



Jersey Care
Commission

INSPECTION REPORT

04 Children's Home

Care Home Service

**Liberté House
19 – 23 La Motte Street
St. Helier JE2 4SY**

22 March 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 on the inspection of a Children's Home. It is one of nine Children's Homes operated by the Children, Young People, Education, and Skills Department on behalf of the Government of Jersey. The name and address of the home have not been included in this report. This is to preserve the privacy and confidentiality of the children and young people who live there.

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| Regulated Activity | Children's Care Home Service |
| Mandatory Conditions of Registration | Type of care: Personal care and personal support Category of care: Children and Young People (0-18) Maximum number of care receivers in receipt of combined personal care and support: Withheld to preserve the privacy of the children and young people who live in this home. Age range of care receivers: 10 to 18 years old |
| Discretionary Condition of Registration | None |
| Date of Inspection | 22 March 2024 |

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| Time of Inspection | 9:45am to 1.30pm |
| Type of Inspection | Unannounced |
| Number of areas for improvement | 12 |
| Number of care receivers using the service on the day of the inspection | Withheld |

The Government of Jersey operates this Children's Care Home service through the Children, Young People, Education and Skills (CYPES) department. The service is without a Registered Manager, and an Interim Manager is in place.

The Commission received a request on 18 September 2023 to deregister the Registered Manager, and further details were provided for the interim management arrangements, which remain in place at the time of 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.

Interim management arrangements were in place; however, due to on-going management vacancies in the wider service, there had been limited management oversight and support to the staff team, who had been experiencing multiple challenges. This has been strengthened since the inspection; however, a more permanent solution is required.

Staff recruitment and retention remain consistent issues for this service. The Registered Provider must address this issue to provide consistency for care receivers and enable this service to have a stable staff team.

Formal reflective staff supervision has not been consistently completed since January 2024. In addition, individual staff debriefs, and group supervision have not occurred following significant events that would promote a continuous learning culture and staff wellbeing.

Training records indicate that not all staff have completed mandatory training per the Children's Homes Standards. In addition, staff need to undertake refresher training regarding the primary de-escalation and intervention model, which is critical in meeting current needs within the home. The staff team would also benefit from trauma-informed approach training.

Positively, the regulation officers noted that extensive work had been undertaken to develop a comprehensive suite of policies for Children's Homes that are directly linked to the Standards. However, these needed to be completed and were not formally ratified or operational. There were instances where best practice was not followed, for example, staffing ratios when supporting care receivers on holiday or inducting a care receiver to a new home.

Risk assessment procedures require strengthening, alongside the Registered Manager's capacity to refuse a prospective care receiver based on the compatibility with other care receivers in the home.

Listening to the 'voice of the child' is a crucial element of providing care to children and young people. This and advocacy should ensure that care receivers' voices are heard and acted upon. Where care receivers have refused advocacy, this should be revisited when major care planning decisions are being made concerning them.

In respect of the staff team, the regulation officers noted they carried out their role with dedication and compassion, where the safeguarding and the promotion of children and young people's rights was a priority and was clearly evident. In addition, their resilience and professionalism should be commended.

Children and young people have a right to live in accommodation that is safe, accessible, and meets their needs with a well-trained, motivated, stable staff team that is well-supported to deliver high-quality care. The regulation officers were not assured that care receivers and care staff were adequately safeguarded and supported by this service.

There are 12 areas for improvement as an outcome of this inspection.

INSPECTION PROCESS

This inspection was unannounced and was completed on 22 March 2024. Two Regulation Officers carried out the inspection.

The Children's Home Services 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 the inspection, all information held by the Commission about the service, including previous inspection reports, were reviewed.

The regulation officers were unable to gather feedback from care receivers due to extenuating circumstances on the day of inspection. However, discussions took place with managerial and care staff during the inspection and one professional external to the service provided feedback.

¹ The Children's Home Services Standards and all other Care Standards can be accessed on the Commission's website at [Children's Standards | Jersey Care Commission](#)

Records, including policies, care records, incidents, and complaints, were examined during the inspection process.

At the conclusion of the inspection, the regulation Officers provided feedback to a representative of the Senior Leadership Team of Children's Social Care Service.

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 area would be addressed.

The improvement plan was discussed during this inspection, the need to meet the standards for care staff to complete the mandatory training required for their role were yet to be met.

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.

The regulation officers reviewed notifications of significant events reported to the Commission and other intelligence received before the inspection. It was noted that the information shared on notifications could have been more comprehensive, resulting in gaps in the Commission's understanding of current risk in this service. This is an area for improvement.

On the day of the inspection, this service was being staffed through a mixture of residential care staff assigned to the home, bank staff, and agency workers. A review of the last four inspections have identified the recruitment and retention of full-time staff assigned to this service as a concern. The Commission is aware of similar challenges in the wider residential home provision. The Registered Provider must address this issue urgently, and this is an area for improvement.

The regulation officers examined staff rotas from the last month. Staffing numbers and allocations did not reflect known care planning decisions which resulted in significant changes to working hours. This must be rectified to ensure the actual hours worked by care staff are accurately recorded. In addition, e-rostering had not been completed over the last two to three months, which tracks the number of hours staff work per week. This practice needs to resume as soon as possible to help inform the Registered Provider and Manager to manage staff resources and ensure that staff are not regularly working over the recommended 48 hours per week as recommended in the Children's Home Standards. This is an area for improvement.

The regulation officers were concerned about the risk assessment in relation to the staffing ratios during a planned holiday, which compromised safety and could have posed significant risks for the care staff and the care receiver. The regulation officers examined the service policy regarding taking care receivers on a holiday. The service acknowledges that this policy has yet to be formally ratified. However, it was recommended that "It is best practice when going off Island overnight to have a minimum of two staff, so staff can have rest time, and support each other." Decision-making regarding staff ratios during a holiday did not promote this best practice. This is an area for improvement.

Other risk assessment documents were examined by the regulation officers, which included a safety plan (should the care receiver go missing), an impact risk assessment (suitability of identified home and care receiver matching), a risk management plan (identified risks and management/mitigation of those risks) and a risk assessment form (identifying risk before and after additional controls are put in place).

While risks were identified and controls put in place to mitigate risks, the narrative of the care receivers' strengths and their lived experience did not sufficiently capture the adverse childhood experiences and the profound impact of trauma in many of the risk assessments. This omission could have helped professionals and care staff understand how these factors contribute to the present situation and limit the development of empathy of care staff for the lived experiences of care receivers.

Impact risk assessments should allow Registered Managers to decline a potential placement of a child or young person where the wellbeing and/or safety of children already living in the home may be compromised. However, the guidance provided alongside the risk assessments forms appears to contradict this option for the Registered Manager. In one case, the regulation officers noted that crucial historical information that could have increased the placement incompatibility was absent. The form would also benefit from a section for decision-makers to record the rationale when overriding a Registered Manager's decision that the prospective placement is unsuitable and detail the measures that will be put in place to mitigate risk. This is an area for improvement.

Inconsistent reporting of significant events was identified in the service's internal incident reporting system, resulting in senior staff in the wider organisation not being fully apprised of any health and safety risks affecting both care receivers and care staff. This was further exacerbated by interim management arrangements, which resulted in limited oversight and support for care staff. The Government of Jersey has a minimum standard policy regarding the 'prevention and management of violence and aggression.' Critical parts of this policy were not followed; escalation procedures must therefore be strengthened for care staff to report concerns and risks, alongside enhanced management oversight. These are areas for improvement.

As part of the inspection a professional external to the service was consulted with and they provided the following comments:

“The leadership in the home was uncertain and the team were not equipped to meet care receiver needs.”

“The impact risk assessment has not been completed properly and there was little sign of effective planning on how to manage the current situation.”

In relation to transitions, the professional reported, *“care plans of all children concerned were negatively affected. The outcome was care plans for a number of children were disrupted unnecessarily. At no point was there evidence of consultation with the children.”*

Is the Service Effective and Responsive

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| Assessing the organisation of the service so that care receiver’s needs are respected and met. |
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Decision-making that led to several changes to the care plans for children and young people resulted in matching where known risks were overridden by senior leadership within the service. In addition, the regulation officers noted that the Registered Manager identified that the "staff team at the home were relatively new and not experienced enough to manage complex and challenging behaviours". A representative from the Children, Young People, Education and Skills (CYPES) department reported that the service had "few options, and this was the best possible of what we had available."

Children and young people in residential care have commonly encountered multiple adverse childhood experiences (ACEs) before coming into care, leading to them suffering trauma that can significantly impact their brain development, physical health, ability to make and keep healthy relationships, and stress response systems.

Documentation viewed by the regulation officers during the inspection did not appear to have input from the Child and Adolescent Mental Health Service (CAMHS) on how to interpret and respond to behaviour with a trauma-informed approach. It was also noted that not all care staff had completed training in trauma-informed approaches, which has compromised care planning and dynamic staff responses to significant events. Care staff must receive appropriate trauma-informed approach training, and care and risk management plans would benefit from therapeutic input from CAMHS. These are areas for improvement.

Transition planning for these changes to care plans appeared rushed, not person-centred, and where care receivers' wishes and feelings were not always taken into account and communicated in a way that was informative and respectful. The policy for transitions between residential children's homes should be reviewed to prevent such situations from arising in the future and is an area for improvement.

While care receivers are offered an advocacy service where their voice can be heard, this is often not taken up. Where major decisions are made concerning care receivers that may impact their wellbeing, development, and rights, the offer of advocacy should be revisited. This is an area for improvement.

Is the Service Caring

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| Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff. |
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On the day of the inspection, the staff team spoke with compassion and promoted the rights of the care receivers to whom they provide care. However, they felt frustrated with care planning decisions that increased risk to care receivers and staff.

Care staff demonstrated a commitment to delivering person-centred care, tailoring their approach to individual care receiver's needs. In addition, they provided examples of how they establish structure and routine for care receivers, alongside building trusting relationships. Family time is actively promoted by care staff in line with care receivers' care plans, with care staff providing examples of how this has been achieved successfully.

Care receiver's education is promoted, with care staff providing examples of supporting care receivers to access education and build on achievements, such as consistent attendance.

Care receivers are offered choice and control regarding their nutrition and food and drink preferences. In addition, access to leisure and recreational activities is

promoted to encourage care receivers to explore, learn, make, and sustain healthy relationships.

The regulation officers found limited evidence of managerial support provided to care staff following significant incidents in this home, impacting on their wellbeing. Staff should be provided with opportunities for formalised incident debriefs and management-led group supervision to provide a reflective space that promotes a culture of openness, collaboration, and continuous improvement. This was not facilitated. Consequently, learning from significant events was compromised, which may have helped improve care staff responses to behaviour and promote trusting relationships with care receivers. This is an area for improvement.

In addition, formal monthly supervision for care staff had not been taking place since January 2024 as per the Children's Homes Standards. Supervision plays a crucial role in supporting, guiding, and empowering staff members working in children's homes, ultimately contributing to the wellbeing and development of the children in their care. This is an area for improvement.

Is the Service Well-Led

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| Evaluating the effectiveness of the service leadership and management. |
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A service improvement plan is being developed, with an emphasis on investment in the residential children's service, including a strategy for recruitment and staff retention. The Commission welcomes this; however, this must be given leadership support and prioritised by the Registered Provider.

Interim management arrangements were in place at the time of the inspection; however, this was limited due to a lack of permanent registered manager availability across the wider children's home service. This has resulted in a lack of consistent management presence during a time of significant transition for this home. While care staff were provided with check-in calls and the opportunity to contact a senior manager, they communicated that they did not feel adequately supported and their views were not always actively listened to.

Since this inspection, the interim manager arrangements have been strengthened. However, the Registered Provider must ensure that a more permanent option is sought. This is an area for improvement.

The regulation officers viewed staff training records, which appeared incomplete and evidenced that mandatory training had either not been undertaken or refreshed per the Children's Homes Standards. Care staff must be equipped with accredited intervention techniques when they are responding to challenging behaviour or violence and aggression. The training records evidenced that some staff still needed to complete this training or that it needed refreshing. The Registered Provider must ensure that care staff receive training in MAYBO, the service's chosen Prevention and Management of Violence and Aggression model. The regulation officers examined the Positive Behaviour Management policy. Again, this policy had yet to be formally ratified; however, it did state that all care staff should be trained in MAYBO techniques, which should be refreshed annually. This is an area for improvement.

In summary, the Registered Provider has a responsibility to ensure that staff are supported, provided with supervision, appropriately trained and are safe in their workplace.

IMPROVEMENT PLAN

There were 12 areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

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| <p>Area for Improvement 1</p> <p>Ref: Standard 10.7</p> <p>To be completed by: Immediate.</p> | <p>The Registered Provider must ensure that the notifications made to the Commission include sufficient details when there is significant risk to care receivers and staff.</p> <hr/> <p>Response of Registered Provider:</p> <p>The Registered Manager has since addressed this situation and will ensure that sufficient details (when there is significant risk to care receivers and staff) are documented in notifications.</p> <p>Service Managers comments:</p> <p>With the arrival of a second Service Lead management oversight capacity will be evidenced in the regular dip sampling around Notifications to ensure accuracy and quality.</p> |
| <p>Area for Improvement 2</p> <p>Ref: Standard 3.7</p> <p>To be completed by 22 September 2024, six months from the date of inspection.</p> | <p>The Registered Provider must ensure the development of a comprehensive recruitment and retention strategy for care staff, which should encompass a plan for the recruitment of Registered Managers.</p> <hr/> <p>Response of Registered Provider:</p> <p>It is recognised and acknowledged that staffing resource constraints have impacted the wider service, including management capacity. Residential managers are working closely with the Senior Leadership Team to ensure that comprehensive recruitment is ongoing, to ensure that the current</p> |

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| | <p>situation is improving. The Registered Manager will ensure that ongoing recruitment is in the process for full time and bank staff roles, and it is anticipated that this will enhance the quality of the service provided and permit a staffing structure consistent with the home's Statement of Purpose.</p> <p>Service Managers comments: Analysis of recruitment and retention within the service points towards pay and conditions being a barrier to enticing applicants.</p> <p>A workstream is underway looking at this issue looking to develop job descriptions and person specifications which recognise the specialism of residential childcare. This recognition will bring with it enhanced training in such areas as therapeutic intervention and subsequently improved salaries and career structures.</p> |
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| <p>Area for Improvement 3</p> <p>Ref: Standard 3.7</p> <p>To be completed by: Immediate.</p> | <p>The Registered Provider must ensure that e-rostering is completed monthly to enable oversight of the hours worked by care staff across the wider residential service.</p> <hr/> <p>Response of Registered Provider: The Registered Manager will ensure that the e-rostering is reviewed and updated regularly, with specific consideration given to the expectations of the hours worked by staff across the wider service which will provide clarity and oversight.</p> |
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| | <p>Service Manager Response:</p> <p>Concerns about staff being overworked and being allowed to work excessive overtime have resulted in the necessity to monitor staff working across the sector more closely utilising the e-rostering system. This monitoring has resulted in Registered Managers and above being more confident that we are exercising our duty of care towards staff.</p> |
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| <p>Area for Improvement 4</p> <p>Ref: Standard 10.10</p> <p>To be completed by 22 June 2024, three months from the date of inspection.</p> | <p>The Registered Provider must ensure that a review of policy regarding supporting care receivers on holiday is undertaken to specify minimum staffing ratios to ensure care receiver and care staff safety and wellbeing.</p> |
| | <p>Response of Registered Provider:</p> <p>It is recognised and acknowledged that the Service require a broader review of policy, including supporting care receivers on holiday, which will be reviewed to ensure best practice is in place. Safety of the care receivers and staff is always the priority and reviewing this policy will be able implementing best practice.</p> |

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| <p>Area for Improvement 5</p> <p>Ref: Standard 5.1</p> <p>To be completed by 22 May 2024, two months from the date of inspection.</p> | <p>The Registered Provider must ensure that impact risk assessments are completed before placing care receivers in a children's home. Where the decision of a Registered Manager is overridden, the decision maker must document the rationale for this decision and the steps taken to mitigate identified risks.</p> |
| | <p>Impact risk assessments are utilised as a tool to assess compatibility of young people within a home, among other things. Whilst endeavours are always made to work in collaboration with Registered Managers, inevitably there are occasions where decisions need to be made that deviate from recommendation and in these instances steps will always be taken by the provider to mitigate identified risk and documented as such.</p> <p>Service Manager's comments: (Also see below response to Area for Improvement 9)</p> <p>As part of the referral process and prior to any decision being made by the Registered Manager an Impact Risk Assessment (IMRA) is compiled and then shared by the Registered Manager with the Service Manager (Residential) and the Team Manager and Social Worker making the referral. The home manager has a 'can do' position to any referral so the IMRA will usually be used for the Registered Manager to indicate what extra resources the home will need, to care safely for the child, other children, and staff, if referral is accepted.</p> <p>This methodology means that the Registered Manager's thinking is evidenced and open to appropriate challenge. If there is a refusal to provide</p> |

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| | <p>a placement, then the argument for doing so has been scrutinised and proved is sound. We have not had any overruling of a Registered Manager’s judgement in the ensuing months.</p> |
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| <p>Area for Improvement 6</p> <p>Ref: Standard 10.5</p> <p>To be completed by 22 May 2024, two months from the date of inspection.</p> | <p>The Registered Provider must ensure that the internal escalation procedure for staff is reviewed, strengthened, and embedded where care staff wish to share concerns or elevated risks in the home.</p> <hr/> <p>Response of Registered Provider:</p> <p>The escalation procedure will be strengthened and embedded. Regular supervision and team meetings are now in place where concerns can be raised and the escalation process embedded, alongside signposting to the complaints policy and whistleblowing policy that all staff have access to.</p> <p>Service Manager’s comments:</p> <p>I understand why the staff at this home might feel their voices have not been heard in decisions that affect their home. I think part of the gap in communication both up the line and back down has been the reduced management capacity at Registered Manager and Service Lead level. This capacity has now been strengthened and with communication systems referred to above being facilitated, feedback loops are more effective and efficient.</p> |
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| <p>Area for Improvement 7</p> <p>Ref: Standard 11.4</p> <p>To be completed by 22 September 2024, six months from the date of inspection.</p> | <p>The Registered Provider must ensure that all care staff have completed mandatory training as per the Children's Home standards. In addition, care staff must have completed or refreshed MAYBO training and have access to trauma-informed approach training.</p> <hr/> <p>Response of Registered Provider:</p> <p>A detailed training matrix is being compiled by the Registered Manager of the home and this will assist in identifying mandatory training requirements for the staff team. Time will be afforded to staff in order to attend and complete this training in line with the appropriate timeframes. The Registered Manager worked closely with a MAYBO trainer and a refresher in person was delivered in April to the team. Trauma informed approach training is being organised in conjunction with the training and development team for all staff.</p> <p>Service Manager's Comments:</p> <p>There is a workstream within the development programme which is aimed at strengthening the psychological offer to children and staff in residential. Part of that programme will be to introduce some specialist training to augment the training already being offered. Of course, we must first ensure all basic and mandatory training is completed by all staff.</p> |
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| <p>Area for Improvement 8</p> <p>Ref: Standard 11.6</p> <p>To be completed by 22 June 2024, three months from the date of inspection.</p> | <p>The Registered Provider must ensure that there is therapeutic oversight and input for children in residential care and that care plans reflect therapeutic trauma informed approaches.</p> <hr/> <p>Response of Registered Provider:</p> <p>The model of trauma informed care is being reviewed and will inform the young people’s care plans and trauma informed approach. The links with CAMHS and Children’s Social Care Service psychologist will be strengthened.</p> <p>Service Manager’s comments: (see comments relating to Area for improvement 7).</p> |
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| <p>Area for Improvement 9</p> <p>Ref: Standard 5.3</p> <p>To be completed by 22 May 2024, two months from the date of inspection.</p> | <p>The Registered Provider must ensure that the transition planning procedure is reviewed and strengthened when care receivers are introduced to a children's residential home. This procedure should prioritise promoting listening to care receivers' views, wishes, and preferences.</p> <hr/> <p>Response of Registered Provider:</p> <p>It is recognised and acknowledged importance of reviewing transition and planning procedure to ensure that cere receivers wishes, views and preferences are respected to able promote improve quality of the service.</p> <p>Service Managers comments: The transition planning procedure has already been strengthened in the short term by Senior Managers reiterating their commitment to Best Practice when introducing a young person into a home.</p> |
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| | <p>This commitment has been communicated out from the Senior Management Team via service managers and service leads and to social work team managers, social workers, registered managers, and residential childcare officers.</p> <p>There is acceptance that any referral from the social work team must go via the Service Manager of the residential service usually via the Placement and Resource Panel. All referrals will go to the assigned Registered Manager who will engage with the referring social worker to assure themselves that the needs of the child referred are a match to the Statement of Purpose of the home.</p> <p>It is accepted that the Registered Manager must be the person who exercises judgement on whether a place can be offered or not. Fundamental to that judgement is that the offer is informed by the views of young people residing in the home, the child referred, the families and professionals, social workers and IROs and any other professional who might have a view. Other information will be gleaned from risk assessments etc.</p> <p>Since February no child has been placed without going through this process. Further strengthening of the process will be provided when the new policy and procedure provided by the Tri-x suite comes into force in July.</p> |
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| <p>Area for Improvement 10</p> <p>Ref: Standard 6.4</p> <p>To be completed by: Immediate.</p> | <p>The Registered Provider must ensure that the offer of advocacy services to care receivers is revisited (if they have previously refused this support) when major care planning decisions are being made concerning them.</p> |
| | <p>Response of Registered Provider:</p> <p>The Registered Manager will ensure that the offer of advocacy services is given specific consideration to be able improve outcomes for care receivers.</p> <p>Service Manager's comments:</p> <p>I will ask service lead for this home to engage our advocacy service to discover what the barriers are to utilising this service and action a plan following that analysis.</p> |

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| <p>Area for Improvement 11</p> <p>Ref: Standard 2.7</p> <p>To be completed by: Immediate.</p> | <p>The Registered Provider must ensure that care staff are provided with opportunities for debriefs and group supervision led by a manager following significant events that may impact staff welfare and promote a continuous learning culture.</p> |
| | <p>Response of Registered Provider:</p> <p>Debriefs and group supervisions has been prioritised and are to be implemented immediately.</p> <p>Service Manager's comments:</p> <p>With the 2nd service lead now in post the 10 Homes can be equally divided between the two post holders. This increase capacity will increase support to Registered Managers, facilitating time and energy for debriefs etc.</p> |

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| <p>Area for Improvement 12</p> <p>Ref: Standard 3.11</p> <p>To be completed by: Immediate.</p> | <p>The Registered Provider must ensure that formal reflective supervision is provided to care staff every four weeks as per the Children’s Homes Standards.</p> |
| | <p>Response of Registered Provider:</p> <p>It is recognised and acknowledged that staffing resource constraints have impacted opportunities to complete monthly supervisions in the normal format.</p> <p>The Registered Manager has since addressed this situation and will ensure that all members of the staff team have regular supervision moving forward.</p> <p>Service Manager’s comments: With the 2nd Service Lead now in post the 10 Homes can be equally divided between the two post holders. This increase capacity will increase support to Registered Managers facilitating time and energy for debriefs etc.</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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