



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Silver Springs**

**Care Home Service**

**La Route des Genets**

**St Brelade**

**JE3 8DB**

**9 and 14 September 2022**

## 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

Silver Springs is a 93-bed care home located in the west of the island, set in large grounds and on a main bus route to town. The care home is also close to a local shopping precinct. The Statement of Purpose (SOP), sets out the aims and objectives which includes that care will be provided in a secure, relaxed and homely environment in which the safety, well-being and comfort of residents are of prime importance.

The care home provides care to residents who are aged 60 and above with a range of personal care and nursing care needs. Within the care home there are a variety of communal areas, where residents can spend their time socialising with others or spend time with family or friends.

The care home was last inspected 9 and 13 December 2021 with no areas for improvement identified at that time.

Registered Provider	Silver Springs Limited
Registered Manager	Sindy Gartshore
Regulated Activity	Care home for adults

Conditions of Registration	<p>Maximum number of people who may receive personal care - 43</p> <p>Maximum number of people who may receive nursing care - 50</p> <p>Age range – 60 and above</p> <p>Categories of care: Adult 60+; Physical Disability and/or Sensory Impairment.</p> <p>Rooms registered for single occupancy: 1-12a; 14-62; suites 1-5; Silver Lea 1-12 and 14-16.</p>
Dates of Inspection	9 & 14 September 2022
Times of Inspection	7.55 am - 1.15pm & 9.45 am – 5.10 pm
Type of Inspection	Unannounced & announced
Number of areas for improvement	One

An application for suspension of conditions due to Covid-19 was received by the Commission on 12 January 2022. This was granted for a 28-day period and subsequently expired on 9 February 2022 although the situation was resolved much sooner than this date.

There were 88 care receivers accommodated in the care home on the first day of inspection.

## **SUMMARY OF INSPECTION FINDINGS**

The following is a summary of what was found during this inspection. Further information is contained in the main body of this report. Overall, the findings from this inspection were positive, with evidence of care receivers benefiting from a service that is well organised and safe. Staffing levels were reviewed at the outset of the unannounced inspection to establish adequate care and nursing staff were on duty to support all care receivers.

The inspection was undertaken at a time of reduced rates for Covid-19 although ongoing infection control measures were still being followed. For example, face masks were worn by staff when in direct contact with care receivers. The Regulation Officer was pleased to note a relaxed approach to visiting times but with suitable monitoring of this activity nonetheless still in place.

The home supports a large number of care receivers across four identifiable areas of the home and is organised accordingly to ensure that safe practice is promoted by the effective allocation and delegation of roles throughout the large footprint of the home. This approach is underpinned by daily briefings (“flash meetings”) held to enable department heads/shift leaders to review any operational requirements or issues of concern arising in any of these areas.

A review of Human Resources (HR) folders demonstrated that safe recruitment practices were in place and followed.

Positive approaches to the care provided were established from observations made by the Regulation Officer who spent the first morning of the inspection circulating around all care areas. This included dining rooms and other communal facilities alongside engaging directly with several care receivers residing in their own rooms. The positive observations were further augmented by some of the feedback received from relatives during and after the visit.

Constructive observations and issues of concern as fielded by the Regulation Officer from some visiting relatives were conveyed to the Registered Manager for their consideration. It was noted from these discussions, that there were comments about the hard-working staff, alongside themes about the staffing levels. However, with reference to minimum staffing levels and observations made throughout the inspection by the Regulation Officer, this was not of concern. The home was noted to be operating regularly above the minimum staffing levels to promote best practice. However, it is acknowledged that there are ongoing challenges in supporting a large number of highly dependent care receivers, some of whom have diagnoses of dementia. This was recognised as an important feature of the ongoing review of all care needs which takes place as confirmed by the Registered Manager and Deputy.

Staff training and development was seen to be adequately provided from a review of the staff-training log and this was confirmed by staff who were spoken with during the inspection. It was also noted that there had recently been some enhancement to the mandatory training topics which are now covered to include dementia care.

The care home environment was not found to be in the order as might have been expected. This is with reference to the works to be scheduled as part of a planned refurbishment which was recorded at the last inspection. Some replacement of boilers was noted as an investment recently undertaken and work was taking place on the very large dining/communal room at time of inspection. However, the protracted timeline for other work to commence is of concern. It remains the case that refurbishment to both the interior and exterior of the building is required. This is an area for improvement.

The organisational arrangements and staff development were discussed with a number of senior staff including the Registered Manager. It was evident that robust systems of governance were in place including that nominated deputies are always available to cover for any Registered Manager absence. It was apparent that the staff team was well-organised, carrying out their duties confidently and competently.

## **INSPECTION PROCESS**

This inspection was commenced with an unannounced visit at 07:55 hrs and with a follow up visit pre-arranged to ensure that the Registered Manager would be available to support this process. The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

The Regulation Officer focused on the following areas during the inspection:

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

- **Safety**
- **Care and support**
- **Training**

Information submitted to the Commission by the service since the last inspection was reviewed prior to the inspection visit. This included notifications and any changes to the service's Statement of Purpose or conditions of registration. Furthermore, some reference was given to Significant Restrictions of Liberty (SROL) authorisations in place, with consideration given to the home's category of care.

A review of the number of death notifications received as routine by the Commission in the last eight months were initially discussed with the Deputy Manager. This specifically with reference to referrals received from other specialist agencies, end of life care pathways and the Gold Standard Framework (GSF) applied in practice.

Reference was made to all formal complaints on file received in 2022, this with consideration for any actions taken by the home that may have been deemed necessary to suitably address such issues brought to their attention.

Twenty care receivers in total were spoken with by the Regulation Office during the inspection visits to provide specific feedback about their experiences and views of the care and support they receive. Five relatives were contacted after the visit to seek their feedback about the care provided in the home. This was in addition to the feedback received from three relatives who were spoken to during the visit. Five healthcare professionals who were noted to have recently visited the home were also contacted to seek any feedback of their views as to how the home operates.

Day one of the inspection incorporated a walkthrough of all floors that accommodate care receivers and took place at one of the busiest times of the day, namely breakfast time. The primary objective of this walkthrough involved indirect observation of care receivers being supported by staff working under their own initiative to respond to needs.

This related to aspects of daily living which included, assistance with dressing, providing breakfast in rooms as well as escorting to communal dining rooms. Over the course of the two days spent in the home, the opportunity was also taken to speak with housekeeping staff, care staff, social activity co-ordinators, senior care staff, and members of the management team including the Deputy Manager and Registered Manager. Individual bedrooms, communal areas, and kitchen was also reviewed during the inspection. Follow up enquiry was made with a Regulation Standards Senior Officer (Food), who it was noted had coincidentally undertaken a routine inspection of the main kitchen facility on the first day.

A review of a sample size of care records across all floors was undertaken. This included care receivers being provided with nursing care and those in receipt of personal care and/or personal support. This review linked with some of the engagement which the Regulation Officer had initiated with the same care receivers. This provided confirmation of the care plans recorded being applicable and relevant to some of the observed and stated care needs of these individuals.

A review of the Significant Restriction on Liberty (SRoL) process and records kept of any authorisations under the Self-Determination and Capacity (Jersey) Law 2014, was undertaken. Confirmation and assurances were provided about the home being able to accommodate these specific needs as part of this process and with consideration and attention duly given to the layout and general purpose of the home. This was as would be expected for the category of care provided which does not have any specific environmental restrictions to prevent ease of entry or exit, irrespective of care receivers being subjected to SRoL authorisations.

On the second day of the inspection, a review of six Human Resources files was completed, with specific attention being given to the process that is followed for actions and the recording of safe recruitment practices. In addition, a review of the training log and staffing levels which are maintained for the staff group was completed and supplemented by discussions/communication with members of the care and management teams.

A review of the provider's quality assurance framework was established from discussions with the Registered Manager and their wider remit and role overseeing an associate home nearby and others in Southern England which is operated by the same provider.

At the conclusion of the first day's visit, feedback was provided to the Registered Manager of a range of observations which had been made. At the conclusion of the second day's visit, areas of good practice were noted, alongside feedback and observations made by a number of care receivers, relatives and staff. This information was conveyed to the Registered Manager, with one area for improvement highlighted at this time.

## INSPECTION FINDINGS

At the last inspection, there were no areas for improvement identified which required follow up review.

On this occasion one area for improvement was made with reference to a general refurbishment plan which was indicated in relation to both internal and external areas of the home.

### **Safety**

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.

The Regulation Officer undertook a review of the policies and procedures in place to support the safe and effective running of the home. This focussed upon the management structure in place which requires appropriately qualified and skilled deputies to cover for any absence of the Registered Manager.



Reference was made to the content of notification of incidents received and actions within care plans to promote prevention of falls, responding to and addressing any complaints if or when upheld, safeguarding, safe handling, medication management, referral pathways and assessment process for all admissions into the home.

Attention was given to audit procedures which are undertaken to measure care activity that may include end of life pathways and death notifications. A review of the total number of deaths recorded and submitted to the Commission in the previous eight months was undertaken by the Regulation Officer and this was cross referenced with how the home operates in collaboration with other services such as Jersey Hospice Care and Family Nursing and Home Care.

The home utilises RADAR, an integrated system for use in healthcare settings that aims to improve quality of care with software to map out any trends or themes. The summary provided during the inspection reflected a comprehensive analysis of all notifications with reference to key information recorded such as unexpected deaths, any involvement with Coroner and duration of residency.

It was noted that the routine submission of incidents which the Commission has received in recent months and the number, context of care provided (such as palliative care), and content of notifications, were not viewed as being exceptional to the home's Statement of Purpose. All incidents are recorded on an accident form and stored centrally. They are made subject to a Root Cause Analysis (RCA) as or when indicated.

The environment of the home is well-maintained on a daily basis by the housekeeping team. However, some wear and tear indicated that some investment and planning for refurbishment is required. The Regulation Officer noted efforts to manage potholes situated on or around the main entrance to the home, which potentially could be of risk to all people accessing or leaving the building.

Maintenance, repair and fire logs were examined in detail. All details of repairs carried out within the home are recorded by the Maintenance Officer and it was noted that a clearly defined and systematic approach was in place, which is overseen and signed off by the Registered Manager. Maintenance checks are regularly carried out including the management of legionnaire risk (this includes water management and temperature regulation), lift maintenance schedules, hot surfaces checks, call alarm system checks, wheelchair and profiling beds checks and tall furniture checks. Service vehicle (mini-bus) records were also viewed. These evidenced that valid insurance certificates and vehicle warranty were in place. It was also noted that specialist training provided by the Ambulance Service for safe operating of the passenger lift is undertaken in respect of any new driver with a licence to drive this vehicle.

A Regulation Standards (Food Safety) inspection was also carried out (coincidentally), at the same time as this visit and it was noted from information provided by the Officer conducting this inspection that the home had retained its 5\* rating. The Officer confirmed they were confident in the management arrangements and noted that the Head Chef ensured that they were able to attend in order to fully participate in this process. While there is some outstanding works to be undertaken for updating this environment, such as new flooring, the home have already made provisional plans to safely address this, as was further advised by the Officer as part of their inspection. This is incorporated as one item within the area for improvement recorded at the end of this report.

A total of six recruitment files were examined. Information recorded demonstrated that these complied with the requirements for safe recruitment identified in Standard 3 of the Care Home Standards.

The Deputy Manager and Registered Manager provided summaries of some of the Significant Restriction of Liberty (SROL) authorisations in place. The staff team have relevant capacity training and the Registered Manager is fully aware of their responsibilities and that of their deputies in relation to SROL authorisations.

It was recorded on the home's SROL Register, that 13 authorisations were in place for care receivers with good systems noted to be in place to ensure that renewal dates are identified for processing.

It was clarified within the process for SROL applications or transfer from other settings, as to the considerations which are made for accepting or accommodating these authorisations (admissions). This is an important issue as the home does not have any environmental features which would enable the most robust restriction for any care receiver subject to these authorisations, but who may still wish to leave the building of their own volition when cognitively impaired. Best practice approaches for risk assessment and for minimising the likelihood or impact of such incidents was noted at the time of the inspection, particularly in relation to one care receiver who had been recently admitted. Due to a possible escalation of their exit seeking when under this authorisation, the home has engaged with both the care receiver and relatives to consider a more appropriate specialist dementia care home environment. This demonstrates best practice.

The home has Infection Control policies in place and appropriate measures were observed by the Regulation Officer for staff during the inspection visits. There are appropriate supplies of personal protective equipment (PPE) available throughout the home. The home maintains regular contact with the Community Infection Control Nurse as or when indicated by infection rates, to ensure that best and most up to date practice is followed. Feedback received conveyed this as follows:

*“Over the past 12 months I have had regular email and phone contact with staff in the care home. They are very quick to react to potential outbreak situations and will call me for advice. They always act on the advice they are given to try and mitigate the risk to the other residents. I had several visits to Silver Springs in May/June as they had an outbreak of Flu in both staff and residents. This was very challenging for them as they had to continue caring for the residents with reduced numbers of staff. They kept in daily contact with me until the outbreak was over...The home smells fresh and looks neat and tidy. The staff are always very happy to talk to me regarding infection control”.*

It was apparent to the Regulation Officer on this occasion from discussion with staff members, their own use of a face mask during the two visits, and most strikingly conversations with some care receivers, that the prolonged and continued use of mask wearing is having a negative impact on care receivers' comfort, well-being and arguably on staff morale.

It was highlighted by staff and as experienced by the Regulation Officer that communication with care receivers is made much more difficult because of the use of face masks. Moreover, those who due to age may have some pronounced sensory impairment to cope with, or who experience distressing symptoms secondary to cognitive impairment (dementia) continue to struggle with this ongoing policy requirement. Care receivers and staff who raised this issue were assured this Public Health Policy was being reviewed by the Public Health Department.

The home follows local and national best practice guidelines in the prevention and management of pressure ulcers, and this was well evidenced from a review of a sample of care plans. The home makes use of relevant assessment tools with a good understanding of pressure prevention methods and seeks specialist advice and support when required.

Monthly quality reports are undertaken by the Registered Manager. The quality assurance process is, further underpinned by peer review by another manager from an associate home and the Provider's Quality Team. Audit for quality issues is further supplemented by 'resident of the day' reviews which take place across all areas of the home. A sample audit of medication administration is incorporated into weekly reviews alongside wound management care plans.

The staffing structure is currently under review with an anticipated change to some job titles which will further support the Registered Manager position. In effect, this will ensure that there are two deputies in post; one to be recruited who will have a clinical role as befitting their nursing background and skills, with the other deputy to have some revisions to their existing role and job title. This is expected to be in place within the coming months and will further bolster the deputy roles and responsibilities in the absence of the Registered Manager, at any such times as this

arises albeit there also remains direct communication options with the Registered Manager 24/7.

## Care and support

The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.

Silver Springs is one of the largest care homes on the island and requires a large team of staff to support the day to day running of the home. There is a care team consisting of a number of qualified nurses who have a range of clinical experience including dementia care. This was recognised as being a helpful resource where reported number of care receivers in the home living with dementia (diagnosed or symptomatic) is estimated to be around 30%. In addition, there are a large number administration, maintenance, catering, domestic and housekeeping staff to support the needs of all care receivers across a large building.

During engagement with a number of care receivers, the Regulation Officer received consistently positive endorsement of the staff group, and of the kind and compassionate care received. Comments as these and from relatives evidenced the Standard being well met:

*“Staff are wonderful, food is excellent”*

*“They are like family, every one of them”*

*“I have everything I need”*

*“All good, no complaints, I really like it here”*

*“I have been here about a year and I have no complaints whatsoever”.*

*“They [staff] are as good as gold, no problems”*

*“They are always on the ball”*

*“Lovely home”*

*“Chef will come and speak with me, I can always choose salads”*

Some relatives provided different perspectives about the home. This related to areas including communication skills of staff which they considered to be an issue to be addressed. These were provided in general feedback to the Registered Manager. However, with supporting evidence from healthcare professionals and observed practice in all areas of the home by the Regulation Officer as part of the inspection process, the overall approaches and care delivery was seen to be consistent, appropriately provided and well received by care receivers.

Two care receivers separately provided a comprehensive overview of their positive experiences, but also expressed an understanding of the challenges in supporting the large number of care receivers including themselves as they observe daily. These testimonies capturing many similar observations to those which the Regulation Officer was able to make and record from both primary and secondary sources.

Attention was given to how the staff team operates across the home with Registered Nurses (RN) deployed in two specific areas of the home to care for those in receipt of nursing care. It was well evidenced from a discussion with two Registered Nurses (RN's) on duty as to the attention that is given to end of life care, and which is promoted through the Gold Standard Framework best practice approaches and as set out in relevant care planning protocols. The “Section 15” care plan as found in the care folders was referenced and may be actioned as applicable for care receivers when assessed as requiring some more considered approaches and that might fit with comfort and symptom control i.e., palliative care.

One RN spoke very positively about the attention and focus which they will give to this most important aspect of care and which it was self-evident their commitment and priority to this from their well- informed feedback and summary of this clinical practice.

Feedback from healthcare professionals who had recently been engaged with the home supporting care receivers noted the following:

*“Property clean and staff members on site attentive to client needs. Staff attentive to families.... Care plans reviewed .... were up to date and an accurate reflection of client needs”.*

*“Sindy [Registered Manager] responds to matters so thoroughly and in a timely manner”.*

Another visiting healthcare professional who was consulted at the time of the inspection, confirmed that there were good levels of communication with the care team, who inform them of any specific care needs that may assist them with carrying out their specific role.

Noted throughout the home was a well organised and confident staff team, supporting personal care as overseen by senior carers and nursing care needs overseen by RN's.

A sample of care plans was reviewed which evidenced a consistent approach in applying care planning principles, which is underpinned by good systems which ensure that regular reviews and evaluations are undertaken at least monthly. It was also noted as to the positive instructive style for some care plans, with specific reference to supporting some care receivers living with dementia.

Although observations/concerns were made by some relatives about staffing levels, the home was found to be well resourced. From review of sample duty rosters, it was noted that the home works to a ratio of care workers to care receivers over and above the minimum supplementary staffing levels, with adequate RN's on duty. This is often supplemented by the supernumerary management team who are also RN's. Staffing levels were found to be above the minimum staffing requirements, as set out in Standard 3 of the Care Home Standards.

Key staff are employed to promote social activities and positive feedback was received about what is organised and with participation regularly encouraged to join

in all activities. Sight of the monthly newsletter provided further evidence of these activities being scheduled for September, and the engagement and focus on individuals, which is included in newsletters celebrating individual milestones or achievements. The inspection coincided with the period of mourning associated with the death of HM Queen Elizabeth II. The Regulation Officer was particularly impressed to see the effort which had been made by way of creating a temporary memorial area in the main hallway leading to the largest communal area. This commemorating the Queen's life and was something evidently pleasing and comforting to many at this time of national mourning.

Further evidence of the efforts made to provide stimulating activities was found with reference to recent events such as an Army Veterans Car "drive by", which care receivers enjoyed, and of regular entertainers visiting the home and the involvement of a local school where visits are routinely arranged.

In discussion with the Registered Manager, it was highlighted as to their intention to invite relatives to a social event at the end of September. It would be hoped this provides the opportunity for relatives to discuss a variety of matters relating to any aspects of care and support provided to their loved ones in a supportive and open forum.

Observed practice throughout the inspection found care staff being courteous and sensitive in their interactions with care receivers. Good humour was evident, with warmth and positive engagement being mutually apparent in these interactions.

The home has very clear parameters for their pre-admission policy and process and at the time of inspection, the Registered Manager was clear in managing the current bed numbers conservatively where a number of referrals for admission had recently been received. Consideration of a number of operational matters and staffing levels and resources informed their decision making, and as such demonstrated best practice in this matter as expected of their registered position.



Reference to how the home has responded to any formal complaints filed in the past eight months demonstrated positive approaches and indicated that remedial action was taken in a timely and proportionate manner.

## **Training**

The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.

Staff training and development was seen to be adequately provided from a review of the staff-training log and this was confirmed by staff who were spoken with during the inspection. The expected 50% Qualifications and Credit Framework (QCF) Level 2 accreditation was being closely monitored and managed with reference to new staff recruited into the home and it was apparent that priority was afforded in ensuring that this Standard is consistently met. It was also noted that there has been some enhancement to the mandatory training topics which now include dementia care.

The training log recorded an overall compliance at time of the inspection, with some key items with 100% completion. A sample of subjects included in the overall training syllabus totalling 33 subjects was as follows:

- Basic life support
- Pressure area prevention and management
- Introduction to health and safety
- Control of Substances Hazardous to Health (COSHH)
- Safeguarding Adults
- Dignity and Respect
- Introduction to Dementia
- Mental Capacity Act
- Incident management - Using RADAR
- Effective incident investigation management
- Reporting of Injuries, Diseases

- Food safety level 3
- Moving and Handling
- Fire Evacuation Simulation

It was encouraging to note the enhancements to the home's training syllabus and the increased focus on dementia. Reference was found to modules that incorporate both communication and environmental needs as a feature of dementia training. This was particularly pertinent given the increasing numbers of care receivers living with dementia in the home, as was observed and also confirmed by the management team.

Some refinements to the induction programme were highlighted whereby some new documentation including a booklet is now provided to all new employees. This sets out some of the core principles and approaches which the Provider aims to achieve when providing care and support. The induction package includes mentoring roles for more experienced staff to work with new staff, this is intended to ensure that they have a good understanding of systems of working and also that they build competency and confidence in the work setting.

It was also encouraging to note that key aspects of care delivery were well-framed in the induction booklet, including the attention placed on communication models, building positive relationships, the importance of social activities, with each of these areas being covered prior to induction training being signed off. At this time, all sign off reflects the standards and requirements as set out in the Care Certificate (QCF level 2 equivalence). Supervision of staff will underpin induction and ongoing staff development which is provided by senior members of the care and management team along with the appraisal process. With reference to planned changes to the management structure, it was confirmed that relevant training including QCF level 5 accreditation is promoted in respect of the Deputy Manager position(s).

From a discussion with some care staff, it was evident as to the challenges associated with completing training modules, given other pressures. The Registered Manager confirmed that staff are supported to achieve compliance with all modules

outside of working hours if necessary and are duly compensated if this is necessary. This may also be facilitated to accommodate different learning styles of the staff team.

It was confirmed as to the principles applied to support and oversee all RN's revalidation with their regulatory body, the National Midwifery Council (NMC), which is a requirement of their registration every three years. The RN professional log is updated and revised with relevant information pertaining to each registrant. The Provider notifies the RN of revalidation dates and assists with ensuring that relevant documents are readily available to ensure that registration is kept up to date. The Regulation Officer viewed this as a very supportive practice in support of such training and revalidation requirements.

Medication competencies are assessed as part of induction for all staff carrying out this aspect of care and is subject to annual review. The Regulation Officer noted these were due in the next month, as was evident from a sample of staff competency files which were reviewed.

## IMPROVEMENT PLAN

There was one area 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 7</p> <p><b>To be completed by:</b> within three months of the inspection date (14 December 2022)</p>	<p>A project refurbishment plan must be identified and submitted to the Commission to address the outstanding refurbishment requirements.</p> <p>Specific reference should be made to</p> <ul style="list-style-type: none"> <li>• New flooring for main kitchen</li> <li>• Assessment/review of need for any permanent remedy to areas prevalent with potholes</li> <li>• Replacement of any carpets in communal and private rooms as may be indicated from audit</li> <li>• Redecoration schedule for all areas</li> <li>• Replacement of guttering, fascia and soffits where degraded and as recorded in maintenance log</li> </ul>
	<p><b>Response by registered provider:</b></p> <p>With reference to the 5 areas of improvement required, The Company has supplied a full refurbishment plan for the home and time frames identified to the Commission. The Company will continue to audit monthly and review this process and plan, priority areas works to commence in the last 2 months of 2022</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 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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