



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Le Geyt Adult Day Centre**

**Adult Day Care Service**

**La Grande Route de St Martin  
Five Oaks  
St Saviour  
JE2 7GS**

**12 and 17 May 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 Le Geyt Day Centre. The service is situated in an area known locally as Five Oaks in the Parish of St Saviour and near to local shops and some community facilities. The centre is located on a very good bus route which enables care receivers, including those who are wheelchair users to have access to the building. The service also has access to some vehicles which along with public transport, enables care receivers to access a range of community facilities and social activity as part of their care plan, that may be coordinated from the centre.

The service was registered with the Commission on 6 November 2020 and is a large single storey building which incorporates a number of spacious rooms. These provide a range of therapeutic environments and include a large communal dining/activity room, a sensory kitchen, a hobby/craft room, a games room, a relaxation room, and a sensory room. There is also a large garden area to the rear of the building which at the time of the inspection, was underutilised, due to limitations of accessibility. The garden will need some attention to make it fit for use by service users.

The centre is open five days a week, Monday to Friday, with core hours identified in the Statement of Purpose as being 8.30am to 4pm. The service provides transport and assistance to get to and from the centre and is staffed by a full-time manager, two deputies and team of care staff with relevant qualifications which include QCF level 2 and/or 3.

At the time of the inspection, the service was restricted in its capacity due to the Covid-19 pandemic as an adherence to government guidelines had reduced the number of care receivers being received into the centre at any one time. On both days of inspection there were 14 care receivers accessing the centre.

The service's aims and objectives as described in the Statement of Purpose is to *'provide essential respite ensuring that health and care services are available enabling more people with a learning disability, autism and/or associated conditions*

*to live in the community. By providing this, we also give family/unpaid carers a break from their caring responsibilities”*

Regulated Activity	Adult day care service
Conditions of Registration	<u>Mandatory</u>  Type of care: Personal care and personal support, Nursing care Category of care: Learning Disability, Autism Maximum number of care receivers: 30 Maximum number in receipt of personal care / personal support: 28 Maximum number in receipt of nursing care: 2 Age range of care receivers: 18 years and above
Dates of Inspection	12 and 17 May 2021
Times of Inspection	8.30am – 1.30pm and 12.30 – 3pm
Type of Inspection	Announced
Number of areas for improvement	Two
Number of care receivers using the service on both days of the inspection	14

The Adult Day Care Service is operated by Government of Jersey, Health and Community Services and the registered manager is Lisa Neely.

The discretionary conditions made on the service’s initial registration 6 November 2020, to provide a clinical room better suited to meet infection control requirements, have now been suitably addressed. In addition, the discretionary condition relating to the manager’s qualification has also been met. This was confirmed from formal correspondence received from the registered manager which resulted in a revised certificate being issued following the inspection visit, with no discretionary conditions now recorded.

## **SUMMARY OF INSPECTION FINDINGS**

The following is a summary of what was found during this inspection. Further information about findings is contained in the main body of this report.

The day care service was observed to be delivering effective and person-centred care with a high staffing ratio, which was reflective of the specific care needs identified in care plans and the Statement of Purpose. The Regulation Officer noted the level of interaction and engagement by staff with care receivers as being warm and supportive with a positive and relaxed atmosphere promoted throughout the centre.

Engagement with care receivers by the Regulation Officer was limited but their relaxed and comfortable presentation when being supported by staff was clearly evident throughout the inspection visits. Choice of activities and planning for the day is promoted as observed in practice by some of the interactions between staff and care receivers. This was also confirmed from the follow up enquiries made of relatives who were contacted after the visits.

Systematic reviews and evaluation of care that is provided was also evident from information provided in discussion with the management team and staff. Feedback received from relatives provided examples of how this takes place in practice.

It was noted that there was the potential for unnecessary duplication of the care planning process and of the recording of care and support which was provided. It was evident that the electronic recording system (Care Partner), was used by staff alongside other means of recording information. This was viewed as being both time consuming and unnecessary given that relevant key records were maintained in hard copy and retained on site. It was also noted that the essence of care being promoted in the centre is based around social activity and so care records relating to this should be readily available to the care receiver in the most helpful and understandable way and that is easily accessible. This was not clearly apparent by the different systems being utilised.

Whilst it is acknowledged that Care Partner is currently used as a means of making recordings in the day centre, consideration needs to be given to a more user-friendly and accessible means of recording information. The current arrangements should be reviewed to ensure that care receivers and / or their families are directly involved in the care planning process and daily activities when attending the centre

The service is reviewed as part of a monthly audit cycle which is undertaken as part of peer review by an associate manager of another day service. One area for improvement was identified to formalise and record routine maintenance schedules in a more accessible format and that can be reviewed regularly as part of this audit cycle

## **INSPECTION PROCESS**

This inspection was announced and notice of the inspection visit was given to the registered manager two days before the visit. This was to ensure that the registered manager would be available during the visit and to confirm the service's infection prevention and control arrangements. This was the first inspection since the service became registered and was carried out by one Regulation Officer.

The Adult Day Care Standards were referenced throughout the inspection.<sup>1</sup>

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

This inspection focussed on the following lines of enquiry:

- **Information about the service**
- **Planning care with care receivers**
- **Making decisions which respects lifestyle wishes and preferences**
- **Approaches to care and welfare of care receivers**
- **Activities that reflect preferences and lifestyle**
- **The service provided will be reviewed regularly**

Prior to the inspection visit, all the information held by the Commission about this service was reviewed. This included the discretionary conditions which had been imposed upon the service's registration and which had required actions within specified timelines.

The Regulation Officer sought the views of some of the people who use the service and spoke with managerial and other staff. The Regulation Officer observed handover of allocation of roles and responsibilities at the beginning of the day which involved a number of staff who would be supporting care receivers. Four staff were spoken with directly about their work and about their understanding of their roles and responsibilities. Seven relatives were contacted after the visits to gather further information about how the service operates to support their loved ones and one Healthcare Professional provided some direct feedback on the first day of inspection.

During the inspection, records including policies, care records, staff induction programme and appraisal documents, feedback meetings and quality monitoring records were examined. Copies of some of these documents were also provided for reference as were duty rosters. A sample of recruitment records relating to the staff members most recently employed to work in the centre, was undertaken separately to the inspection visits at the provider's Human Resources department.

The inspection included a tour of the building and of some relevant outdoor areas to the rear of the building which were subject to some enquiry about usable outdoor space. The Regulation Officer spent time in the communal areas and was also able to make observations of care receivers participating in their chosen activities and in clearly defined therapeutic areas, for example the sensory room and the sensory kitchen.

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

This report sets out the 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 is attached at the end of the report.

## INSPECTION FINDINGS

### Information about the service

Reference was made to Standard 1 of the Adult Day Care Standards which states: "You will be given information that is shared in a way that you understand. This will tell you and others about the service and how you will be cared for."

The Statement of Purpose describes the nature and range of services to be provided which is consistent with the certificate of registration. A discussion with the recently appointed registered manager confirmed their understanding of the aims and objectives of the service.

The registered manager and their deputies were able to describe the ethos of the service as one which is focussed on social activities, but which also incorporates a range of specific care needs of individuals. Some care receivers require specialist support during the time which they spend at the centre. For example, some care receivers need support with transfers from wheelchairs, in receiving specialist nutritional support, in respect of communication difficulties and in monitoring seizure activity and maintaining safety for such episodes. These require close monitoring and coordinated approaches with input from family and significant others as necessary.

Engagement with care receivers and their families appeared well developed with evidence provided of some of the processes the centre follows to establish the wishes, preferences, and choices of care receivers. An example of such engagement was in relation to the types of activities which care receivers may wish to participate in. This can take the form of direct engagement by use of pictorial aides and questions for example, or the canvassing of views in a more structured way to ensure that care receivers' views are captured as part of annual reviews and evaluations. A review of care records demonstrated the good standards being followed in both eliciting and recording information relating to individual care needs and of how these might be met. The "All about me" documents are a good example of how care receivers' views are sourced and recorded.

Relatives who were spoken with confirmed this process and the positive engagement with their loved ones by the care staff and managers. Some examples of the feedback received is recorded as follows:

*"Only glowing references to give, service is second to none"*

*"Staff are fantastic, xxx loves it".*

*"Love it, absolutely love it, staff are amazing"*

*"xxx has come on leaps and bounds (since attending)"*

*"Absolutely brilliant"*

*“Staff very skilled in managing xxx”*

*“My xxx gets very upset when can’t attend”*

*“Staff values xxx abilities”*

*“I can’t praise them enough”*

*“Absolutely bent over backwards during lockdown”*

*“Enthusiasm to make things happen was extraordinary”*

*“Really happy, really seems to enjoy it and very dedicated staff”*

*“Staff have been brilliant throughout lockdown”*

*“Great team”*

In more conventional times, the centre can support up to 30 care receivers at any one time, but due to the pandemic and government guidelines being followed, this number has been limited to 14. However, it was clarified that if the maximum number of 30 care receivers were to be supported at the centre during the existence of Covid-19 in Jersey, this would need very careful management and planning to ensure that space could be used appropriately and that activities could be effectively delivered.

The organisation and management of the service was very well demonstrated by the systems which were in place for all staff to follow. This included effective and well used communication systems, the use of daily verbal handovers and the allocation of roles and responsibilities for each member of the team to support care receivers. This is supported by the “Hub Folder” which records allocations and any specific care needs or important care tasks that staff may reference throughout the day. This was seen in practice and demonstrated to be an effective and well- structured planning tool which ensures that care is appropriately coordinated and monitored throughout the day.

Care receivers may be conveyed directly to and from the centre by relatives and/or staff who may utilise the centres specialist vehicles. At all such times, relevant information sharing takes place between all parties including care receivers. This was observed in practice during the visits by the Regulation Officer.

The therapeutic environment and stimulating and nurturing activities which are promoted in the centre to support individuals, was demonstrated consistently from observations made. The essence of how the service operates was also clearly conveyed from the information provided by staff and from observations made of the delivery of activities, which were seen to be well-organised and managed.

The registered manager clarified the process which is undertaken when processing referrals into the service and how information is shared between the service and those wishing to access the service. For example, Social Workers, Community Nurses or relatives of potential service users. It was highlighted how care needs and

care plans will be developed of new care receivers at the earliest engagement. This will cover any transition period between first considering the referral to the taking up of any activity in the centre.

The service aims to provide a range and choice of activities and to promote community inclusion. The range of activities on offer include support to access the community. The registered manager confirmed some of the methods which are used to share information. These included welcome packs which set out what the service provides and how it achieves this. It was also noted that this may be provided in other languages such as Portuguese.

One relative highlighted the role of keyworkers who support care receivers to reach their potential and that aspirations are encouraged within this process. This was also observed during the inspection visit and confirmed from direct engagement with members of staff. One member of the team conveyed very clearly their understanding and role in supporting an individual to achieve some aims and objectives as part of their planned care. The records reviewed evidenced the regular update and review of care plans and there was also evidence of ongoing contact with relatives to discuss care plans.

### **Planning care with care receivers**

Reference was made to Standard 2 of the Adult Day Care Standards which states: "You will be cared for and helped in a way which has been planned with you."

A review of care records found them to be of a very good standard, with supporting information for individuals' care needs also included. It was positive to note that personal history is recorded in the "All about me" documents.

The person-centred approach and individualised records which relate to identified needs were very well evidenced and the Regulation Officer was able to note and give positive feedback to the manager about these findings. These were commendable in the style and content as recorded by keyworkers for example.

It was positive to note that for one care receiver, they had limited "care plans" on file which was reflective of their level of independence and abilities when using the service. For another care receiver however, due to the complexity of their care needs and higher level of dependency on carers, they had a larger number of such plans. This demonstrated a person-centred approach rather than routine and onerous care plans being generated unnecessarily.

Seven care records were viewed in total, but this required navigating several recording systems. Hard copies of records were held on site in a different format from the electronic system (Care partner). It was evident that there was some duplication. Such duplication of recording is likely to be both onerous and unnecessarily time-consuming. More importantly however, it was noted that this could potentially fragment and dilute the otherwise good care planning principles which were clearly evidenced from the hard copy format.



Whilst the Commission's role is not to stipulate which recording system a regulated activity should use, it became apparent from a discussion with the registered manager and deputies that the existing system does not lend itself to the principles of person-centredness, efficiency and engagement. An area for improvement was therefore identified which requires that the existing systems of recording are reviewed to ensure that the care plan is available to the care receiver in the most helpful and understandable way and that is easily accessible.

On both days of the inspection, the centre was found to be a calm but dynamic care environment. Staff were observed to be carrying out their individual roles in an efficient and skilled manner. Engagement with care receivers was being promoted through small group activities or 1:1 interaction and with person-centred approaches noted from a variety of communication skills being used.

Care receivers are routinely included in creating activity planners and reviews of these planners are undertaken as part of feedback sessions or through keyworker engagement. From this process, timetables are drawn up that provide some reference for all parties and which promotes an ongoing cycle of activities which are provided both at the centre and in the community.

One relative confirmed the variety of activities which are provided but also noted that where distressed behaviours were observable by staff, they would make immediate adjustments. It was further clarified with the relative that this is a specific approach which is fundamental in supporting identified needs and where some behaviour was considered a means of communication, staff were very well-trained to recognise and respond accordingly.

### **Making decisions which respects lifestyle wishes and preferences**

Reference was made to Standard 5 of the Adult Day Care Standards which states: "You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences."

The Regulation Officer was invited to observe handover at the commencement of the day. Staff were allocated roles and responsibilities that provided a framework for care receivers to receive care in a consistent and coordinated way by identified staff. It was noted that communication boards were utilised to assist care receivers to identify which staff were on duty throughout the day. It was apparent throughout the inspection visits and in discussions with staff members, that staff communicated respectfully with care receivers, being considerate of individual preferences.

The staffing levels were of a high ratio which enables the right levels of support to be provided in meeting a range of care needs. Social activities and engagement are central to the function of the service and this was seen in practice by the interactions between staff and care receivers and the activities which were taking place.

One care receiver was observed being supported in a way which promoted their autonomy and independence both when arriving at the centre and on leaving later in the day. During the day, this care receiver was observed carrying out activities independently or in small group settings. In observing this, it was apparent that there was an appreciation and understanding of their wishes and preferences at different times of the day. Supplementary information provided by their relative provided further evidence of how this Standard was being well met for this individual and with aims and objective being discussed between care receiver, keyworker and relative.

The style and quality of templates as activity planners for example demonstrated a respectful approach to best promote and enable care receivers to enjoy and benefit from activities that meet their wishes and preferences. These documents were colourful and used pictorial cues and which care receivers were able to recognise and respond to, this enabling them to express themselves

The provision of cooked meals was suspended at the height of the pandemic in 2020. This is in the process of being reviewed as restrictions are eased. The registered manager explained that there is a proposal to use the large kitchen as an area where skills-based activity, relating to shopping and cooking, could be facilitated. The delivery of this project would embed the principles of choice and planning into care provision.

Relatives who were consulted as part of this inspection, expressed that the provision of a cooked meal would greatly benefit care receivers. The manager confirmed that there would be a need to make adaptations to the kitchen, before the project could become viable. However, there would be a process of engagement and consultation with stakeholders and it is considered that the project would further enhance the facilities at the day centre and the opportunities which are offered to care receivers.

Care receivers currently bring packed lunches in the absence of there being cooked meals provided. Staff work with families to monitor and support nutritional requirements, where this relates to care receivers' health needs and ensure that any information relating to nutrition is communicated.

Observations made during the lunchtime break was of a relaxed environment being promoted by staff, with care receivers being supported in different ways, for example discreet observation to promote independence while maintaining safety. In addition, some care receivers may require more assistance and it was evident that this is provided in an unrushed and considerate manner. One care receiver was noted to require specialist feeding equipment. These needs are met and only staff who are suitably trained are allocated to undertake this.

### **Approaches to care and welfare of care receivers**

Reference was made to Standard 6 of the Adult Day Care Standards which states: "Your care will be provided with consistency by competent care and support workers who have the necessary training and qualifications to meet your needs."
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The staff group demonstrated a confident and assured manner with the care receivers and were also receptive and helpful throughout the inspection process. Those who spoke with the Regulation Officer were able to convey with assurance, how they support care receivers and demonstrated very good level of underpinning knowledge about the individuals they spoke of. Furthermore, the manner of how they spoke about individual care receivers demonstrated a respectful and person-centred approach. This was also confirmed from the discussions which the Regulation Officer had with relatives and others outside of the inspection visits.

Staff are recruited safely although the recently appointed registered manager was not fully appraised of the systems or personnel associated with requesting key information such as references and Disclosure and Barring Service criminal record checks. This information should be available for review by the manager at any time. The registered manager was however fully aware of their responsibility in this matter as they possessed previous experience as a registered manager. The contacts with key persons was subsequently confirmed as part of an audit of sample recruitment records undertaken with the Human Resources department.

Staff are recruited in accordance with the Government of Jersey's recruitment and selection policy and this is managed centrally by the Human Resources team. A review of a sample of staff files was undertaken on 19 May 2021 and confirmed that a safe approach to recruitment is adopted. Staff files will include an application form, full employment history, details of referees, statement of personal qualities, proof of identity and right to employment and a signed declaration form by the applicant that they are not disqualified from working with vulnerable adults due to previous offences.

From sample of duty rosters, the staffing arrangements were noted to be adequate and in line with the Statement of Purpose and stated care needs. The team on duty were made up of experienced staff (22 in total employed to work in the centre) which included 6 with accredited QCF level 2 and two undertaking this training. Five staff have level 3 and with one undertaking this training. It was also noted that one of the staff competently undertakes an assessor role and will be undertaking the QCF level 5. The registered manager also confirmed that they have recently achieved this award which was subject to a discretionary condition of their registration.

The training log was viewed, and it was evident that online virtual college is utilised for some topics, which is supplemented by in-house training also. The attention which is given to staff development was highlighted. This includes the closing of the service for two days each year to incorporate some focus on the team and how it works to support its care receivers. There is a strong ethos promoted to support new staff within a clear framework of "induction and probation" and that is further supported by "mentorship supervision". Training is therefore provided for staff, with 1:1 supervision and appraisals included in the overarching training and development of individuals and team.

There is limited provision of nursing care in the centre. A Registered Nurse (RN) is accountable for this but the provision of nursing care is limited in number to two persons at any one time. There was no nursing provision during either of the inspection visits. The provision is subject to ongoing review and planning with

consideration made of resource implications for staffing levels and the use of facilities to best support such care needs. The support and clinical supervision of the RN was discussed with the registered manager and it was advised that some clarification of this role and responsibility may be helpful. This would better ensure that best practice and oversight is clear at an operational level.

All staff who administer medication have completed appropriate training and a brief audit of medication management and storage was undertaken. It was noted that the new clinic room had recently been completed as was required on initial registration. This environment now adequately meets and promotes the expected infection control facility which was previously not available to staff and hindered their practice when supporting nutritional needs for example.

Engagement with key members of the team provided some very positive feedback of the recently appointed registered manager. This was further supported by the feedback received from some relatives who were contacted for their views about the service.

One relative was most complimentary of the team and of the best practice which was noted from how the service integrates new members of the team to support one care receiver who requires a high ratio of staff support. The relative reported the induction and shadowing of new staff that takes place to ensure a sensitive and well formulated relationship can be developed in a timely and unrushed manner. It was also confirmed that good team leader roles are in place at the centre. This promotes effective communication and is helpful in monitoring and maintaining the necessary support for this care receiver.

### **Activities that reflect preferences and lifestyle**

Reference was made to Standard 8 of the Adult Day Care Standards which states: "There will be a range of activities which reflect your preferences and lifestyle."
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The overall environment was found to be in good order. It was well maintained and has generous space which was seen to be being well utilised in facilitating both individual and group activities across the variety of rooms.

It was noted that an area to the rear of the building was not available or accessible to care receivers. It was apparent that if this area was adapted to improve accessibility, it could provide an enhanced care environment to further promote care receivers' well-being. Ease of access to outdoor space during the time spent at the centre would undoubtedly promote natural sensory stimulation and could increase the variety of social activities for care receivers which otherwise are well provided within the interior of the building.

The centre was seen to be vibrant and dynamic in nature supporting a wide range of activities throughout the large building, whilst also promoting privacy and providing quiet areas that care receivers were able to benefit from. For some care receivers this was highlighted as being key to their care-planning and support provision, enabling tailored packages of support to be provided in the safest and most supportive of ways.

The wide range of activities provided, were set out in some of the documents provided for review and were also observed in practice. These were also referenced in care plans that were seen to include accessing the beach, beauty club, "Fun Friday", recycling, gardening and forestry skills, and "Community out and about". Allocation of activities that care receivers are involved in was seen from records and it was apparent that due consideration is given to group size, individual preferences and skill mix.

The Regulation Officer was able to also observe some spontaneous activity which one member of the team had initiated with a care receiver while waiting for lunch to start. This entailed playing some instruments which the care receiver evidently was enjoying.

Different styles and methods of communication were seen to be widely used by staff to promote and facilitate activities and it was also apparent that person-centred approaches are adopted in promoting care receiver choice. Specifically, care receivers are provided with the choice to opt in or out of activities as they prefer. This approach promotes a service which focusses on the wishes and preferences of care receivers and which avoids an institutionalised practice.

### **The service provided will be reviewed regularly**

Reference was made to Standard 11 of the Adult Day Care Standards which states: "The care service will be checked and reviewed regularly to sort out any issues and make things better for you and others."
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The quality of care and support provided is suitably monitored and it was well evidenced as to how the centre endeavours to ensure that care receivers and their relatives are fully involved in this process.

The managerial structure is clearly defined, and the operational systems appeared to be very efficient and seamless. This was demonstrated in how staff consistently reference and handover relevant information daily to ensure that care provision roles are undertaken effectively and in a timely manner.

While there were no concerns about the environment or maintenance of the building, the methodology of recording information was found to be fragmented with audit trails either not being easily located or being unavailable. This issue was brought to the attention of the registered manager for review and was recorded as an area for improvement.

Monthly quality reports had been completed however there had been some inconsistencies in determining who should compile this document. Whilst this was not a matter of major concern as the most recent copies were provided for reference during the inspection, the registered manager was advised to clearly establish with line management who may be best placed to carry out this monthly review.

## IMPROVEMENT PLAN

There were two 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 2.7</p> <p><b>To be completed by:</b> 2 months from the date of inspection (17 August 2021)</p>	<p>Care planning protocols must be refined in order that care receivers and their families have access to plans which are person-centred, care receiver-led and fully accessible. This refinement should eliminate unnecessary duplication but ensure that minimum data is recorded appropriately and consistently.</p> <p><b>Response by registered provider:</b></p> <p>As discussed on page 8 this had been highlighted by the Registered manager. A clearer care planning process had been agreed and currently being implemented ensuring full accessibility and involvement from the care receivers and their families.</p> <p>All plans will be in place and active by end of July 21.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 7.1</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>Auditable trail for all maintenance schedules of the building and serviceable equipment should be made readily accessible and available within the centre and for inspection by any person requiring such information</p> <p><b>Response by registered provider:</b></p> <p>The current process has been reviewed and although the information is available it is spread across many areas. A centralised system for the day centre has been developed allowing accessibility and availability on site.</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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