



**Jersey Care
Commission**

INSPECTION REPORT

Cheval Roc Residential and Nursing

Care Home Service

**Les Nouvelles Charrieres
Bonne Nuit Bay
St John
JE3 4DJ**

Inspection dates: 13, 19 and 21 June 2024

Published:

25 July 2024

1. 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 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity, and to encourage improvement.

2. ABOUT THE SERVICE

This is a report on the inspection of Chevel Roc Residential and Nursing Home and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Care Home
Mandatory Conditions of Registration	
Type of care	Nursing care, Personal Support, and Personal Care
Category of care	Adult 60+
Maximum number of care receivers	41
Maximum number in receipt of nursing care/personal care/personal support	32 care receivers in receipt of nursing care and nine care receivers in receipt of personal care and support
Age range of care receivers	60 years and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1-42 (no number 13) – one person Rooms 7, 8, 9, 10 and 15 – one person for the provision of personal support and personal care only.

Discretionary Conditions of Registration

1) that the Registered Provider ensures that in each calendar year, an annual visual inspection of the cliff face, including any stabilising works, is undertaken by a qualified engineer and that the findings of each such inspection are shared with the Commission within 14 days, and

(2) That any repairs required to the fabric of the building or to the site (including the cliff face), which may impact on the structure and safety of the building, be notified to the Commission as soon as they become apparent.

Additional information:

A temporary variation to reduce the age range of care receivers was removed on 31 July 2023.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced, and notice was given to the Registered Manager eight days before the visit. This was to ensure that the Registered Manager would be available during the visit. Two regulation officers attended on the first inspection visit, with one attending on the remaining two visits.

Inspection information	Detail
Dates and times of this inspection	13 June 2024 (8.45am to 4.30pm) 19 June 2024 (9.50am to 3.45pm) 21 June 2024 (2.10pm to 2.50pm)
Number of areas for development from this inspection	None
Number of care receivers accommodated on the day of the inspection	41
Date of previous inspection: Areas for development noted in 2023: Link to previous inspection report:	6 and 30 June 2023 None Cheval Roc Residential and Nursing Home 2023

3.2 Focus for this inspection

This inspection included a focus on these specific new lines of enquiry:

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

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for development identified at the last inspection

At the last inspection, no areas for improvement were identified.

4.2 Observations and overall findings from this inspection

Recruitment and retention of care staff continues to be a challenge for this service, which has led to staff experiencing additional pressures for short periods. However, staff morale and a strong team ethic appear to be positive. The staff team will soon be at its full complement with recent successful additional recruitment activity.

The inspection provided assurance that the management of complaints and staff disciplinary and grievances met appropriate Standards, resulted in successful outcomes, and evidenced a continuous learning culture. In addition, identified safeguarding measures undertaken were effective and protected care receivers.

The regulation officers were satisfied that this service's health and safety management and infection prevention and control met appropriate standards. The processes, procedures, and audit activity in this respect were evidenced to be well organised and improved outcomes for care receivers.

The initial referral and resulting assessment processes of care receivers were person-centred, providing assurance to the regulation officers that their needs were fully identified in the initial stages of their care.

The regulation officers evidenced that ongoing risk assessment and reviews of care plans took place regularly, reflecting the changing needs of care receivers. This service delivers care with compassion, empathy, respect, and dignity. This was evidenced through observations of care delivery by the regulation officers, interviews with staff, consultations with care receivers and their family members, and feedback from professionals.

The environment is homely, clean, and fit for purpose. Care receiver's rooms were noted to be personalised, tidy, and well-aired with open windows. Care receivers are provided with an excellent programme of activities, and there was evidence of good engagement. Care receivers are provided with choices regarding food and drink, and their religious and cultural needs are promoted.

Care staff are provided with a wellness programme, and senior leaders in this service recognise that wellbeing is essential, and supporting care staff through particular challenges is a priority.

This service is well-led by a respected Registered Manager, and the care staff are dedicated and passionate about delivering high-quality care. Governance, staff training (including induction), and quality assurance activity were evident.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care Home Standards were referenced throughout the inspection.¹

Prior to our inspection visit, the Commission reviewed all its information about this service, including the previous inspection report from 6 and 30 June 2023, reviews of the Statement of Purpose, variation requests, and notification of incidents.

The regulation officers gathered feedback from four care receivers and six of their representatives. They also had discussions with the service's management and other staff. Additionally, five professionals provided feedback external to the service.

As part of the inspection process, records, including policies, care records, incidents, and complaints, were examined.

At the conclusion of the inspection, the regulation officers provided feedback to the Registered Manager.

This report outlines our findings and includes areas of good practice identified during the inspection.

5.2 Sources of evidence

The sources of evidence reviewed as part of this inspection are listed in Appendix 1.

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

6. INSPECTION FINDINGS

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.

Recruitment and retention of care staff continues to be challenging, although the home will be fully staffed in the next few weeks. The annual staff survey indicated occasions where there had been staff shortages that had placed additional pressure on staff. However, staff spoke of pulling together in these circumstances and working together to meet the care needs of all care receivers. One relative mentioned that staff turnover was an issue. However, they acknowledged that the management team faced challenges in addressing this situation. Despite this, they commented that their loved one was receiving excellent care. The Registered Manager remarked that staffing was “currently really good in a struggling sector.”

The regulation officers explored disciplinary and grievance procedures actioned since the last inspection in June 2023 with the Registered Manager. This provided assurance that procedures had been followed correctly and where necessary, the Registered Provider had investigated where the initial outcome was disputed.

The regulation officers examined several staff personnel files and evidenced that safer recruitment practices were followed, and where necessary, risk assessments were in place.

It was identified that DBS checks were missing from the personnel files of bank staff from the wider organisation, although these had been completed. This was rectified by the Registered Manager during the inspection period.

The regulation officers examined the staff rotas, which assured them that minimum staffing requirements per the Care Home Standards were met during the period sampled.

In addition, this examination provided the regulation officers with confidence that at least 50% of care staff on duty each day had the required Level 2 Diploma in Adult Social Care (or equivalent).

The complaints register was reviewed, and a procedure for making a complaint or compliment was readily available in the reception area. The register was comprehensive and detailed the nature of the complaint and the response from the Registered Manager or the provider where this had been escalated. Complaints are only closed once they are fully investigated and where necessary learning is shared with care staff, and processes are amended to mitigate future repeat incidents.

Feedback from a family member:

"I know how to make a complaint and feel I am listened to by the care staff and the Registered Manager."

Notifications of incidents made to the Commission were reviewed by the regulation officers and discussed with the Registered Manager. The regulation officers were satisfied that appropriate actions were taken following these notifications, and learning had been identified and shared with staff. Examples were introducing a finance management care plan for some care receivers and seeking legal representation (lasting power of attorney - LPA) where care receivers lack capacity in management of their finances.

The fire certificate for this service was issued on 9 February 2024 and was followed up by the State of Jersey Fire Service annual inspection, which was completed on 31 May 2024. A risk assessment was in place for those care receivers who smoke to ensure the safety of all care receivers. The regulation officers noted additional safety measures where necessary, which was informed by risk assessment. Sprinklers are present in the home, and these are checked monthly.

All fire alarm, emergency lighting, and self-closing door testing were completed regularly and within expected standards. There was evidence of regular fire drills, both during the day and at night.

All care receivers have a Personal Emergency Evacuation Plan (PEEP), which is reviewed regularly. A fire evacuation procedure was noted in several areas of the building. A central 'grab and go' document detailing the evacuation method for each care receiver was also shared with the regulation officers.

The wider organisation employs a clinical assessor, and part of their role is to provide training in the use of hoists and to undertake moving and handling assessments for care receivers. Regular service of hoisting equipment was noted, and care receivers who require this support have their own dedicated slings and slider sheets. Additional slings are also placed on each floor in the event of an emergency evacuation.

This service benefits from a housekeeping team that keep the environment clean and has a range of infection control measures in place. The sluice rooms were clean, organised and no odour was present.

The Registered Manager ensures that quality assurance audits are conducted regarding 18 separate activities. This was well-organised, and evidence was gathered through observation, records, and interviews with staff, care receivers, or their representatives.

The regulation officers examined health and safety procedures within this home, which are delegated to one of the registered nurses and the dedicated maintenance officer for the service. This provided assurance that measures such as water temperature and quality checks, gas suppression checks, portable appliance testing, moving and handling equipment were undertaken regularly under a formalised plan.

At the time of the inspection there were no care receivers who required oxygen therapy. However, the regulation officers were assured that appropriate safety measures were in place if required. The Registered Manager also reported regularly seeking retraining opportunities from the Oxygen Therapy Team to ensure staff understand the risks and how to mitigate them.

This home benefits from a large, enclosed garden area where care receivers can undertake activities or meet with family and friends. Sun hats and suncream were readily available for care receivers to use.

In the vast majority of cases, the registered nurses in this service administer and dispense medication. However, where a registered nurse requires support, for example during the night, an appropriately experienced and qualified carer provides this support. These arrangements were confirmed by speaking to registered nurses, the Registered Manager, and other care staff.

The management and administration of medicines were mostly in line with good practice. Care receivers prescribed medication have a 'My Medication Support plan' in place, promoting safe medicine management. Photographs of care receivers were present, and these are reviewed every six months. Appropriate policies and procedures are in place for medication that requires transcribing by qualified nurses onto a Medication Administration Record (MAR). Medication counts are completed daily; however, it was noted that some days have been missed. The Registered Manager gave assurance that this will be addressed.

Feedback from a staff member about the management of medicine:

"We are not here to point fingers when things go wrong, more so we learn from it to prevent it from happening again."

LV Care Group has its own Pharmacy, which one of the registered nurses described as "*really beneficial*" in supporting good medicines management and when returning medication. Medicines are stored appropriately and securely in a dedicated medications room. However, the regulation officers noted some issues regarding recording the maximum fridge temperature within the previous 24-hour period. The maintenance officer for this service has addressed this, and the fridge has now been serviced and recalibrated.

Although no care receivers require medicines to be delivered by continuous subcutaneous infusion, it was positive to note that this service has its own syringe pump to administer medication if required.

Nursing staff have received the appropriate training to use this equipment and it is regularly serviced. A sharps injury flowchart was present in the medications room, alongside other vital guidance, such as an emergency protocol and 'grab bag' containing critical emergency equipment. Additionally, emergency equipment was noted in the reception area.

The Commission is waiting for a third party report from the Registered Provider in connection to the discretionary conditions of this service's registration. This is to confirm the stability of the cliff face.

In summary, the environment where personal care and support are being delivered is safe, and this service has robust policies and procedures in place concerning infection control and the health and safety of care receivers.

Is the service effective and responsive?

Assessing the organisation of the service so that the care receiver's needs are respected and met.

Referrals to this service come from various sources, some directly from adult social care; however, the vast majority are through word of mouth and a family's previous experience with this service.

The Registered Manager explained the assessment and induction process, which was thorough and reflected the service's core values of person-centred care, compassion, and high-quality care. Above all, the Registered Manager commented, *“coming to this home needs to be right for the service and suitable for the care receiver and their families.”*

Care receivers are given a welcome pack and a service user guide, copies of which are placed in their rooms and readily available in the reception area. The guide includes the service's vision and values and the philosophy of care that people accessing the service can expect. The regulation officers also noted that the Statement of Purpose, the activities programme, a meet-the-team board, and the fire certificate were also easily accessible for care receivers and visitors to this service.

Care receivers have a named nurse and carer who lead in identifying their changing care needs and reviewing care plans. Care planning is person-centred, compassionate, and respectful of a person's dignity. Plans identify needs, the aim of the plan, and how the care need will be met. The regulation officers noted the use of several different risk assessments on care receiver records that directly led to comprehensive individualised care plans.

Feedback from a family member:

“Mum always looks well cared for, not distressed or in discomfort. The staff are approachable, particularly Xxx, who is a star. I can always get good information about Xxx. If I need to complain, I would speak to Xxx or the Registered Manager.”

All care receivers at risk of falls have a care plan to mitigate this risk. The regulation officers sampled several care receiver records and confirmed fall risk care plans were present, which were reviewed monthly. Examples of measures to reduce risks include movement sensors, hi-low beds, listening devices, crash mats, and regular check-ins with care receivers. In addition to the regular review of care plans, the registered nurses select a care receiver and undertake a comprehensive review of care plans on a daily basis. This is an area of good practice.

Dementia is not a specialism within this service, however the Registered Manager has plans to provide staff with an improved understanding of the experience of people living with dementia and how to respond with empathy and personalised care.

Feedback from one staff member during the inspection:

"I love working at Cheval Roc. We are like a family, and the Registered Manager is the most supportive I have come across in my career."

The service has ordered a weighted simulator suit with virtual reality functionality, which will enable staff to experience the lived realities of people living with dementia. There were plans to provide additional training, including a film that the service is currently making, which will be shared with the wider organisation.

Care staff consistently seek consent from care receivers before providing personal care or support. The regulation officers noted consent forms on care receivers' records, and where they lack capacity, consent is sought from identified family members or those with an LPA for health and well-being. Additional consent is obtained concerning posting pictures on social media.

The Registered Manager evidenced a central record for all care receivers with LPAs, which detailed essential information. This again demonstrated a well-organised service and a good area of practice.

The regulation officers explored collaborative working arrangements with the Registered Manager and other care staff. It was established that the service has regular input from several essential services and professionals, such as the specialist Tissue Viability Nurse (TVN), occupational therapy service, Speech and Language service, and audiology. The Registered Manager described a solid relationship with Jersey Hospice, which provides excellent support and advice for care receivers on a palliative care pathway. Increasingly, the service brings professionals to the home, such as a dentist and podiatrist.

Qualified nursing staff manage the treatment of pressure ulcers for care receivers requiring nursing care; however, for those living in this home on a residential basis, Family Nursing and Home Care oversee this care. Where specialist input is required, the nursing staff seek guidance from the TVN.

As part of quality assurance activity, care staff have access to useful visual aids which help staff to monitor their performance in reducing falls, medication errors, and pressure ulcers.

In summary, the regulation officers concluded that the referral and assessment processes are effective and responsive to the needs of care receivers. A notable example is the management of falls among care receivers, which was handled robustly and adapted well to their changing needs.

Is the service caring?

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

Advanced care planning is in place for most care receivers in this service. Evidence was noted of consultation either directly with the care receiver or their representatives. There were examples of Do Not Attempt Cardiopulmonary Resuscitation (DNCPR) plans on care receiver records, and procedures are in place to ensure that all staff respect care receivers or their representative's wishes in this respect. The Registered Manager shared that policy and procedure have been improved following a learning review when a DNCPR did not follow the agreed plan. The regulation officers evidenced that the enhanced procedure was in operation, and the staff confirmed this.

Around two-thirds of care receivers require significant support with personal care. The Registered Manager provided an overview of how this is delivered on a typical morning, reflecting individual care receivers' wishes, preferences, and needs. During the inspection, it was noted that most personal care tasks with care receivers were completed by 11am. This was confirmed by care staff and through the observation of the regulation officers on the first two inspection visits.

A review of care receiver records evidenced the personal care and support tasks delivered to care receivers throughout the day, including records of the nutrition and hydration provided. However, this was not always consistent, for example, recording that oral hygiene had been provided per the care plan. The Registered Manager has addressed this with care staff to ensure that records accurately reflect the care provided.

Feedback from a relative:

"The care has been fantastic. I cannot fault it. My loved one is very well looked after."

As part of this inspection, the regulation officers undertook several hours of observations, consultations with care receivers and their representatives, and interviews with care staff.

This activity evidenced care being delivered with compassion, dignity, and respect, where continuing to promote independence under positive risk principles was common.

This service operates a high-quality activity programme for care receivers that are planned well in advance and delivered by a dedicated activity coordinator. Care receivers are encouraged to engage in the programme, and observations during this inspection provided evidence of reasonable care receiver engagement and genuine enjoyment.

Feedback from a professional who has regular contact with this service:

“I have only great things to say about Cheval Roc and their team. The nursing staff really know their residents extremely well and work seamlessly with us in general practice to deliver good medical care.”

The regulation officers observed some care staff delivering singing sessions with songs appropriate to the age of the care receivers. This brought an atmosphere of genuine joy and happiness to the care receivers. Other examples of activities include boxing, gardening, bingo, Wetwheels, laughing yoga, community trips, and a family BBQ.

Care receivers are provided with a wide variety of nutritious home-cooked meals, with a menu prominently displayed of the main choices available. Meals are tailored to older people's tastes and preferences; however, the kitchen can provide meals outside of those on the menu, including those with special dietary needs. Care receivers also enjoy a fresh vitamin-packed vegetable juice before their lunch, which is reportedly well received.

The environment is clean, free of clutter, and homely. For example, there were plenty of plants and flowers and pictures of local landmarks throughout the home. Care receivers benefit from having access to pet birds and a rabbit, which is extremely popular.

Care receivers' bedrooms were personalised, such as photographs of loved ones and beds that were dressed in bedspreads to the care receiver's tastes.

This service promotes care receivers' religious preferences through visits from religious leaders to the home or by facilitating attendance for a group of care receivers at a local church on a Sunday.

This service has a holistic wellness action plan for staff which includes mini-wellness sessions (held a couple of times a month), grief counselling (via Jersey Hospice), clinical supervision (3 monthly), and use of agencies such as the Mind Jersey and LINC (mental health and wellbeing hub), who operate The Listening Lounge. The Listening Lounge is part of the wider organisation, so staff from this service can get quicker access if required. Staff are also encouraged to attend staff team-building activities and service celebrations, such as BBQs and Christmas parties. There is a system in place to provide all staff with an annual appraisal; evidence of this was seen on staff personnel files. The organisation also operates other staff recognition incentives, such as employee of the year.

The regulation officers examined central supervision records and were assured that supervision was occurring per the Care Home Standards. Where records were missing, the Registered Manager provided appropriate context.

Care staff handover meetings are held twice a day, where any changing needs of care receivers can be discussed. In addition, care staff meet (called the huddle) in the afternoon, where care receiver information is shared, and issues can be addressed. This service encourages the principle of freedom to speak up when things are not right. Professional challenge is promoted, and there is a continuous learning philosophy. The Registered Manager provided examples of staff being encouraged to speak up and how this had improved outcomes.

An annual survey is conducted with care receivers and their representatives. In addition, all staff are offered the opportunity to complete a survey every six months, which helps inform senior leaders and the Registered Manager in areas such as staff happiness, access to training, do they feel supported, and what they like or dislike about their role. The Registered Manager provided examples of how these surveys lead to positive change and improvement.

As part of feedback and continuous improvement, the regulation officers reviewed the minutes of several regularly held meetings. There was evidence of a set agenda, a record of discussion, and any resulting action plans that were updated for each subsequent meeting. A sample of these meetings were:

- Registered nurse meetings.
- Housekeeping staff meeting.
- Carers meetings.
- Care receiver and family member meetings.

Feedback from another staff member commented:

“Our staff are very professional and enjoy their work. I feel supported by management, and you are not judged here.”

Other care receiver or family member feedback provided to the regulation officers was:

“They look after me, and I don't have to worry about anything.”

“If I have to go into a home when I am older, this is definitely one I would want to come to.”

“It is like a home from home; the staff are like family and look after my relative really well.”

“I've not been here long, but I am happy. The staff are very nice. I have never had a bad lunch, and today it was lovely. I have been out on two outings and really enjoyed myself.”

The regulation officers also received several other comments from staff members:

“I love working here, and it is a happy place to work. It is like a family, and we provide fun and laughter for the care receivers. I work in a really supportive team. We have a good manager; staff are professional, and we enjoy our work.”

“We are all human and make mistakes. However, we have a culture of no blame and learning.”

“We have a great boss (the Registered Manager); they are supportive and approachable.”

“Staff wellbeing is paramount, and we ensure staff are supported, especially regarding emotional health when dealing with feelings of grief.”

In summary, the regulation officers were assured that care delivery to care receivers in this service was high-quality and person-centred. In addition, the wellbeing of care staff is taken seriously, and a wellness programme is in place.

Feedback from care receivers, care staff, and professionals was positive about their experience of this service.

Is the service well-led?

Evaluating the effectiveness of the service leadership and management.

The Registered Manager shared that they had supportive directors who were accessible and actively listened to the challenges of running the home. The regulation officers observed a positive learning culture and a dedicated staff team alongside a respected Registered Manager.

The 2024 service development plan is readily available to care receivers, their representatives, and all staff. The plan provides an overview of service and details six areas of focus for 2024, these were:

- Audit activity
- Enhancement of activity program and access to a broader range of service inhouse
- Maintenance and refurbishment
- Wellbeing of staff
- Enhanced training offer.

The regulation officers were satisfied that this service met mandatory training requirements per the Care Home Standards. Training certificates were present in personnel folders. Specialist training is provided for housekeeping and kitchen staff that reflects their unique roles.

At least once a month, one of the registered nurses will lead a 'bite-size' training session with the care staff on shift on an area of care management, such as fall prevention or pressure ulcer management. The Registered Manager reported that this has been well received by care staff, who value the smaller group setting, where they can speak up and ask questions. Staff spoken to during the inspection confirmed that they know how to raise concerns, are empowered to speak up, and there is a continuous learning culture in the home.

The regulation officers examined policies and procedures. They found them comprehensive and separated them into sections, such as induction policies, non-clinical policies, clinical policies, and guidance, such as the personal and clinical tasks and code of conduct for care staff in Jersey guidance. While the regulation officers noted that policies were thorough, most required a review. The Registered Manager confirmed that this is in progress, and they will also be accessible online.

The regulation officers sampled several staff records and noted these to be thorough, with a checklist of contents at the front of each file. Examination of these records assured the regulation officers that safer recruitment processes had been followed. In addition, personnel files contained essential documents and information such as the right to work in Jersey, the original application form, and signed employment contracts.

All care staff are provided with a comprehensive induction. Completed induction checklists were present on all the personnel records examined and evidenced what induction tasks need to be completed on the first shift, within one week, and then at three and six months. When recruiting staff from overseas, this service recognises that they need additional support to adjust to the culture, how Jersey works, and other matters such as food, for example, what 'toad in the hole' is. They provide English lessons to staff where necessary. The manager spoke of needing to understand the culture that the staff member has come from.

Feedback from a professional who has regular contact with this service was:

"Cheval Roc is a very well-run home. The staff are always very friendly and welcoming, and the atmosphere is always happy.

The home is clean, the furnishings are always of a high standard, comfortable and homely, and nothing feels too clinical."

The regulation officers examined the monthly reports for this service, which were comprehensively completed by the wider organisation's compliance officer. They contained extensive information about how the service was meeting the Care Home Standards. One particular strength was the recording of care receiver and family member feedback, which was overwhelmingly positive.

Further feedback from professionals

“They have a fantastic entertainment coordinator, who the residents love as she is very engaging and gets many of the residents involved in many different activities and outings.”

“I love the fact that they have animals as it makes it feel like a real homely home.”

“The staff are extremely professional, courteous, and kind, and everything they do is totally and utterly for the greater good of the resident.”

“I cannot praise them more highly. It is a very hard job, and they have nailed it.”

“All staff attending the sessions have struck me as being fully committed to their professions, concerned about the mental wellbeing of fellow carers, and without a shadow of doubt, have the person-centred care and needs of the residents at Chevel Roc at the forefront of all that they do.”

In summary, the regulation officers were satisfied that this service was well-led by an experienced and respected Registered Manager. The regulation officers evidenced a high level of organisation, governance, and significant quality assurance activity to ensure the quality of care remains consistent.

DEVELOPMENT PLAN

No areas for development were identified during this inspection, so a development plan is not required.

Appendix 1 – Sources of Evidence

New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<ul style="list-style-type: none"> • Notifications to the Commission • Review of safeguarding referrals • Complaints register • Quality assurance activity • Fire logbook • Risk assessments • Maintenance logs • Medication policy • Staff rotas and training matrix
Is the service effective and responsive	<ul style="list-style-type: none"> • Referral and assessment process • Care plans • Evidence of person-centred care • Evidence of collaborative working with key professionals • Feedback
Is the service caring	<ul style="list-style-type: none"> • Observations of care delivery • Consultation with care receivers, family members, care staff, and professionals • Care plans and care receiver records • Evidence of care receivers having choice and control over their care needs • Supervision and care staff wellbeing

	<ul style="list-style-type: none"> • Available documentation (e.g., welcome pack and service development plan)
Is the service well-led	<ul style="list-style-type: none"> • Feedback from care receivers, care staff, and professionals • Service development plan • Assessment of service culture • Policies and procedures • Monthly provider reports • Staff training • Quality assurance activity and audit

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for development 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 its responsibility for maintaining compliance with legislation, Standards, and best practices.



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