to ensure that they were adequate to meet care receivers' needs which resulted in an increase in registered nurses and care assistants available on each shift. This is an example of good practice.

The Safe Recruitment Policy was reviewed during the visit. This had recently been reviewed and describes the recruitment process which is followed when new staff are recruited. A number of staff of all grades had been recruited recently which was part of the home's contingency arrangements in response to the pandemic. An examination of staff files confirmed that overall, a consistent and safe approach to recruitment is followed. One oversight was identified during the inspection, which

was brought to the attention of the staff and was rectified immediately. Staff files confirmed that the home ensures nurses are registered under local legislation and with the Nursing and Midwifery Council.

A member of staff who will focus on Human Resources (HR) issues had recently been recruited and was due to take up employment in March. It is anticipated that their role will involve centralising information into one system and conducting an audit of all staff files. This position has arisen from the home's review of existing systems and practices and an acknowledgment that some improvements could be made.

The manager and CEO were transparent in sharing the outcome of a recent staff survey that had been undertaken. This showed that all staff were offered the opportunity to express their views relating to the strengths and weaknesses of the home and provided the management team with an understanding of how satisfied staff are in their roles. The manager and CEO provided an overview of the action plan that aims to address the feedback from the survey. One positive outcome of the survey confirmed that staff had an understanding and awareness of their roles and of how they can contribute to enhancing care receivers' lives.

The induction programme for newly recruited care and registered nurses was examined. This showed that new staff are provided with information and support to be able to provide care in line with expected standards. The induction programme for care staff was different to that for nurses and did not direct care staff to the home's policies. The management acknowledged this variance and agreed to review both induction programmes.

Two members of staff described a positive induction programme and confirmed an awareness of the home's policies. One member of staff, who reported they had recently been appointed, confirmed they were not yet aware of the home's policies and procedures. The policy for staff supervision was examined and it was confirmed that all staff receive regular supervision and an annual appraisal.

A number of care staff have completed vocational awards in health and social care at Levels 2 and 3 and one member of staff is progressing through a Level 3 award. The manager described that staff complete training in a range of subjects; however, it was noted that there was an absence of training provided in relation to physical disabilities and neurological conditions. This is an area for improvement.

Staff members who were spoken with during the inspection, were complimentary of the home's management team and described having confidence with the leadership and running of the home. The home's management spoke positively about the hard work and dedication of all staff during the pandemic and made particular reference to their efforts over the Christmas period.

Feedback from one health professional was complimentary of the professionalism of the staff team. They described that they were knowledgeable about individual complex needs and that the nurses have a clear understanding of the importance of identifying the needs, wishes and preferences of care receivers towards the end of

their life. They described a situation where the care receiver was able to voice their wishes with regards to their preferences for future care.

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.

Samples of care receivers' care records were examined which found that they contained assessments and care plans mainly relating to physical care needs. They showed that care receivers' health conditions were monitored, that referrals were made to health professionals as appropriate and that care plans were consistently reviewed and updated.

However, there was an absence of personalised care-planning which fully evidenced that care receivers and/ or their representatives are involved in decisions relating to care planning arrangements. Some entries in the records were noted to be repetitive in nature and plans were not always available in relation to how care receivers maintain friendships, receive support with finances and sensory stimulation for example. This is an area for improvement.

The Regulation Officers observed the evening mealtime experience and how staff interacted and engaged with care receivers. There were several care receivers in the dining room, and it was felt that the evening mealtime dining experience was rushed, noisy and busy with staff appearing to be focused upon the task of delivering and assisting care receivers with their meals. One care receiver described the variance in noise levels during the evening meal in comparison to breakfast. Staff did not seem to recognise or fully appreciate the sociable aspect of this time for care receivers and there was little evidence of people remaining at the table socialising once meals were finished. This was raised as part of the inspection feedback with the management who agreed to review and monitor mealtime activities.

Care receivers were observed spending time in the hydrotherapy pool, and it was obvious to see that they benefitted immensely from spending time in the pool. The physiotherapist described the improvements in care receivers' wellbeing which included both physical improvements and having greater confidence and a feeling of being in control. Two care receivers spoke of their enjoyment and pleasure at having frequent access to the hydrotherapy pool.

There was a range of equipment noted throughout the home to enhance care receivers' independence; however, there was an absence of sensory equipment available. Considering there are some care receivers in the home who could benefit from such equipment to purposefully target their tactile, visual, and audible senses, this is an area for improvement. It was positive to note, that subsequent to the inspection visit, the CEO provided the Regulation Officer with a plan as to how such equipment will be sourced.

One care receiver described their difficulty in attracting staff attention when they were using the dining room as they did not have access to a call bell. Another care receiver spoke of an alternative call bell that had been provided for them but explained that this was still inadequate. This was raised during the inspection and the manager agreed to explore alternative options.

One of the registered nurses described the measures in place to prevent care receivers from developing pressure ulcers. They described that despite several care receivers having difficulties with their mobility needs, one person had a pressure sore at the time of inspection, which had been acquired before they came into the home.

Comments from care receivers and their representatives of their experiences included;

“It’s great, and a lovely place. I’m well looked after, they do what they can for you, there’s no problems and you’re treated very well. The girls checked on me this morning to see if I was happy with everything and they always check to see if things are done right. I know I can speak to Lily and Donna anytime”

“Medicine is great, but brain exercise is great too and the social aspect of being here is therapeutic”

“It’s lovely and if I need help, I just ask for it, the staff always help me. You can do what you like here, there are no restrictions. I feel safe here and there’s nothing that gets me down”

“It’s great, I have a great relationship with the staff. The food is first class, I’ve got my own stuff and I’m alright”

“The physio and aqua therapy staff are always hardworking at helping a resident to develop their motor skills. Especially during the first lockdown during the most challenging days for them the team was enthusiastic to keep the residents going and having some fun to promote a positive health and wellbeing”.

“In respect of care, I cannot fault the staff. They always ensure that each resident’s requests are fulfilled to the best of their abilities, something which from a personal experience makes a resident feel that they are at home which is essential for their recovery”.

One family member described their experiences and observations which confirmed that their relative was in poor health at the time they were admitted into the home. They described that due to the significant efforts of the staff team, their relative’s health and overall condition had improved immensely, which was attributed to the motivation of the staff team to encourage engagement with health professionals and adherence to medication management. The relative confirmed that they have observed the staff team to be very patient with care receivers.

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's system for regularly reviewing the quality of services provided was explored during the inspection. Several reports that were completed last year were examined. The quality assurance system in place gathers information about the home and the provider has a nominated representative to provide additional oversight and monitoring of the home. Discussions with the management team confirmed that they reflect on ways of working to see if there are better ways of working to improve outcomes for care receivers. The registered manager also makes regular checks to make sure the home is running as expected and it was apparent that they are responsive in taking corrective action where necessary.

IMPROVEMENT PLAN

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

<p>Area for Improvement 1</p> <p>Ref: Standard 2.4</p> <p>To be completed by: with immediate effect</p>	<p>Personal plans must evidence the involvement of care receivers and provide details as to how their goals will be achieved.</p> <hr/> <p>Response by registered provider:</p> <p>All care plans are re-evaluated and updated as required.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 6.3</p> <p>To be completed by: 6 months from the date of this inspection (16 August 2021)</p>	<p>The registered provider must ensure training is provided for staff in subjects such as physical disabilities and neurological conditions which are described in the Statement of Purpose and are specific to the conditions of registration.</p> <hr/> <p>Response by registered provider:</p> <p>Training reflecting physical disabilities and neurological conditions will be completed by 16.8.2021.</p>
<p>Area for Improvement 3</p> <p>Ref: Appendix 10 Standards for Care Homes (Adults)</p> <p>To be completed by: 6 months from the date of this inspection (16 August 2021)</p>	<p>The registered provider must ensure sensory equipment is provided and made available to care receivers who may benefit from such equipment.</p> <hr/> <p>Response by registered provider:</p> <p>Sensory equipment will be provided for care receivers within 6 months by 16.8.2021.</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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