



**Jersey Care
Commission**

INSPECTION REPORT

La Haule

Care Home Service

**La Route De L'Isle
St Brelade
JE3 8BF**

15 and 16 February 2024

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 (as amended) 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 La Haule Care Home. The service is situated on a quiet road in St Brelades, a short drive from the beachfront and St Aubin. The property has evolved significantly over time to better serve its current function; the adaptation from a domestic dwelling to its current use demonstrates thoughtful consideration for accessibility, security, and the enjoyment of outdoor spaces by its residents and their relatives/ families.

The description of the home, with its divisions into three units named Kingfisher, Kestrel, and Nightingale, suggests a carefully organised and resident-centred approach to care. Communal lounges, dining areas, and seating along the corridors encourage social interaction among residents, which is crucial for mental health and a sense of belonging. The majority of single bedrooms have en suite facilities, emphasising a commitment to providing residents with privacy, dignity, and a sense of independence, which are vital for the well-being of individuals in care settings.

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	<p>Type of care: Personal care and personal support</p> <p>Category of care: Dementia</p> <p>Maximum number of care receivers in receipt of combined personal care and support: 58</p> <p>Age range of care receivers: 60 years and above</p>
Discretionary Condition of Registration	<p>Bedroom numbers 3, 4 and 5 in Kestrel unit must have ensuite toilet and wash hand basins provided by 1 April 2024.</p> <p>Bedroom numbers 1, 2, 6, 7 and 9 in Kingfisher unit must meet the minimum 12m2 space standard by 1 April 2024.</p> <p>The chair lift which serves the ground to first floor in Kingfisher must be replaced with a passenger lift which will facilitate resident independence by 1 April 2024.</p>

Dates of Inspection	15 and 16 February 2024
Times of Inspection	<p>9am – 12pm</p> <p>9am - 3pm</p>
Type of Inspection	Announced
Number of areas for improvement	1
Number of care receivers using the service on the day of the inspection	44

The Care Home service is operated by Silver Springs Limited, and there is a Registered Manager in place.

The discretionary condition on the service's registration was discussed with the Regional Manager, who provided an update on the planning and facilitation of such works since the previous inspection.

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.

The feedback provided by the relatives indicates a high level of satisfaction with the service, highlighting several key areas that contribute to its success, such as a homely, warm atmosphere, which suggests that the service fulfils the basic care needs, ensuring that the environment is welcoming, comfortable, and conducive to well-being.

The relatives' commendation of the excellent communication reflects the service's commitment to transparency, regular updates, and openness. This approach helps build trust, reduce anxiety for relatives, and ensure that they are kept in the loop regarding their loved one's health and daily life.

The regulation officers found evidence of the ability to work effectively with external health and social care professionals. This ensures that care receivers have timely access to specialised advice and treatment when needed.

The service offers a positive example of management and governance within the care home, highlighting several key aspects that are crucial for the effective operation of such a service.

The service meets the minimum staffing standards required for the number of care receivers. While meeting these standards is essential for regulatory compliance and ensuring basic care needs are met, the service often goes beyond the minimum. Staff recruitment continues to be an area of focus for the service.

An activities coordinator is in place. A dedicated activities coordinator can develop a diverse and engaging schedule tailored to the interests and abilities of the care receivers.

The service has developed and enhanced the staff training program, especially the shift towards face-to-face training, which is an excellent initiative.

There is one area for improvement resulting from this inspection, referring to documentation, such as policies, procedures, and pre-assessment documents, to be reflective of local legislation.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the Registered Manager one week before the visit. The regulation officers visited on 15 and 16 February 2024.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

Prior to our inspection, all of the information held by the Commission about this service was reviewed, including the previous inspection report, safeguarding enquiries, the Statement of Purpose, notifications and communications with the Commission.

The regulation officers attempted to seek the views of care receivers living in the home. This proved challenging on account of the care receivers' needs. In order to ensure that the views of care receivers were fully considered, the regulation officers contacted seven of their representatives, of whom five provided feedback.

The regulation officers also had discussions with the service's management and other staff. Additionally, feedback was requested from five professionals external to the service, of which two responded.

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

A comprehensive inspection process took place to ensure that this establishment met the required standards of care, safety, and governance.

At the conclusion of the inspection, the regulation officers provided feedback to the service management.

This report outlines 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 improvement plan is attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, one area for improvement was identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how this would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that adjustments have been made in order for the home's policy and staff training on safeguarding to be in line with the Jersey Safeguarding Partnership Board Multi-Agency Procedures. This means that there was evidence of robust additional documentation, taking into consideration local legislation.

In addition, the Registered Manager confirmed to the regulation officers that training would be booked for all senior staff members and that the local legislation requirements document would be provided to all employees. The regulation officers found satisfactory measurements implemented in order to remove this as an area of improvement.

Is the Service Safe

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

Risk assessments for care receivers are a critical component of ensuring safety and providing high-quality care in any healthcare or residential care setting. These assessments are designed to identify any potential risks to an individual's health, well-being, or safety and to implement strategies to mitigate these risks. The regulation officers reviewed the organisation's safety procedures. Access to risk assessments was provided; upon analysis of these, it was noted that risk assessments were developed and reviewed regularly, with the input of the health care professionals and care receivers' representatives.

The implementation of these risk assessments was upheld through the feedback received by relatives:

"We are very happy to know that mum is in a safe environment and cared for very well. If mum needs a doctor, they always call and advise us of the problem and that a doctor will be called before they do anything."

"Happy in general, lovely and safe environment. The staff are all very kind and gentle."

The risk assessments allow a dynamic approach to addressing potential challenges. Risks are categorised using a Red Amber Green (RAG) system, providing a visual indicator of the severity and urgency. Communication and information dissemination are prioritised through various channels. Daily flash meetings serve as brief, whole-team sessions to quickly share any changes in care receivers or pertinent information. Moreover, a weekly clinical review meeting involving managers and seniors, along with a monthly clinical governance review meeting, provides dedicated platforms for addressing broader concerns and strategic planning.

During the inspection process, the regulation officers had access to the duty rotas. Although staffing levels meet the minimum standards, the staffing numbers did not correspond with what was characterised in the statement of purpose. Therefore, the statement of purpose needed to be reviewed to take into consideration the current staffing levels; it was positive to note that during the inspection process, the Commission received an updated Statement of Purpose.

Furthermore, the service utilises a system known as 'DependSys App' to assess the needs of care receivers throughout the day. This system is reviewed weekly by the Registered Manager or Deputy Manager, where it evidences that the service takes into consideration that the current staffing levels are meeting the current care receiver's needs. This approach is fundamental to provide high-quality, person-centred care that not only addresses the physical needs of the care receivers but also their emotional and psychological well-being.

Staffing levels were reviewed and discussed, and it was noted that although the staffing levels of the service have been able to meet the care receivers' needs, as per the 'DependSys App, ' some concerns were highlighted. At the time of the inspection, the service had one senior staff member qualified to administer medication to thirty-seven care receivers on a night shift.

As per National Institute for Health and Care Excellence (NICE) guidelines, medications can be given 1 hour before or 1 hour after the prescribed time. As per the Care Home Standard 6.7, medicines will be managed in compliance with legislative requirements, professional standards and best practice guidelines; therefore, upon analysis of this current ratio, the regulation officers sought further views of the workforce and care receivers' representatives. Due to the nature of this service, the regulation officers considered that this service requires additional time to administer medication, as the assimilation processes of the care receivers may require longer periods and further input from the staff member.

Throughout the inspection process, consideration for the feedback received and further discussions were held with the management of the service. The regulation officers were assured that the protocol for administering night medication was undergoing an extensive evaluation in collaboration with the healthcare professionals of the care receivers. Following the inspection, the regulation officers were advised that the changes had taken place.

It was positive to note that the service reviewed this area of concern with immediate effect. Recognition and appreciation for the demanding nature of dementia care can contribute to a more positive and supportive work environment, and this was recognised by the service.

The regulation officers observed the medication processes utilised by the care home. Measurements, such as medication assessments, medication reviews, and regular medication audits, were put in place to minimise the risks associated with medication errors and promote the effective use of medicines. However, the regulation officers noted that the medication policy does not reflect the local legislation. The service needs to ensure that the home's medication policy is in line with the local legislation. Therefore, this is an area for improvement.

Staff Recruitment was also reviewed in this inspection. Ensuring the safe recruitment of support workers, volunteers, and others who may have contact with people in receipt of care is a standard which is critical to ensure the safeguarding of vulnerable care receivers. The process involves several key steps aimed at verifying the suitability of candidates and reducing the risk of harm to those in care. Upon inspecting a sample of staff folders, it was evident that the content was comprehensive, including essential documents such as contracts of employment and induction materials. Notably, the folders for newer staff members were up to date with Disclosure and Barring Service (DBS) checks. However, staff who had been in their positions for several years had not renewed their DBS checks at the recommended 3-year interval.

Regular DBS checks are crucial for ensuring the ongoing suitability of staff in positions of trust, and the lapse in renewals may pose a risk to the organisation's commitment to maintaining a secure and trustworthy environment. Upon discussion with the Registered Manager, it was explained that the service had recently changed from a safe screening platform to a platform called 'ucheck'. As the service has not been using checks for three years, anyone who has been employed for over three years has not had an up-to-date DBS. It was positive to note that this was recognised; the service has been in touch with all team members who have been employed for two and a half years or more and has started the process of having new DBS checks completed.

It was recommended that a thorough review and update of all staff folders be conducted promptly to address these compliance gaps and mitigate any potential risks associated with outdated documentation, which the service acted upon immediately.

Is the Service Effective and Responsive

Assessing the organisation of the service so that care receiver's needs are respected and met.
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The home's statement of purpose, which outlined the aims, objectives, and types of services that the care provider offered, was reviewed by the regulation officers.

The regulation officers noted that the care provider operates and ensures that the care is delivered in a way that meets regulatory standards and aligns with the provider's registration, values and mission.

There were also comments on the responsiveness of the manager to any raised issues, indicating effective communication and a proactive approach to problem-solving. This responsiveness is crucial in maintaining a high standard of care and addressing concerns promptly.

While acknowledging the island-wide issue of staffing, the feedback received by the organisation and relatives expresses a desire to see more staff within the home.

Despite these concerns, the overall impression was positive, emphasising the dedication and effectiveness of the staff in providing care. This feedback is valuable for acknowledging improvements and identifying areas where further enhancements, such as additional staffing, could contribute to an even better care environment.

The service maintains paper-based files securely stored in a lockable office. These files serve as a comprehensive record of each care receiver's needs, encompassing various aspects crucial to their well-being.

One of the primary components within these files is a holistic assessment of the care receiver's needs. This assessment delves into critical areas such as capacity, medication management, mobility, nutrition, continence, personal care, skin integrity, and social interaction. These evaluations contribute to the creation of personalised care plans tailored to address the unique requirements of each individual.

To capture the daily activities and special moments of care receivers, there is a designated section named 'Activities' which showcases the 'Magic Moments'. This segment serves as a repository for documenting any noteworthy activities undertaken by the care receiver, providing valuable insights into their engagement and well-being.

An addition to the care receiver files is the inclusion of a personal food passport, highlighting specific dietary preferences. This attention to detail reflects the commitment to ensuring that care extends beyond basic needs, embracing the individual preferences and choices of the residents.

Upon the completion of assessments, care plans are formulated to outline the care receiver's needs and the expected outcomes of the provided care. Regular reviews, such as the 'resident of the day' assessment conducted by the Registered Manager, Deputy Manager, and senior care assistants, ensure that care plans remain up-to-date and responsive to evolving needs.

Staff engagement is emphasised through encouragement to read care plans. Consideration is given to recording this engagement, potentially incorporating it into supervision processes to maintain accountability and ensure staff are well-informed about the residents they are caring for.

The examination of staff folders revealed clear evidence of task delegation within the organisation, indicating that Family Nursing Home Care (FNHC) has implemented a system of assigning specific responsibilities to staff members. Notably, the folders provided documentation illustrating that competency checks were conducted on those individuals entrusted with delegated tasks. This practice of competency checks is commendable as it ensures that the staff members assigned to particular responsibilities possess the necessary skills and qualifications to carry out their duties effectively. It reflects a commitment to maintaining high standards of performance and accountability within the organisation.

The examination of records within La Haule's folders revealed evidence of collaborative work with various professionals, including GPs, social workers, and other professionals. This practice signifies a proactive and integrated approach to healthcare and social services. The documentation also indicated that La Haule engages in making referrals when necessary, highlighting a commitment to ensuring that individuals under their care have access to a comprehensive network of support and services.

Collaborative working with GPs is particularly significant as it fosters a multidisciplinary approach to healthcare, promoting holistic and well-rounded patient care. Involving social workers and other professionals further suggests a broader perspective on addressing the diverse needs of individuals, acknowledging the interconnectedness of health and social well-being.

The proactive nature of making referrals demonstrates an awareness of the limits of in-house resources and a commitment to providing individuals with the most appropriate and specialised care available. This collaborative and referral-oriented approach aligns with best practices in health and social care, ensuring a more comprehensive and tailored support system for the community served by La Haule.

Feedback received from health professionals corroborates the above: *“Xxx, the manager, is great to work with. They are always responsive, and their lines of communication are fantastic. I am able to contact the Registered Manager to discuss clients and whether they are suitable for the service”*.

The principle of supporting individuals to make their own decisions and providing care that respects their lifestyle, wishes, and preferences while considering capacity and liberty legislation is central to delivering person-centred care. During the inspection, the regulation officers observed and found evidence in the care plan reviews that this approach is recognised in terms of the importance of autonomy, dignity, and the right of the care receivers to be involved in decisions about their care in a holistic way.

“Mum likes to always wear chiffon scarves around her neck, and every time we visit, she always has one on and is always dressed nicely. We are satisfied that the staff have understood mum and our requirements for her to always look nice, and she always had pride in her appearance.”

During the feedback received, this was also verified by healthcare professionals: *“I have been able to view care plans, which are detailed and person-centred. From speaking to staff, it is also clear that they know the residents really well; they are able to give thorough updates to inform assessments and reviews”*. The feedback received has also been very complimentary about how good the approach of staff is.

During the examination of care receiver files, a noteworthy observation was made under the capacity section. The documentation indicated a thoughtful approach, stating that *“Mr Xxx may be able to make some decisions; however, he may struggle with more complex decisions”*. This nuanced language avoids the use of blanket capacity statements like *“lacks capacity”* without specifying the context, showcasing a more individualised and considerate approach.

However, a notable recommendation arises from the fact that all La Haule residents are under the Jersey Capacity and Self-Determination Law rather than the UK Mental Capacity Act (MCA) Law. It is advisable to align the terminology within the paperwork with the applicable local laws to ensure accuracy and compliance. Updating the language to reflect the Jersey legal framework will enhance the precision and relevance of the documentation.

A suggestion for good practice emerged from the inspection findings. It would be beneficial to include the restrictions identified in care plans directly within the main care plan folder. This adjustment aims to streamline accessibility for staff, allowing them to quickly access crucial information about any restrictions applicable to a care receiver. By consolidating this information, the care home can enhance efficiency and ensure that staff members have easy access to essential details when delivering care.

The regulation officers had access to the care receiver's care plans, where it was evident that the care provider ensures that a personal care plan aligns with any plans provided by health or social care professionals, which is crucial for delivering cohesive, effective, and safe care. This alignment supports the holistic well-being of the individual receiving care, acknowledging the interplay between various aspects of health and social needs.

When it comes to sensitive issues like Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders, careful consideration and clear communication are paramount. The service evidenced that they have internal systems in place to identify the care receiver's DNACPR.

In conversation with the Registered Manager about end-of-life care, it became clear that the service is knowledgeable and collaborates effectively with external healthcare professionals when necessary. Nonetheless, it was advised that the care plans should be augmented to incorporate more in-depth information in this field. End of life is a very sensitive subject, and it is understood that this might not be possible to do immediately post-admission, but upon reviewing care plans and starting to get to know care receivers and their representatives, it is paramount that the service is informed in how this difficult time will be managed, in order to best fulfil the care receivers and their representatives' needs. This was taken very seriously by the Registered Manager in order to improve their service.

Is the Service Caring

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

The regulation officers recognised that the care provided responded to the physical, emotional, social, and spiritual needs of the care receivers. This comprehensive approach ensures that care is person-centred and respects the whole individual. This was expressed through the feedback received by healthcare professionals:

“I feel that La Haule creates a safe and homely environment for residents; the rooms are spacious, in a good state of repair and have lots of natural light. The residents I have supported have been happy to have the garden as an outdoor space that they can access at any time. The home is secure.”

“The staff are always laughing with mum and giving her reassurance when she needs it, and the events programme is a big success and much appreciated; her room is always clean and tidy. “

“I have been very impressed at the kindness and competence of the care staff, witnessing how they, with what looks like ease, can steer and guide dementia patients like my mum to the lounge, dining room, bathroom, getting dressed, encouraging eating and helping my mum when needed by talking and calming so efficiently.”

The inspection revealed evidence of personalised care within La Haule, evident both in the documented care plans and the observed interactions during the inspection. Staff members were noted to exhibit caring and compassionate behaviour towards the care receivers, indicating a commitment to fostering a supportive and person-centred environment.

An aspect of the care provision at La Haule is the inclusion of individuals in the assessment process. When care receivers are able to contribute, staff members ensure their active involvement in the assessment process. Moreover, if individuals are unable to participate, collaboration with family members or social workers is pursued. This inclusive approach recognises the importance of incorporating the perspectives and preferences of those receiving care, promoting a more individualised and responsive care plan.

Overall, the combination of documented evidence, staff behaviour, and inclusive assessment practices reflects a dedication to providing personalised and compassionate care within the La Haule care home.

The provision of regular opportunities for support workers to discuss their roles, identify any issues, and receive feedback through formal supervision and appraisal processes is essential for maintaining high standards of care, supporting professional development, and ensuring staff well-being. Upon reviewing a sample of staff files concerning supervision, it was noted that the home follows a strengths-based and reflective approach, which is a positive aspect of the organisation's support structure for its staff. This approach indicates a commitment to fostering professional growth and self-awareness among employees. The Registered Manager was able to evidence regular and consistent supervision. Regular and consistent supervision is essential for maintaining staff well-being, addressing challenges, and promoting professional development.

Is the Service Well-Led

Evaluating the effectiveness of the service leadership and management.
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The Commission recognises the importance of ensuring that the thoughts, worries, and complaints of support workers, care receivers and others involved in their care are listened to and taken seriously. This is a fundamental component of delivering compassionate, respectful, and responsive care. The regulation officers found robust systems in place, which was corroborated by the feedback received from the support workers and care receivers.

“The Registered Manager and the team are very receptive; they always keep me up to date. I can’t fault them if something is wrong we address it together. We are quite friendly with the staff and very approachable. Always with a smile on their face.”

“The management team and all the staff always keep us up to date with anything we need to know about mum.”

Feedback gathered from staff during the inspection and through email correspondence highlighted a positive aspect of the workplace culture at La Haule. It was evident that employees feel empowered to voice their opinions about necessary changes and are comfortable expressing concerns within the workplace.

This open communication culture is crucial for maintaining a healthy and productive work environment.

A positive indication is the staff's perception of the reporting hierarchy, ensuring they know whom to contact for workplace issues. This reflects well on the organization's communication efficiency and the accessibility of its support systems.

Equally important is the awareness among staff about escalation procedures. The fact that employees know how to escalate issues if they are not resolved at the managerial level indicates a robust system for conflict resolution and accountability. This multi-tiered approach to addressing concerns contributes to a sense of fairness and ensures that employees have avenues to seek redress without fear of reprisal. Maintaining the welfare and promoting the well-being of those receiving care and those who are providing the care involves a holistic approach that considers the individual's physical, emotional, social, and spiritual needs. The regulation officers observed that support workers play a crucial role in this process, ensuring that the care provided is respectful, person-centred, and responsive to the diverse backgrounds and beliefs of those they support.

An environment that reflects and celebrates the diversity of those being cared for is a core standard, and the care provider recognised and was able to evidence this. This included celebrating a variety of cultural and religious holidays, displaying diverse materials and decor, and encouraging the sharing of different cultural practices amongst care receivers and staff.

During the inspection, one area of concern highlighted by the staff is the perceived lack of recognition for the challenges associated with working in demanding roles. The absence of compensation for breaks and the absence of celebratory events, such as Christmas parties, were cited as examples that, at times, may contribute to the perception of undervaluation among employees.

Creating a coherent and integrated organisational and governance framework for care services is essential for ensuring high-quality care, compliance with regulations, and the safety and well-being of both care recipients and staff. The Registered Manager explained to the regulation officers that the service has an App called 'YourHippo', where all employees have access to all policies and procedures. It was also noted that the service has a policy of the month, where discussions are held amongst the team for further awareness.

This measurement was considered satisfactory to fulfil the staff engagement and policies and procedures awareness. However, this framework was not consistent during the inspection process, as there were policies and procedures in place, but overall, there was some lack of reference to local legislation in some documentation. Therefore, the service needs to arrange effective ways for documentation to reflect local legislation so that the staff are aware of and understand the importance of the governance of the service. Thus, this is considered an area for improvement.

La Haule has an extensive training program, with around 80% of staff having successfully completed their training. The program encompasses a blend of online and face-to-face training, recognised as highly beneficial for the staff's skill development. Notable areas covered in face-to-face training sessions include fire safety, first aid, Basic Life Support (BLS), dementia care, and moving and handling.

However, a keen observation highlights the need to tailor the training program to better suit Jersey's specific practices, as some elements are currently based on UK standards. Recognising this, efforts are underway to streamline the training content, ensuring its appropriateness for the local context. This adjustment will enhance the relevance and effectiveness of the training, aligning it more closely with the unique requirements and regulations of Jersey.

The Registered Manager is actively working towards this by ensuring that all staff access training in safeguarding and the Capacity and Self-Determination Law in Jersey. The service contacted the Significant Restriction on Liberty (SRoL) team in order to organise training for the workforce; this shows that the service is committed to providing training that aligns with local legal frameworks and regulations. This move not only ensures legal compliance but also enhances the staff's understanding and application of crucial concepts relevant to their roles.

IMPROVEMENT PLAN

There are one area 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 1.6, 12</p> <p>To be completed by: Three months from the date of inspection (16 May 2024).</p>	<p>The Registered Provider must ensure that the service documentation, such as policies, procedures, and pre-assessment documents, reflects local legislation in order for the staff to be aware of and understand the importance of the governance of the service.</p>
	<p>Response of Registered Provider:</p> <p>The Jersey Homes are working closely with the Governance and Quality team for FSHC group, to ensure that all paperwork and policies relate and refer to Jersey local legislation and is adapted to the needs of the Homes on Island. The Homes are also working with the training team to adapt training which will be specific to Jersey Requirements, and for this to be added to our current training platform. The Homes will also continue to work with local Agencies such SROL team and Safeguard team to ensure current and local knowledge is shared with the teams and also staff inductions incorporate this knowledge and understanding specific to local policies and legislation.</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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