



**Jersey Care
Commission**

INSPECTION REPORT

Le Petit Bosquet

Care Home Service

**La Rue de Haut
St Lawrence
JE3 1JZ**

26 October 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 Petit Bosquet care home. The service is situated in the parish of St Lawrence. The property is adjacent to a health centre and pharmacy, and close to a local primary school. There are bus stops in close proximity which provide routes to both St Helier and St Aubin. Car parking is provided for staff and visitors and is accessed via the entrance to the health centre. Access to the home is through a private gate which leads to the garden and main entrance.

The home is registered to provide both nursing and personal care/support. It is a three-storey granite fronted building which was completely refurbished and upgraded prior to registration. The property is located over three floors with communal areas on each floor. There are twenty-six single en-suite bedrooms with additional assisted bathing facilities also provided. The service became registered with the Jersey Care Commission on 31 October 2019.

Regulated Activity	Care Home
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support, nursing care Category of care: Adult 60+ Maximum number of care receivers: 26 Maximum number in receipt of personal care, personal support: 6 Maximum number in receipt of nursing care: 20 Age range of care receivers: 65 years and over

	<p>Maximum number of care receivers that can be accommodated in the following rooms: Bedrooms 1-12 & 14 – 27 one person Bedrooms 21 – 26 One person (for the provision of personal care/personal support only).</p> <p><u>Discretionary</u></p> <p>As the Registered Manager Amanda Jones must complete a Level 5 Diploma I Leadership in Health and Social Care by 18 June 2024</p>
Dates of Inspection	26 October 2021
Times of Inspection	7:30 am to 5:50pm
Type of Inspection	Announced
Number of areas for improvement	Two
Number of care receivers accommodated on the day of the inspection	26

Le Petit Bosquet is operated by LV Care Group and the Registered Manager is Amanda Jones.

Since the last inspection on 4 and 11 March 2020, the Commission received a notification of absence of the Registered Manager in July 2020. The notification included details of the registered provider's arrangements to ensure that the service had a suitable interim management plan in place. A Registered Manager application was received in October 2021 but was subsequently withdrawn. A further Registered Manager application was received in April 2021 for Amanda Jones and this was approved by the Commission on 18 June 2021.

As a result of changes in management and staffing, an updated copy of the service's Statement of Purpose was submitted to the Commission in April 2021.

Three applications have been received by the Registered Manager to vary conditions on the service's registration. Two were received in May 2021 to request an age variation and a room variation. The third application to vary room and age conditions for one care receiver, was received in August 2021. All applications were approved in respect of specific care receivers' needs. Part of the process included a visit to the home by a Regulation Officer, in order to review bedroom locations and sizes. At the time of the inspection the Registered Manager confirmed that only one of the variations remains in place.

One informal visit to the home was made on the 15 September 2021 by a Regulation Officer to introduce themselves to the Registered Manager and have a tour of the home.

At the time of the inspection, the discretionary condition on the service's registration was discussed with the Registered Manager who reported that she had two modules left to complete and anticipated that the award would be completed by December 2021. The Registered Manager reflected on the experience of undertaking the course and described it as "good learning experience".

The Regulation Officer also discussed with the Registered Manager the impact that Covid 19 has had for the care receivers and staff. The Registered Manager explained that she joined the team at a time when the home was affected by the impacts of lockdown and restrictions which resulted in staff shortages for a period of time. This was a frustrating time for care receivers due to lack of activities and visits from relatives. The Registered Manager explained that the team were also fatigued but have shown great resilience.

The Registered Manager explained some of the initiatives within the home to facilitate social events and family contacts as restrictions have eased. The decision-making processes have included care receivers and their families, with workable solutions being found which promote choices and preferences, while respecting the need for some precautions to remain in place. An example provided was that the home was able to safely facilitate a care receiver's attendance at a wedding whilst ensuring that appropriate Covid testing was in place.

SUMMARY OF INSPECTION FINDINGS

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

Le Petit Bosquet has a welcoming atmosphere which is accentuated by the warm décor and high levels of maintenance throughout the home. Staff contribute to the positive atmosphere through their hospitable and friendly approach to care receivers and visitors. The home is decorated to high standard with comfortable furniture which meets the needs of care receivers. Bedrooms are personalised and the home encourages people to bring their own furniture and belongings when they move in.

The Registered Manager and Deputy Manager have taken up their posts in recent months and are settling into their new roles well. This has been difficult at times due to the challenges of Covid 19, and the Registered Manager praised the efforts of the whole staff team during this time.

The home has a robust process for the recruitment and selection of staff which includes appropriate safe recruitment practices. Once staff are in post there are systems in place to support ongoing training and development. Induction and appraisal are also provided for staff. However, some work needs to be done to ensure that this is delivered in line with the requirements set out in the Care Home Standards.

There is a person-centred approach to the care and welfare of care receivers. This was reflected in the care plans and risk assessments that are in place and in the

interactions witnessed by the Regulation Officer during the inspection visit. Feedback from relatives and professionals was consistently positive in relation to the professionalism and quality of care delivered by the staff team.

The training in place to support care staff in their roles was found to be appropriate to the needs of the care receivers in the home. However, one area which was identified as requiring some review is the undertaking of First Aid training for all care staff.

Staff were observed to be competent during observations made by the Regulation Officer, aware of their scope of professional practice and knowledgeable of the professionals and services available to support them in their roles.

There are several processes in place to monitor the ongoing quality and standards within the home which include feedback surveys, staff meetings, residents' meetings, a complaints log, and monthly quality assurance reports.

INSPECTION PROCESS

This inspection was announced and was completed on 26 October 2021. Notice of the inspection visit was given to the Registered Manager four days before the visit. This was to ensure that the Registered Manager would be available during the visit and to confirm the home's infection prevention and control arrangements.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Staff recruitment, training, and development**
- **Approaches to care and welfare of care receivers**
- **Staff competence relating to categories of care provided**
- **Care home environment**
- **Management of services**

Prior to the inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection reports, notifications, safeguarding alerts, correspondence, and the home's Statement of Purpose.

The Regulation Officer sought the views of five people who use the service and was able to spend a period of time observing activities and daily interactions within the home. Discussions were also held with the Registered Manager and four members of the staff team. The Regulation Officer also attended the morning handover meeting.

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

Following the inspection, six relatives were contacted via telephone and e-mail. The views of six professionals were also sought.

As part of the inspection, documentation including policies, care records, incidents, complaints, induction processes, staffing rotas and training records were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager.

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

INSPECTION FINDINGS

At the last inspection, two of areas for improvement were identified and an improvement plan was submitted to the Commission by the registered provider setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that one of the improvements had been made. This means that there was evidence that the identified repairs to the stretcher lift have now been completed.

It was concerning to note that insufficient progress had been made to address the second area for improvement. This means that the registered provider has not met the Standards in relation to appropriate equipment being in place for the administration of medication during palliative care. However, the Regulation Officer did find evidence of the work undertaken by the Registered Manager to resolve the issue. The lack of advancement has also been impeded by delays due to the pandemic, manufacturing updates, staff training issues and an island wide policy review for the use of such equipment. The provider has given an assurance that they will continue to pursue the purchase of the appropriate equipment. Progress will continue to be monitored by the Regulation Officer.

Staff recruitment, training, and development

Reference was made to Standard 3 of the Care Home Standards which states: "You will be cared for and helped by the right people with the right values, attitudes, understanding and training."

The staff team for the home consists of the Registered Manager, the Deputy Manager, four registered nurses, four senior care workers and 16 care workers. There are currently no vacancies. In addition, there is an activities coordinator in post who supports activities, both in and outside of the home. The team also includes domestic, kitchen, administration, and maintenance staff. The home is

registered to provide nursing care to 20 people and personal care/ support to six. It was at full capacity on the day of inspection with 26 care receivers in residence.

The home has one volunteer member of staff who assists with activities for some French speaking care receivers and those who prefer 1:1 social interaction. The Registered Manager confirmed that all necessary safe recruitment checks, training, and description of role are in place.

Staffing levels within the home were discussed and the staffing rotas reviewed. The home operates with a minimum of five care staff and one registered nurse on shift during the day and three care workers and one registered nurse at night. This meets the requirements for staffing levels as detailed in Standard 3.9 of the Care Home Standards. Through discussions with the Registered Manager and members of the care team, it was highlighted that the home had experienced a prolonged period of staff shortages, however all recognised that this has improved in recent months. The island-wide difficulties with staff recruitment were acknowledged during discussions with the Registered Manager. The Regulation Officer explained to the Registered Manager that when staffing levels are likely to be affected for an extended period of time, a risk assessment should be completed to recognise this issue and look at the contingency planning required to safely maintain quality care provision within the home.

The Regulation Officer undertook an audit of five recruitment files which contained information relating to application forms, interview questions, contracts, and job descriptions. There was also evidence that all safe recruitment checks were in place for each staff member which included a copy of the Disclosure and Barring Service (DBS) certificate and copies of references. The Regulation Officer noted the DBS information in two of the files was not correctly recorded. This was brought to the attention of the Registered Manager who took immediate step to rectify the issue.

There is an established induction processes in place for staff and the induction booklets for two recently recruited staff members were viewed by the Regulation Officer. The booklet includes information on the range of care services within the LV care group, contact details for team members, details of shadow shifts, training to be completed and the tasks to be achieved at various stages of the induction. All tasks were signed as completed and there was clear evidence of regular probation reviews. A copy of the staff handbook was also made available to the Regulation Officer following the inspection. It contains details of contractual terms, policies and procedures and staff benefits.

All staff have access to the Care Academy online training platform. This provides access to all mandatory training courses and a range of supplementary courses which staff will complete depending on the needs of care receivers they support, or for their own personal development. All courses have specified time frames for renewals and reminders are sent to staff when courses are due to be undertaken. The Registered Manager reviews the training logs monthly to ensure that staff are keeping up to date. Staff training logs were viewed at the inspection and found to be up to date.

The Registered Manager explained that First Aid training is not offered as part of the mandatory training programme. However, all staff do receive annual Basic Life Support training. Standard 6.3 of the Home Care Standards identifies the need for all care staff to be trained in First Aid, therefore this is an area for improvement

At the time of inspection, 10 members of the care staff were in possession of either a level 2 or level 3 Regulated Qualification Framework (RQF) or National Vocational Qualification (NVQ) in Health and Social Care. A further six were working towards the qualification, one of whom was ready to complete. This means the minimum requirement set out in Standard 3.9 of the Care Home Standards is being met.

Since coming in to post in February 2021, the Registered Manager set out a schedule for supervisions which were to be co-ordinated by the senior staff team. To date, every member of staff has received one supervision, with some staff having had two. No records of annual appraisals completed by the previous manager could be found at the time of the inspection and the Registered Manager explained that it was her intention to commence the 2021 annual appraisals in December. The Registered Manager is aware of the minimum requirements for supervision and appraisal as set out in Standard 3.14 of the Home Care Standards. The Registered Manager explained that several factors had impacted on the team's ability to complete all supervisions and appraisals as required. This included staff shortages, sickness within the senior staff team and a backlog of probationary reviews for new staff members. While the difficulties faced have been recognised by the Regulation Officer, Standard 3.14 is not currently being met and this is an area for improvement.

A range of HR policies were made available to the Regulation Officer prior to the inspection visit which included recruitment, whistleblowing, and personal safety at work. Upon review, these were found to be satisfactory and up to date.

Approaches to care and welfare of care receivers

Reference was made to Standard 5 of the Care Home 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 reviewed the care plans and risk assessments in place for five care receivers. Records are stored on an electronic system called 'Fusion'. The care plans focused on the activities of daily living and health needs for each care receiver. They were found to be informative and easy to follow. They also focused upon supporting care receivers to be as independent as possible and took account of the wishes and preferences of individuals on how they would like their care delivered. Some examples of this included information on preferred appearance and the routines that they liked to follow. There was clear evidence that care plans are reviewed on a monthly basis with as much input from residents as possible.

Feedback from relatives indicated that they felt they were well-informed and kept up to date with any changes in the needs of their family members. This included being involved in the planning of their relative's care.

Care receivers are included in the planning of their care from the point of initial assessment. Individuals are asked about their goals and aspirations and how they prefer things to be done. Family and friends are also included in the process where appropriate. Individual communication needs and styles are also considered. The Registered Manager gave examples where speech and language therapy assessment recommendations have been incorporated and utilised in everyday activities to enhance communication for all. The home also uses I-Pads as a communication aid for care receivers.

The staff team is focused upon promoting independence for care receivers and ensuring that they are given the opportunity to be as self-managing as possible. Examples given by the Registered Manager ranged from independent medication management, to supporting an individual to improve their mobility in order to return to using a mobility scooter, independently, out with the home.

The Registered Manager shared with the Regulation Officer that that she had discussed with care receivers the possibility of participating in interviews for the recruitment of new staff members. Although some initial interest was shown, they have chosen not to take part to date. The Registered Manager ensures that all care receivers are informed when new staff members join the team. When commencing work, they will shadow an experienced member of the team and will be introduced to everyone.

The home has the support of an activities co-ordinator for 20 hours per week. The co-ordinator has been very pro-active in engaging with care receivers as Covid restrictions ease and held a meeting to discuss potential activities that people would like to get involved in. Copies of the meeting minutes had been viewed by some of the relatives who commented on how positive they felt this engagement was. Suggestions and ideas are currently being trialled. This includes the introduction of church services within the home and developing links with social groups within the local community. On the day of the inspection, a small group of residents were attending a social event at the local church and feedback upon their return was very positive.

The Registered Manager commented that it was “lovely to see people coming alive again”, after the restrictions created by the pandemic were eased, however she had noted a loss of confidence in some care receivers that has come from lack of social outings and interactions for such an extended period. The home has recently recommenced outings on the minibus and the Registered Manager felt that this had made a huge difference.

The Regulation Officer reviewed copies of the weekly activity timetables which include a variety of indoor and outdoor activities and also had the opportunity to witness a music quiz taking place on the afternoon of the inspection visit. Care receivers were engaged in the activity and the interactions between staff and care receivers were very positive. Feedback given to the Regulation Officer by relatives included some suggestions on how to improve leisure and social activities. This included sending photographs to relatives of care receivers participating in activities so they can keep up to date with what they have been doing, and more structured activities based upon particular interests. All suggestions were fed back to the

Registered Manager for their consideration. Positive feedback was also received on the efforts of the activities co-ordinator and the positive relationships that they have with care receivers.

Feedback from care receivers and relatives was consistently positive in relation to the staff team and the care provided. Some of the comments received are captured as follows.

“Communication is first class”.

“There is a proactive approach to care”.

“Staff are so professional”.

“Staff treat residents as they would their own relatives”.

“Staff are like family now”

“A strength is the staff team who are approachable and interactive, always willing to chat”.

“It is a home from home”.

“It is a good home”.

“I have nothing negative to comment about this home and it should be used as a benchmark for other homes”.

There were also several anecdotes relayed to the Regulation Officer by relatives and professionals which described situations where the staff team had gone out of their way to provide care receivers with personalised touches which were reflective of their personalities, styles, and preferences. This was greatly appreciated by care receivers and their families.

Staff competence relating to categories of care provided

Reference was made to Standard 6 of the Care Home 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.”

Discussions with the Registered Manager and members of the staff team identified that care staff know when to escalate concerns and are aware of working within their own sphere of competence. The Registered Manager and senior staff team are aware of the professional services and professionals available to support them in their roles, such as from GP’s, district nurses, dieticians, and occupational therapists. The team will work collaboratively with other professionals in order to achieve positive outcomes for care receivers. This was reflected in the professional feedback received.

The Registered Manager discussed some of the initiatives being undertaken within the home to develop and maintain training opportunities for staff. This includes clinical discussions on specific topics, in-house training for care staff by the registered nursing team and accessing specialist support, such as the Tissue Viability Nurse. There are also opportunities for staff to develop their knowledge through the Care Academy courses in order to enhance the support given to care receivers with specific conditions including Parkinson's and Dementia.

Medication training is available to all staff. The service's minimum standard is to complete the Level 3 RQF in the administration of medication. This is a combination of knowledge-based study, followed by a series of competency observations and assessment. There is also a system in place to review competency of any new members of staff who join the team with a RQF qualification. Any medication errors are investigated, and additional training may be offered if required. The Registered Manager reported that she does not yet have a system in place for annual competency checks for all staff but has plans to do so.

A medication inspection was undertaken by the Senior Pharmacist from Health and Community Services on 13 May 2021. No areas for concern were noted at this time.

The Registered Manager reported that there was one Significant Restrictions on Liberty (SROL) authorisation in place. All staff receive training in Capacity and Self Determination Law (CSDL) which is reflective of Jersey law and practices. The Registered Manager has only recently completed her first SROL application which has given her confidence to submit further applications should they be required and also has an understanding of the process for making a renewal application.

Training in the use of specialist equipment is in place for staff. This is undertaken in-house by a suitably qualified staff member. Contracts for servicing and maintenance are also in place and are conducted on a six-monthly basis.

Notifications of incidents to the Commission were reviewed prior to the inspection and were found to be in line with the requirements of Standard 4.3 of the Care Home Standards. Two areas of note were followed up with the Registered Manager who was able to provide feedback on the actions taken and outcomes achieved.

Care home environment

Reference was made to Standard 7 of the Care Home Standards which states: "The environment will enhance your quality of life and the accommodation will be a pleasant place to live or stay."
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There are plans in place to extend the home to accommodate an additional 16 beds and work is due to commence in early 2022. There is currently some work underway on the neighbouring property which will also include some foundation work for the planned extension. The Regulation Officer noted some noise during the inspection visit but care receivers did not appear to be adversely affected by this. The Registered Manager reported that she keeps this under review and has dialogue with the construction team in order to manage any difficulties which may arise.

The home was found to be warm and welcoming. The furniture and décor are comfortable and provide a domestic appearance. There are three floors with one main staircase and lift providing access to all floors. A second lift is in operation for the use of stretchers, larger equipment and to transport laundry to the ground floor. There are sitting rooms on each floor, with the first floor sitting room providing a hub social and leisure activities. There are also clinical areas on each floor for the secure storage of medicines and medical supplies with a computer station directly outside.

Bedrooms were found to be comfortable and spacious with personalised items of furniture and personal belongings, such as photographs and ornaments on display. One relative commented on how accommodating the home had been when their family member wanted to bring their own bed from home and how this had helped to make them feel more settled. All rooms have en-suite showers and toilets and there are adapted bathrooms on each floor. The Registered Manager reported that facility on the ground floor is not well used as care receivers prefer to use their en-suite facilities.

There is a communal dining room on the ground floor which was observed to be well utilised. However, care receivers can have their meals in their rooms if they prefer. The Regulation Officer observed interactions during the evening mealtime. Care receivers arrived in their own time and chose where they sat, with some people preferring to dine quietly by themselves. There was a calm and relaxed atmosphere with staff taking time to engage with care receivers at a pace and level which was appropriate to their needs.

The home has a large garden area at the front of the property which is regularly utilised during the summer months. The Registered Manager reported that it had also been a valuable resource for relatives visits when the Covid 19 restrictions were in place.

Appropriate infection control procedures were noted to be in place with easy access to personal protective equipment (PPE) available. The Regulation Officer was subject to safety checks relating to Covid 19 which is a standard procedure for all visitors.

There are laundry facilities available on site. These are situated in a separate area of the home away from communal areas.

Staff facilities are also available and consist of a staff room, changing facilities and a staff bathroom.

The home was found to be in a good state of repair. All maintenance and safety logs were in place. The Regulation Officer reviewed the equipment and fire maintenance logs at the time of the inspection, and these were found to be up to date.

Management of services

Reference was made to Standard 11 of the Care Home Standards which states:
"The care service will be well managed."

The Registered Manager and Deputy Manager have been in post since February 2021. The Registered Manager reported that she is progressing well in her role. The team have been very welcoming and supportive. A key focus since coming into post has been to develop relationships and create a positive culture within the home. This has been made easier by the staff teams' willingness to embrace new ideas. It was also positive to note that the Registered Manager feels that she gets a lot of peer support from other managers within the LV Care Group.

There is an up-to-date Statement of Purpose in place. This was reviewed by the Regulation Officer and found to be reflective of the range of services provided.

Monthly quality monitoring reports are undertaken by the LV Care Group Compliance Officer. Copies of the last three reports were made available to the Regulation Officer. Action points are clearly identified, and progress recorded on the following months' report.

Quarterly feedback surveys are undertaken with the staff team and the Regulation Officer viewed the results of the July 2021 survey. Areas covered included, management effectiveness, handling of complaints, quality of training and suggestions for improvements. Several suggestions had been made by team members and the Regulation Officer discussed with the Registered Manager the benefits of checking the progress of the points raised as part of team meetings.

The Regulation Officer also viewed a resident feedback survey from August 2021. There were a range of subjects explored, such as quality of care, dignity and respect, inclusion in decisions about care and the activities offered. Overall, the results were very positive with only the quality of food receiving a mixed response. The Registered Manager explained this has been shared with the chef and he will now meet directly with care receivers to address any concerns or complaints they may have.

Residents' meetings take place every two months. The frequency has been determined by care receivers. The Registered Manager reported that care receivers are encouraged to give feedback openly and to express their opinions freely. This was reflected in the meeting minutes reviewed by the Regulation Officer. Care receivers are given details of the dates and times of meetings and choose if they wish to attend. All care receivers are given copies of the minutes. One relative spoke positively of the residents' meetings stating, "They are a great idea as it gives people a forum to air their views and expectations". Another relative had seen the minutes from a recent activity planning meeting and felt that it was a very positive initiative.

Staff meetings are also in place to support the team and maintain effective communication. Senior staff meet regularly, and full care team meetings take place every three months.

There is a complaints policy in place. The Registered Manager reported that there have been no formal complaints received since the last inspection, however she keeps a record of any informal concerns or complaints raised and details of the outcomes achieved. Relatives that the Regulation Officer spoke to during feedback were clear of the processes they would follow if they wished to raise a concern and were confident that this would be addressed by the management team.

Adequate insurance cover is in place and a copy of the certificate was available to the Regulation Officer following the inspection.

Relatives reported that they were confident in the home's management team and felt that they were swift to respond to any comments or concerns raised. One relative spoke of "feeling listened to", and another commented on their willingness to help.

This was a view echoed by the professionals who commented on the professionalism shown by the whole team and their willingness to work holistically and in partnership with others.

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>Area for Improvement 1</p> <p>Ref: Standard 3.14</p> <p>To be completed by: 3 months from the date of inspection (26 October 2021).</p>	<p>The Registered Manager must ensure that all care/support staff are given regular opportunities to discuss their role and identify any issues through formal supervision and appraisal. Supervision must take place a minimum of four times per year and an appraisal must be undertaken annually.</p> <p>Response by registered provider: All staff who are due appraisals have a date and time booked. Outstanding appraisals will be carried out before the end of 2021.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 3.11 and 6.3</p> <p>To be completed by: 3 months from the date of inspection (26 October 2021).</p>	<p>The Registered Provider must ensure that all staff undergo First Aid training as part of a mandatory training programme and participate in regular updates as specified by best practice and statutory requirements.</p> <p>Response by registered provider: Staff who require first aid training will be booked onto a first aid course within the requested time frame. All staff employed in the home have undertaken basic life support training which covers; CPR, use of a defibrillator, the recovery position and managing choking. This training is updated yearly.</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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