



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Fig Tree House**

**Care Home Service**

**14 – 16 Parade Road  
St Helier  
JE2 3PL**

**24, 27 June and 4 July 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 report details the inspection of Fig Tree House Care Home. Located in a residential area of St Helier, the home is conveniently close to shops, cafes, and other town amenities, allowing residents to remain integrated with the community. The care home is housed in a Victorian building that has been converted and refurbished to meet contemporary standards. It offers single bedrooms with en suite bathing facilities across three floors. Communal areas include an activity lounge, two additional lounges, and a dining area on the ground floor. The service has recently been renovated to expand the home from 28 rooms to 32.

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	Type of care: Personal care and personal support  Category of care: Mental Health  Maximum number of care receivers 32  Age range of care receivers: 50 years and above Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1-30: one person Flats 2 and 3: one person
Discretionary Condition of Registration	None
Dates of Inspection	24, 27 June and 4 July 2024
Times of Inspection	10:00- 12:15, 08:45-17:00, 08:45- 11:00
Type of Inspection	Announced
Number of areas for improvement	Four
Number of care receivers using the service on the day of the inspection	30

Personal Care Limited operates the Care Home service, and there is a Registered Manager in place.

Since the last inspection, July 28, 2023, the Commission has received an updated copy of the service's Statement of Purpose. This was submitted on April 28, 2024, prior to a visit by two Regulation Officers to inspect the renovations to ensure the rooms were suitable for admissions of care receivers.

## **SUMMARY OF INSPECTION FINDINGS**

The following is a summary of what we found during this inspection. The main body of this report contains further information about our findings.

The inspection of Fig Tree House evaluated safety protocols, focusing on risk assessments for care receivers and staff. The manager ensures risk assessments are updated, shared, and acknowledged by staff. New admissions undergo risk assessments and trial visits. Staff assessments for health issues need formal documentation. The facility faced a COVID-19 outbreak, affecting staffing, but it was managed well.

Training includes incentives, and the medication policy now aligns with local legislation.

The inspection also focused on assessing needs, collaborative working, consent to care, and care provision. Senior staff conduct pre-assessments and update them regularly. Care plans cover all aspects of care, including end-of-life and religious needs. Collaborative efforts involve various professionals, and staff receive training on the Capacity and Self-Determination Law.

Do not attempt cardiopulmonary resuscitation (DNACPR) orders are managed systematically, ensuring care receivers' wishes are respected. The facility supports the psychological and spiritual needs of care receivers.

There is a dedication to personalised care, creating a supportive environment. Each care-receiver has a personalised bedroom and autonomy in daily activities, including community engagement. Meals can be customised to individual preferences, and support for family visits is provided. Staff well-being is emphasised through three-monthly appraisals focusing on recognition and support. There are plans to delegate responsibility for supervision to senior staff. Staff whose first language is not English receive tailored support, enhancing inclusivity. A structured appraisal ensures comprehensive feedback and development, tracked via a detailed spreadsheet.

The effectiveness of the home's leadership was assessed, focusing on the freedom to raise concerns and the whistleblowing policy. No problems have been reported since the last inspection, suggesting a positive environment where issues are promptly addressed. The whistleblowing policy empowers staff to raise concerns without fear. Conflict resolution is swift, fostering a supportive and respectful team dynamic.

The culture promotes equality, diversity, and inclusion, with practices like flexible time off. Staff successes are recognised, and an open-door policy encourages discussing personal or cultural needs.

Roles and responsibilities are clearly defined, and policies are regularly updated and communicated. Key policies reviewed included Hospital Discharge, Safeguarding, and Pressure Ulcers, with recommendations to align the latter with local legislation.

## INSPECTION PROCESS

This inspection was announced and was completed on 24, June 27 and July 4, 2024. Notice of the inspection visit was given to the Registered Manager the day before the visit. This was to ensure that the Registered Manager would be available during the visit.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup> 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**

Before our inspection, we reviewed all of the information held by the Commission about this service, including the previous inspection reports.

The Regulation Officer gathered feedback from five care receivers and two of their representatives. They also discussed the service with managers and other staff. Additionally, two professionals external to the service provided feedback.

Policies, care records, incidents and complaints were examined as part of the inspection process.

After the inspection, the Regulation Officer provided feedback to the Registered Manager.

This report outlines our findings and includes areas of good practice identified during the inspection. Areas for improvement have been identified and described in the report. An improvement plan is attached at the end of the report.

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

## INSPECTION FINDINGS

At the last inspection, five areas for improvement were identified, and the Registered Provider submitted an improvement plan to the Commission setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that improvements had been made to four of the five areas. This means there was evidence of improved access to policies relevant to the service, which are stored in small offices and available to staff. The service has also implemented a comprehensive induction programme covering all areas of the home and care activities.

During the inspection, the Regulation Officer viewed the current moving and handling policy and was provided with dates on which staff attended training.

The provider has reviewed and updated the medication policy to incorporate the medicine timings and provide guidance on medication storage.

It was ascertained during the inspection that the Registered Manager is still being rostered to work shifts and needs more time to carry out managerial duties. This continues to be an area for 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.
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The Registered Manager explained risk assessments are conducted for current care receivers and new admissions. Staff are informed of updates to these assessments during handovers and through a sign-in sheet in the office, which they must acknowledge by signing to confirm they have read and understood the updates.

For new admissions, the Registered Manager requests risk assessments from the referring professional, typically a social worker. Discussions regarding new admissions take place via telephone or email. Potential new residents are invited for tea and lunch visits and possibly a trial overnight stay to enable residents to assess their comfort with the facility. The case coordinator is responsible for conducting specific risk assessments, such as evaluating road safety when accessing the community. The staff team assists in performing risk assessments within the care home.

During the inspection, the Regulation Officer reviewed care receivers' files, focusing on risk assessments related to residents leaving the building and fall risks. These assessments evaluate the likelihood and consequences of risks, considering various options, including significant restrictions on liberty. Two staff members sign off on risk assessments, agreeing on the outcomes and plans. The outcomes from these assessments may include:

- referrals to the Capacity and Liberty Team
- redirection of the care receiver
- offering choices for community outings
- risk assessments are reviewed every three months or sooner if changes occur.



When reviewing care receivers' files, the Regulation Officer found that records of delivered care were distributed across multiple sections. Many care receivers needed daily notes in their files, which the Regulation Officer identified as a risk in demonstrating the care and supervision provided. The Registered Manager was advised that all care receivers should have a dedicated section for daily notes detailing all support, including supervision and instances when care receivers are fully independent. This is as an area for improvement.

The home conducts informal risk assessments for staff, especially those with health issues requiring additional monitoring. The Registered Manager was advised to formalise the documentation process for staff risk assessments to enhance clarity and consistency.

The facility employs 26 staff members and four relief staff. The staffing schedule includes five staff members for the morning shift, five for the evening shift, and three for the night shift. A new kitchen porter has completed the application process and is awaiting a Disclosure and Barring Service (DBS) check before starting work.

Figtree House recently experienced a COVID-19 outbreak, which affected staffing levels. However, the staff team collaborated effectively to cover various shifts during this period.

To encourage the timely completion of mandatory training, the Registered Manager introduced a light-hearted incentive where the first staff member to complete their monthly online training receives a bag of sweets. Additionally, a monthly email outlines required training via the online platform Social Care TV, with the Registered Manager selecting appropriate training modules and sending them directly to staff. Reminders are sent to ensure compliance, and the Registered Manager receives copies of the training certificates.

Training includes both an online system and face-to-face sessions. The provider also funds a Christmas party, bonuses, and gifts like Easter eggs. Staff members receive presents for significant birthdays, and the Registered Manager serves as the mental health first aider.

When reviewing all the training undertaken by staff since the last inspection, it was found that more needed to be done to complete all the mandatory and statutory training required by the standards. This is an area for improvement. However, it was acknowledged that staff frequently train in other areas.

The Regulation Officer sampled files from both long-term staff and recently employed members. The newer files contained the necessary documentation; however, for some staff members, the references collected only included dates of employment without performance details. The Regulation Officer advised the Registered Manager to request information, pertaining to safeguarding issues or disciplinary procedures when hiring new staff. This is an area for improvement.

The Regulation Officer examined medication and administration practices. Staff administer all care receivers' medications. During the pre-inspection, the Regulation Officer noted that no reported medication errors had occurred since the last inspection.

Staff audit all medication boxes and as required medications to ensure accurate counts. Other medications are supplied in blister packs for administration. Two staff members administer controlled drugs, which are stored in a secure, locked cupboard within a locked room. Medication is only signed off after it has been administered and taken by the care receiver.

The Registered Manager provided a copy of the current medication policy, referencing the UK's Mental Capacity Act and Deprivation of Liberty Safeguards. The Regulation Officer advised updating the medication policy to reflect local legislation, precisely the Capacity and Self-Determination Law 2016 and significant restrictions on liberty safeguards. This was completed within the inspection period and now reflects local legislation.

When receiving feedback from professional who work alongside the service they commented:

*“My experience is that the staff at Figtree led by (Registered Manager) always contact me in timely and prompt manner if they have any concerns about their resident’s mental health. And that they are very aware of the professional boundaries around working within the terms of Figtree’s registration.”*

### **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 Regulation Officer evaluated the effectiveness and responsiveness of the services provided, focusing on areas such as assessing needs, collaborative working, consent to care, and care provision.

Pre-assessments are conducted by the Registered Manager, deputies, or senior carers. Information is gathered from referrers such as social workers or other professionals, and the Registered Manager requests their assessments. For the first six weeks, new residents have a provisional assessment on file while care staff gather information and agree on a care plan. Care receivers' care plans are updated yearly or whenever there is a change in their needs. If the care receiver lacks capacity, needs assessments can involve the next of kin. Care plans are shared and agreed upon with the care receiver.

During pre-admission, care receivers receive a leaflet explaining what Figtree House is and how it supports them.

The Regulation Officer reviewed a sample of care receivers' files, which contained information from the pre-assessment form, including the care receiver's agreed level of care and the referrer details, for example, GP, psychiatrist or social worker. Files included a comprehensive range of information including health conditions, special dietary requirements, specialist services involvement, weight, history of Multi-Disciplinary Team (MDT) involvement, and other relevant details.

Upon receiving professional assessments, the Registered Manager highlights pertinent information such as religious considerations, potential risks, next of kin details, risks to mental health, alcohol abuse, emotional well-being, memory, and orientation. The pre-assessment form also includes life story information and preferred activities, essential for creating comprehensive care plans.

Care plans cover various aspects of care, including communication, personal hygiene, continence, mobility, skin and tissue viability, nutrition, breathing, pain, diabetes, social activities, mental health, significant restrictions on liberty safeguards, safeguarding, and alcohol consumption. These care plans feed into summary care plans found at the front of the care receiver's files. Additional care plans address end-of-life care, religious and spiritual beliefs, and funeral requests.

Information is shared only when necessary and in line with data protection policy. During pre-admission, care receivers receive a leaflet explaining Figtree House's services and support methods.

The Registered Manager determines the need for end-of-life care plans based on the care receiver's presentation, medical history, and relationships. Hospice involvement is requested, and discussions are held closer to the time when needed.

The home collaborates with various professionals, including social workers, Community Psychiatric Nurses (CPNs), psychiatrists, dietitians, General Practitioners (GPs), chiropodists, district nurses, Hospice, Family Nursing, and Home Care. The Registered Manager makes referrals to district nurses and Hospice for end-of-life care and to Family Nursing and Home Care for wound care, catheter care, and continence assessments.

The Registered Manager plans for deputies and senior staff members to become champions in specific areas of care, such as medications and continence management. This initiative aims to enhance expertise and accountability within the staff team.

Collaborative interactions also involve engagement with the mental health team, a government initiative designed to support staff and the Registered Manager. A representative from this team has visited Figtree House to discuss staff needs. The Registered Manager maintains good relationships with specific social workers within the adult mental health team and provides examples of joint efforts with mental health in-patient facilities to assess the appropriateness of potential new admissions to the home.

The Regulation Officer explored how care receivers provide consent to care. In November 2023, all staff completed Capacity and Self-Determination Law training. The Registered Manager explained that staff are trained to record information while considering the care receiver's capacity, refusals of care, and decision-making abilities. This training ensures that staff can accurately assess and document the capacity of care receivers, respecting their right to make decisions about their care.

Staff are committed to offering care receivers choices and understand the importance of documenting any refusals related to care or medication. This practice ensures that the care provided respects the autonomy and preferences of the residents while complying with legal and ethical standards. Care receivers have the right to refuse care, and this refusal is respected and recorded, ensuring transparency and adherence to their wishes.

Practices relating to Do not attempt cardiopulmonary resuscitation DNACPR orders, their accessibility, validity, and related policies were explored. Discussions also covered advanced decisions, the right to refuse treatments, advanced care planning, and the physiological and spiritual impacts on care receivers and staff training.

The Registered Manager discussed how DNACPR orders are identified and managed. Care receivers' folders are marked to indicate the presence of DNACPR orders, with the DNACPR document being the first page of the folder—this document details when the order was made and who was involved in the discussion. Staff are notified of any new orders and must sign to confirm they have read and understood the information.

Advance care planning is an aspect of the care provision. The Registered Manager ensures that care receivers or their families provide documentation about lasting power of attorney or Court appointed delegates. This process ensures that the care receivers' wishes are fully respected, even if they lose the capacity to advocate for themselves.

The home accommodates the psychological and spiritual needs of care receivers. The Registered Manager provided examples of how care receivers are supported in attending church and other spiritual activities. For those who lack capacity in this regard, the home honours their previously documented wishes, ensuring continuity of care and respect for their spiritual needs.

The Registered Manager noted that the death of a care receiver is infrequent but significant due to the family-like nature of the staff team. To support staff during such times, recommendations included the potential for bereavement support and resilience training.

### **Is the Service Caring?**

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.
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Several examples of personalised care demonstrated the home's dedication to creating a supportive and nurturing atmosphere which is tailored to the individual needs of the care receivers.

Each care receiver has a personalised bedroom, reflecting their preferences and individuality. These personalised spaces are designed to make residents feel at home and ensure their comfort and happiness.

Care receivers have the autonomy to choose how to spend their day. Some leave the home to engage with the community, returning for meals. This approach supports their independence and allows them to maintain personal routines. The flexibility in daily activities demonstrates the home's commitment to respecting the residents' autonomy and preferences.

Meals are flexible and responsive to care receivers' preferences. For example, if a care receiver does not like what is on the menu, the chef is willing to prepare an alternative meal. This responsiveness to individual tastes and dietary needs reflects a personalised approach to care.

Some care receivers are relatively independent, and staff respect and support their autonomy. The Registered Manager shared an example of assisting a care receiver who wished to visit a family member. This support is vital in helping residents maintain connections with their families and communities.

The inspection focused on workforce well-being, mainly through supervision and appraisals. This type of support is essential in maintaining a supportive work environment and ensuring staff are motivated and well-supported.

The Registered Manager conducts three-monthly appraisals instead of traditional supervisions. These appraisals focus on staff well-being and recognise good practice. The Registered Manager plans to delegate appraisals to senior staff members based on their departments to enhance the appraisal process.

The need to support staff whose first language is not English is recognised. Support is provided in assisting staff in learning policies and reading documents. Moving forward, these staff members will receive supervision and appraisals from colleagues with a first language other than English. This approach ensures better communication and understanding, fostering a more inclusive and supportive work environment.

The appraisal process involves staff members scoring their performance in various areas, including reliability, quality of work, initiative, up-to-date training, ability to follow requests and instructions, relationships with residents and staff, attendance, and timekeeping. Supervisors also score these areas, allowing for a comparison of perspectives. The appraisal form captures employee and supervisor feedback, notes any development needs, and is signed and dated by both parties. This structured approach ensures that staff receive comprehensive and constructive feedback on their performance.

To ensure accurate tracking of supervisions and appraisals, the Registered Manager is compiling a spreadsheet that captures the dates of these processes. This tool will help maintain up-to-date records and ensure that all staff receive regular and timely appraisals and supervision.

Feedback was gained from relatives who stated:

*“From the places that I had visited with my sister, I had no doubt that Fig Tree House was the best place for my mum to move into and this proved to be so.”*

Care receivers living at Fig Tree House stated:

*“(Registered Manager) is brilliant always approachable and helpful, in fact all the staff are.”*

*“I have lived here 9 years the staff are excellent, food is alright, I enjoy the activities like bingo that get the biggest crowd.”*

*“I have not lived here long, it’s very nice all the staff are great I have made lots of friends.”*

### **Is the Service Well-Led?**

Evaluating the effectiveness of the service leadership and management.
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The home reported no incidents of staff raising concerns since the last inspection. A whistleblowing policy aims to ensure staff feel empowered to raise concerns without fear of reprisal, contributing to a transparent and accountable organisational culture.

While occasional conflicts among staff members may arise, the Registered Manager acknowledged that these issues are swiftly resolved without lasting animosity. Staff feedback highlighted the cohesive and supportive team dynamics at Figtree House as a significant benefit of working there. The positive and harmonious work environment fosters mutual respect and collaboration among staff members, ultimately enhancing the quality of care provided to residents.



The Regulation Officer evaluated the home's culture, focusing on workforce equality, diversity, and inclusion. The discussions with the Registered Manager highlighted several practices and examples illustrating how an inclusive and supportive environment for staff is promoted.

The Registered Manager emphasised the importance of clear and inclusive communication within the team. Examples of supportive practices include flexible time off; staff are allowed time off for important personal events, such as attending their children's sports days.

Staff whose first language is not English are provided with assistance, helping them complete paperwork and understand their responsibilities.

The Registered Manager ensures that staff feel valued and appreciated. This is achieved through recognising and celebrating staff successes, both personal and professional.

Figtree House has established an open-door policy where staff feel comfortable approaching the Registered Manager to discuss personal problems or request time off for cultural reasons.

There was evidence of a structured approach to roles and responsibilities, ensuring clarity and accountability throughout the home. The Provider is responsible for developing policies, which are then shared with the Registered Manager. These policies are printed and maintained in a folder within the office for easy access. A signed acknowledgement list ensures all staff read and understood the policies. Senior staff members play a crucial role in ensuring that all staff members effectively communicate and adhere to these policies.

During the inspection, several key policies were reviewed to assess their alignment with local legislation and best practices, such as Hospital Discharge Policy and Procedure, Safeguarding Adults Protocol, Pressure Ulcers and Interface with Safeguarding Inquiry. It was recommended that the policy on pressure ulcers be updated to align with local legislation instead of UK legislation and practices, ensuring compliance and best practices in care delivery.

A review of three months of staffing rotas revealed that the Registered Manager is frequently counted as a staff member working directly with clients. While it was acknowledged that staff shortages due to COVID 19 had recently occurred, this accounted for only a tiny portion of the sample. The Registered Provider must ensure that the Registered Manager has sufficient supernumerary time and is not regularly rostered as a care staff member, allowing them to fulfil their managerial duties effectively. This was identified as an area for improvement following the previous inspection and will remain in place.

Feedback from relatives of care receivers said:

*“Overall, I can say and this goes from all of my family, that as difficult as it is for us to see my mum’s condition deteriorate, we are so thankful that she is in a caring and nurturing and safe environment and our heartfelt thanks go to all of the staff that help my mum with her everyday needs. We are kept up to date with any concerns and issues and recently have been advised that her medication was reviewed and changed by her GP. We have been provided with updated care plans, when care needs change, which we have reviewed and signed.”*

Staff commented on the leadership:

*“(Residential Manager) is the best manager ever always ready to help her staff and her clients.”*

*“I can go to her any time, to see her in her office. She always arranges time to see, to receive us and I can talk to her about anything work or personal subjects.”*

## IMPROVEMENT PLAN

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

<p><b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 9 (4)</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>A registered person must prepare and maintain a care record that is sufficiently detailed, contemporaneous and relevant to ensure that a service user's health, safety and welfare needs, and circumstances, are properly documented, and this record must include –</p> <p>(a) the personal plan together with the documentation relating to the assessment of the service user's needs; and</p> <p>(b) a record of the care or treatment actually provided or delivered to the service user.</p>
	<p><b>Response of Registered Provider:</b></p> <p>We recognize the importance of maintaining detailed and accurate care records to ensure the health, safety, and welfare needs of our service users are properly documented. To clarify, we understand that this also pertains to our daily record notes.</p> <p>Our care plans are comprehensive and cross-referenced with daily notes, ensuring that all significant data is accurately transferred and recorded legibly. All important, relevant information along with their assessment of needs is transferred from our Daily Notes to our Residents Individual Plans of Care which has been documented in our report as being highly detailed.</p> <p>Effective immediately, we have incorporated more detailed daily written reports from both day staff and night staff. We have also implemented the necessary changes to enhance our system in line with your requirements."</p>

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 11.1 and Appendix 5, Regulation 5(2)</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The Registered Provider must ensure that the Registered Manager has adequate periods of supernumerary time and not be regularly rostered as a care staff member to enable them to carry out their managerial duties.</p>
	<p><b>Response of Registered Provider:</b></p> <p>We are fully committed to complying with the requirement to allocate adequate supernumerary time for the Registered Manager.</p> <p>We will ensure that the Registered Manager is provided with sufficient time to focus on their managerial responsibilities, recognizing the importance of this directive. To support the Registered Manager in their role, we are prepared to make the necessary adjustments to our staffing and scheduling.</p> <p>At our home, the Manager values being visible and available on the floor, as it's a key part of their role to ensure that both residents and staff are well cared for, supported, and personally seen by the person in charge.”</p>

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 3.5, Appendix 4</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>Safer recruitment checks, the Registered Manager must request additional information pertaining to Safeguarding concerns and allegations when gathering references.</p>
	<p><b>Response of Registered Provider:</b></p> <p>In our reference requests, we explicitly ask whether the candidate is suitable for a position that involves contact with vulnerable elderly people and whether there are any safeguarding concerns or allegations. We understand that some organizations may choose to provide only factual information, such as employment dates, citing company policies.</p> <p>In response to the requirement for additional safeguarding checks, we have taken immediate action to ensure full compliance.</p> <p>Our reference request forms have been updated to emphasize the importance of sharing safeguarding information. We are committed to promptly implementing</p>

	this measure and ensuring that our recruitment processes uphold the highest standards of safety and diligence.
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<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 3.11</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The registered person will ensure that all care/support workers complete and remain up to date with statutory and mandatory training requirements.</p>
	<p><b>Response of Registered Provider:</b></p> <p>Our organization acknowledges the critical importance of ensuring that all care and support workers complete and stay current with statutory and mandatory training requirements. This training is essential not only for the safety and well-being of our service users but also for maintaining the highest standards of care and regulatory compliance.</p> <p>We also deliver additional training through a combination of online learning platforms and in-person sessions. Given that our home is registered for Mental Health, we ensure that in-house training is supplemented by external professional bodies to keep all staff updated with the latest developments and best practices.</p> <p>Furthermore, we are committed to continuous improvement. We regularly review our training programs to ensure they align with any updates in statutory or mandatory requirements. We also seek feedback from our staff to evaluate the effectiveness of the training and make necessary adjustments. This approach guarantees that our care and support workers remain compliant, competent, and confident in their roles.</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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