



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Lakeside Care Home**

**Care Home Service**

**La Rue de la Commune  
St Peter  
JE3 7BN**

**30 September, 1 & 21 October  
2024**

**Published:  
21 November 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 of the inspection of Lakeside Care Home where there is a Registered Manager in place.

The service is in St Peter and is close to another care home operated by the same service provider. The home is a two-storey building with accommodation and communal facilities on both floors. The ground floor accommodation primarily supports individuals with personal care needs, and the first floor is for individuals with nursing and personal care needs. There is a large dining area, café facility, and entertainment space. To the rear of the home is a large lake, which most bedrooms overlook.

Registration Details	Detail
Regulated Activity	Care Home
Mandatory Conditions of Registration	
Type of care	Nursing care & personal care
Category of care	Adult 60+
Maximum number of care receivers	66
Maximum number in receipt of nursing care/personal care	Nursing care:20 Personal care:46
Age range of care receivers	55 and above
Maximum number of care receivers that can be accommodated in each room	Rooms:1-28 (no 13) Personal care Rooms:31-69 Nursing care
Discretionary Conditions of Registration	
None	
Additional information:	
The Statement of Purpose was updated during the inspection process to reflect the addition of a light bite menu that was introduced recently as an alternative to the evening meal.	

### 3. ABOUT THE INSPECTION

#### 3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager six days before the visit.

This was to ensure that the Registered Manager would be available during the visit. Two regulation officers were present for two days of the inspection and one Regulation Officer for the third day. References to who gathered the evidence and information during this inspection may change between the Regulation Officer and the regulation officers. Any additional information requested was provided following the inspection.

Inspection information	Detail
Dates and times of this inspection	30 September, 09:30-17:10 1 October, 09:30-17:00 21 October, 12:00-13:30
Number of areas for development from this inspection	One
Number of care receivers accommodated on day of the inspection	66
Date of previous inspection: Areas for development noted in 2023 Link to previous inspection report	26 July, 1 & 15 August 2023 4 <a href="#">IR-Lakeside-Care-Home-15082023-complete.pdf</a>

### 3.2 Focus for this inspection

This inspection included a focus on the areas for development identified at the previous inspection on 15 August 2023 as well as 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, four areas for improvement were identified, and the Registered Provider submitted an improvement plan to the Commission, setting out how these areas would be addressed (areas for improvement will now be identified as areas for development).

The improvement plan was discussed during this inspection, and it was positive to note that all improvements had been made, this included:

- The safe storage of records retained in the home and those relocated to an external locked storage facility.
- Handovers have been moved to the dining room, creating a confidential space at the times they are conducted.
- The staff changing room has been cleared of clutter and is part of a refurbishment bid to be presented by the Registered Manager to the Provider in October. Staff adhere to infection control measures by arriving at work in clothes and changing into their uniforms on site. The staff room has been relocated, providing staff with ample space to relax, and has the dual purpose of being a meeting room. The basement has been cleared of clutter and continues to be used as a storage facility. The summer house is locked, and a locked gate prevents access to the marsh-like area.
- Staff ratios continue to be determined by the Dependency Indicated Care Equation (DICE), which depends on assessed need, presenting variables and care required to deliver safe care.

The regulation officers were impressed by the Registered Manager's response to the last inspection and how they had addressed the four areas for development.

## 4.2 Observations and overall findings from this inspection

On entering the home, there was a warm, happy and welcoming atmosphere. Music was playing in the entrance area which was furnished with comfortable seats where care receivers were seen to be relaxing. Care receivers are supported by the staff team and empowered to be as independent as possible.

Feedback received from family members:

*“They know Xxx are safe and the staff are caring and compassionate.”*

The regulation officers were given a tour of the home and grounds, including the areas which were identified for improvement in 2023, which have been addressed. There is a pebble footpath around the outside of the lake's perimeter fence that accompanied care receivers can enjoy, and a small grass area with outdoor chairs and a table.

It was clear to the regulation officers that the Registered Manager is held in high regard by care receivers and their families, and an observation made by a family member was, *“The Registered Manager has a good rapport with staff and seems an excellent manager. They are visible in the home and chat with my mother. The home is brilliant, the staff are amazing, and they work hard.”*

Care receiver feedback:

*“Staff are wonderful and are like my family.”*

The regulation officers witnessed staff being kind, caring, and engaging with care receivers.

The home has a clear management structure, and the Registered Manager was grateful for the support they received from the Provider. Staff were also complimentary of the Registered Manager, and their dedication to the service and leadership was apparent to the regulation officers. The Registered Manager is visible within the home and operates an open-door policy, valuing feedback to improve the service. Recent feedback highlighted that toast served at breakfast on the second floor was cold. In response to the feedback, a rarely used small lounge on the second floor will be repurposed into a small kitchen so that the toast served remains warm.

## **5. INSPECTION PROCESS**

### **5.1 How the inspection was undertaken**

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

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

The Regulation Officer gathered feedback from four care receivers and two of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by one professional external to the service and five more were approached but no feedback was received.

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

After the inspection, the regulation officers provided feedback to the Registered Manager, with details of the final findings confirmed by email.

This report outlines our findings and includes areas of good practice identified during the inspection. Where areas for development have been identified, these are described in the report, and an improvement plan is attached at the end of the report.

### **5.2 Sources of evidence**

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

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

## 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.

The regulation officers reviewed several care records, and the files were found to be well organised and up to date and included the care receivers photograph, the 'getting to know me' document, any Lasting Power of Attorney certificates, the Personal Emergency Evacuation Plan (PEEP) paperwork, a pre-admission assessment and an admission inventory of valuables and personal effects as well as the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documentation.

Risk assessments within the care receiver's record are regularly reviewed and include access to the balcony, fall risk, use of a recliner chair, and safe use of bed rails and bumpers. In one file, there was paperwork relating to a Significant Restriction of Liberty (SROL), and evidence that the Registered Manager had taken the appropriate steps to request an updated SROL assessment. The current number of Significant Restrictions of Liberty (SROL) is 25, and it has been identified during the inspection that improvement in notifying the Commission of SROLs is required. There was evidence of contemporaneous record keeping in the care records, which were dated, timed, and signed.

Safe staffing was discussed with the Registered Manager, and currently, the service is adequately staffed to provide safe and effective care. There are several staff vacancies which include one carer for the daytime shifts. A care receiver disclosed: *"The service seemed a little bit short-staffed, particularly in the dining room during the mornings."* The Registered Manager shared that staff retention is difficult due to more attractive remuneration for overtime shifts, hourly rates of pay, and the offer of a pension by other care providers. One carer shared that: *"The lack of sick pay and pension is an area the service could improve upon."*



Bank staff can be approached to fill gaps in the roster, and student nurses have worked during their holidays as health care assistants, which is of benefit to the home and the experience of the student nurse. The shift rota adopted provides a blend of experienced staff to meet the needs of the care receivers. When analysing early, late, and night shift data, the care home standards for safe staffing were met in 80% of the randomly selected six dates across three months of rotas. Planned recruitment of an additional member of staff will support the rota. There has been successful recruitment from overseas where nurses have completed their Objective Structured Clinical Exam (OSCE) to be registered as nurses with the Nursing and Midwifery Council and Lakeside Care Home has on site staff accommodation available, which is a benefit for attracting staff from off-island.

The regulation officers reviewed a selection of staff files to evaluate safe recruitment practices. Seven (10%) personnel files with various job descriptions were reviewed, 71% identified the interview record as being completed, and 29% did not evidence responses to the interview questions. This lack of documentation could be of concern should any employment issues arise, and during the inspection, it was recommended that the same individual who conducted the two interviews review their practice to comply with the required safe recruitment practices. The interview panel consisted of two senior staff members, which is best practice.

All staff files contained the required documentation for safe recruitment. The original copies of the Disclosure and Barring certificates (DBS) were marked as seen by the Provider's representative and captured electronically; however, two certificates were not in the staff files. Following the inspection, the Registered Manager has requested the two absent certificates and continues proactively maintaining a three-year expiry date list to determine when to request an updated DBS certificate.

During the inspection, the safe storage of drugs and completion of the Medication Administration Record (MAR) charts were reviewed. Two drug trolleys were securely tethered to the wall, which two senior carers took to the care receivers for the medication rounds. It is commendable that the staff wore tabards saying they were not to be disturbed during the medication rounds to reduce the likelihood of a medication error.

A medication folder was on each trolley containing the local, and the generic medication management policy for reference, and a sheet was signed by staff indicating that they had read and were familiar with the policy.

Each Care receiver had a section that included their photograph, and the regulation officers recommend dating these photographs as a best practice and ensure the photographs remain current. There were also pain assessments and carer's medication notes where carers could document the drug's efficacy.

Medication bottles were marked with the date they were opened ensuring proper tracking of usage and expiration.

A selection of MAR charts was reviewed as part of the inspection process. The regulation officers found adherence to the standards for safe administration of medicines in most administrations. However, the regulation officers found areas of medication practice that required improvement and immediately addressed this during the inspection with the Registered Manager and staff team. The Regulation Officer was informed post-inspection that staff that administer medication must check each other's MAR charts to ensure that all medication administered is signed for correctly. As part of their nonclinical role, the deputy manager conducts supervised drug rounds with staff, promoting safe medication administration and compliance. Further training and competency assessments are recommended.

An area of commendable practice was that copies of prescriptions were with the MAR charts, which reduced the possibility of error, and the medication room and trolleys were clean and tidy.

The fridge identified as the medication fridge was, in fact, being used to hold specimen samples. Immediate action was taken to identify the fridge as a sample fridge.

The fridge temperature control audit form was found to have been incorrectly completed and addressed by the regulation officers with the Registered Manager.

The Registered Manager intends to purchase a new fridge for specimen samples but will, in the meantime, purchase a device to go inside the fridge so that they can constantly record the fridge temperature.

Medicines management is an area of development.

### **Is the service effective and responsive?**

Assessing the organisation of the service so that care receivers needs are respected and met.

The care receivers safety and fulfilment are the Registered Manager's focus when they meet a new care receiver for their initial assessment. A contract is signed by both parties when the decision for admission to the home is made, and contracts are evident in the personal files. During the initial assessment, the Registered Manager has an open and transparent discussion regarding the care home fees. Feedback received from a family member that has a lasting power of attorney for health was that they were present for the initial assessment by the Registered Manager and *“I was able to advocate for my mum, I felt listened to and able to identify her personal needs which are most definitely met”*.

Care receivers are not admitted with a primary diagnosis of dementia. However, as part of the continuous review, care plans are updated to include dementia if it manifests and consideration for transfer to a specialist dementia care unit when the condition advances beyond the expertise and safety of the home.

The home has several staff champions for areas such as Infection, Prevention, and Control (IPAC), medication, falls, and a designated 'Speak Up' Champion who is a voluntary non-management safe person to speak to. The Provider holds training for the roles in the United Kingdom (UK).

Care staff use a handover sheet during their shift containing relevant information. It became apparent during the inspection that not all staff were carrying a handover sheet which includes DNACPR status.

The Registered Manager spoke to the staff members about the importance of having a handover sheet and made a robust plan to ensure constant accessibility to handover sheets.

DNACPRs are reviewed by the General Practitioner (GP) every six months, and each care receiver has an 'Alert card' in the front of their care record which enables carers to quickly identify any allergies as well as the DNACPR status.

The Registered Manager shared a plan to adapt the audit tool used for resident of the day to include cross-checking the 'Alert Card' with the DNACPR certificate.

The home was clean and tidy; however, some walls and woodwork were scuffed and required attention. The maintenance staff has a continuous decoration programme, which the imminent addition of a new team member will support. The home features large windows that provide ample natural light and allows fresh air to circulate throughout.

The Regulation Officer sought feedback from care receivers and their relatives, and they reported that *"It would be nice to have some sofas available instead of all chairs and the walls of the home to be decorated in bright colours."*

The Provider has interior designers that determine the home's decoration, and there are plans for a refurbishment programme to include new carpets and en suite shower rooms and bathrooms. During the inspection, an odour was apparent in one area of the home, which the Registered Manager put a plan in place to address, including making changes to the carpet cleaning schedule. It has been fed back since the inspection that the odour has been resolved. The odour was also documented in the monthly provider report two months before the inspection, so a robust solution is required.

## Is the service caring?

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

Life enrichment is one of the Provider's priorities, and activities and outings are valued as much as personal care. There is a hairdressing and nail painting facility, and the activities coordinator has a schedule of activities that includes suggestions for activities made by the Provider each month. During the inspection, the regulation officers witnessed a well-attended game of Hangman, and care receivers shared that they enjoyed visiting musicians and singers, volleyball, boxing, and bingo. Care receivers who choose not to engage in group activities are encouraged to participate in one-on-one sessions.

Feedback received from a care receiver's daughter was, *"My mother is safe and happy, but more stretching activities and the offer of facials and massage would be nice."* There is a minibus, and outings to the beach and cafés are enjoyed.

Therapy dogs visit the home, relatives bring in their dogs to visit, and one care receiver has their cat in their room with them.

Feedback from care receivers included:

*"The minibus goes to Gorey or St Brelade, and it would be nice to go elsewhere."*

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*"It would be good to have a snooker*

The monthly provider report written two months before the inspection indicated that a plan of the month's events should be displayed, but this was not evident during the inspection, and it is recommended that this be done.

Several initiatives were discussed with the Registered Manager, that emphasise Lakeside Care Home's commitment to meeting the individual needs and preferences of its care receivers. This was apparent as the service's Statement of Purpose was reviewed during the inspection and required updating to reflect the addition of a 'Lite-Bite' menu, which was introduced in February 2024. This was in direct response to feedback from care receivers during a resident's meeting.

Care receivers also raised the issue that the menu font was difficult to read, so the font was changed to improve readability for the care receivers, ensuring they could understand their meal options. Care receivers have a choice of meal options, and three courses are available. There is also a café area where drinks, pastries, and cakes are available.

Care receivers feedback:

*"Very good chef but 3 cooked meals a day is too much, and it is good that I can now have cheese and biscuits."*

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*"There are too many casseroles/stews, and I would like an authentic Jersey bean croc."*

It was evident during the inspection that visitors frequently attended the home and were welcome to join their loved ones in the dining room. A care receiver shared, *"I appreciate that visitors are welcome anytime."*

This year, new windows and bedroom furniture have been invested in, and care receivers are encouraged to personalise their living spaces and furnish their rooms with pictures, furniture, and personal items to feel at home and comfortable.

A plan is to repurpose an outside area and turn it into an allotment for care receivers and for the gardeners to grow fresh produce and flowers.

There is a clear commitment to personalised care and continuous improvement within the home.

The life enrichment philosophy extends to the staff team. A nominated staff member of the month is voted for by their colleagues and care receivers to acknowledge all they do. They are rewarded with a voucher, and their photograph is displayed in the entrance hall and uploaded to the Provider's information technology (IT) home page. Staff are presented with a gift on special occasions and rewarded with Christmas and staff parties.

A monetary gift is given to the staff working and unable to attend the Christmas party. A staff app also provides staff with shopping discounts in some stores. Staff well-being is paramount, evidenced by the offer of a counselling service when required.

A comprehensive staff induction has been developed and includes an induction booklet that guides new staff through their onboarding processes and initial training. This consists of an introduction to the Provider company, the principles and values to be upheld by employees, and the expected approach to providing care focused on enhancing the quality of life for care receivers. The handbook provides access to policies, procedures, and the expectations of staff, as well as a checklist outlining the desired milestones for staff members to achieve specific goals.

A learning record includes the expected training to be completed, learning outcomes, and competency checks. There is also documentation to evidence that new staff have been trained to use equipment safely and deemed competent to use in practice.

At 12 weeks, a formal review is undertaken, and a certificate is awarded for completing the induction programme. The regulation officers were satisfied that the induction process was comprehensive, incorporating face-to-face training and e-learning. The induction process of new staff would appear to ensure that staff are well prepared, with opportunities for continuous professional development.

The training matrix was provided before the inspection, including all the mandatory training apart from SROL training. There is currently limited provision for SROL training in Jersey, and it was suggested to the Registered Manager that they book all staff onto training over consecutive months within one week of the inspection. Since the inspection, the Registered Manager has confirmed that they have contacted the facilitator for SROL training.

Equality, diversity, and human rights training is included in the induction handbook and will be added to the mandatory training list to be completed every three years. The statistics of staff that have attended their statutory training is 97-100%, and when combined with the mandatory training, there is 97% compliance, which is to be commended.

At the time of the inspection, 100% of the three-monthly supervisions had been completed for this year. Supervision was highlighted in a previous monthly report as an area requiring improvement; therefore, 100% demonstrates staff responsiveness.

Staff feedback that they were able to talk about anything during their supervisions, including concerns and identify any personal training needs. 90% of annual appraisals had been completed, which is commendable.

The Regulation Officer writing the report found the home's management team to be very responsive to recommendations made during the inspection and incidents in the home. The management team shows mutual respect and continually seeks to improve the home and well-being of the care receivers and the staff.

Further planned improvements include the introduction of a new IT system. Care plans are currently being reviewed in preparation to be moved to the new system in July 2025. This will enhance care delivery by having staff with handheld devices, allowing real-time data collection throughout their shifts. Staff can instantly access care plans, input the care they have provided contemporaneously, and access the most up-to-date information on each care receiver.



This system will also enable the Registered Manager and Provider to monitor care delivery to ensure safe and consistent care.

### Is the service well led?

Evaluating the effectiveness of the service leadership and management.

The Registered Manager conducts daily walk-rounds of the home, engaging with the staff team and the care receivers, gaining insight into any areas of concern, such as environmental issues and ill health, and listening to any requests or recommendations, such as ideas for activities.

There are also daily stand-up meetings where all heads of departments are present to share any relevant information, including new admissions, and identify the 'resident of the day.' Care receiver care plans are reviewed monthly as part of 'resident of the day' ensuring person-centred care. It was fed back on the second day of the inspection to the regulation officers that at the stand-up meeting the previous day, the issue of not all staff having handover sheets was addressed, demonstrating that stand-up meetings can be used proactively to disseminate important information quickly.

The 'resident of the day' entails each department head spending some time with the identified care receiver to establish any wants or needs of the care receiver.

Previously, it was raised with the Head of Housekeeping that items of clothing had gone missing in the laundry.

Relative feedback:

*"Laundry is a bit of an issue, and I have been advised not to bring in any more clothes for Xxx, but I would like to."*

The Registered Manager shared their frustration that despite items of clothing being labelled on admission to the home and each care receiver having their own basket in the laundry, items of clothes still go missing.

There are plans to expand the laundry area, which is small, by knocking through a wall to create more space. The expansion will improve working conditions for the staff, as there will be enhanced ventilation.

The Provider has systems to ensure compliance with care plan reviews, staff training and competency, and incident monitoring. The regional director holds monthly compliance inspections to ensure the home consistently achieves high standards with the Provider's quality assurance framework. A report is produced monthly, which includes a section to monitor the improvements set during the last inspection by the Commission. Other aspects of the home that are measured include:

- occupancy rates
- the needs of the care receivers, considering whether the home can meet their needs
- admission files completed
- medicines management
- review of staff turnover and sickness
- feedback from the staff survey
- monitoring of the central action plan.

Staff feedback features on the central action plan and demonstrates that the Provider listens to employees, which increases staff morale and improves the home's culture.

All the audit activity required by the Provider is reviewed for compliance, and actions identified in a previous monthly report had been addressed in the monthly provider report reviewed by the Regulation Officer. It was evident in another randomly selected monthly report that the Registered Manager had good compliance with daily walk rounds of the home and monitoring of maintenance checks.

During the inspection, the regulation officers observed a selection of risk assessments, including a fall risk assessment. Risk assessments and the monitoring of accidents and incidents is part of the compliance process.

However, feedback provided in the monthly report was that clinical analysis had not been completed following a recurrence of falls for one resident, and a recommendation was made to implement measures to reduce the risk of falls. This demonstrates how monitoring compliance can drive improvement and ensure effective and safe care.

There are regular clinical governance meetings, and a staff member shared that learning is disseminated to all staff attending, and minutes of these meetings are recorded.

A hard copy of the minutes is available for staff to read in the Registered Manager's office and a recommendation would be to have minutes of meetings accessible in the staff room.

Before the inspection, the Regulation Officer was provided with a requested sample of policies and procedures. The Provider's safeguarding policy relates to legislation in England, and the Regulation Officer was advised that the policy is currently under review and will be approved by the policy committee soon. The medicines policy also requires updating by the end of this year to reflect Jersey law.

A Whistleblowing Policy was provided, and staff shared awareness of an anonymous whistleblowing phone line that they could access.

Care receivers and their families unanimously stated that if they needed to make a complaint, they would approach the Registered Manager, who they confidently felt would take the concern seriously and act as required.

Staff provided the regulation officers with positive feedback regarding the changes made in the home over the last year, especially relating to leadership, staff availability to cover shifts, and ensuring there is structure to care receivers' care. A family member of a care receiver re-iterated this, sharing, "*There has been a noticeable positive change within the home from when the current Registered Manager took up the post*".

## DEVELOPMENT PLAN

There was one area for development identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p><b>Area for Development 1</b></p> <p><b>Ref:</b> Care Home Standard 6.6 and appendix 9</p> <p><b>To be completed:</b> 02 January 2025</p>	<p>The Registered Provider must ensure that staff adhere to safe administration of medication and contemporaneous recording of medication given on the medicine administration chart. The Providers Management of Medicine Policy is currently being adapted to meet the requirements of Medicines (Jersey) Law 1995.</p> <hr/> <p><b>Response by registered Provider:</b></p> <p>All practitioners employed by the care home, who administer medication must have completed and must evidence appropriate clinical qualifications. Additionally, they must complete further mandatory company training and demonstrate to the general manager that they are competent with the administration of medicine, safe handling of medicines, have completed the Care of Medicines Foundation eLearning, and BHC Drug Assessment. The competency and knowledge of each individual practitioner is reviewed on an annual basis.</p> <p>Clinical supervision is provided in the interim to practitioners at regular intervals throughout the year and reflect the findings of the monthly audits of the management of medicines procedures in the home.</p> <p>In the event of a medication error, the care home has a protocol for the management of errors which provides a clear framework for resident safety and incorporates duty of candour principles. The medical error protocol provides clear steps that practitioners must follow to ensure the well-being of residents and to address any performance issues. Central to the protocol is a risk assessment of actual or potential risk of harm to residents and the accountability of practitioners to address and minimise risk.</p>
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	<p>The Company is in the process of developing and ratifying a management of medicine policy that is based on the appropriate Jersey legislation.</p>
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## **Appendix 1 – Sources of Evidence**

Follow up on previous areas for development	
Focus	Evidence Reviewed
<b>Safety</b>	Policies including: <ul style="list-style-type: none"> <li>• Management of Medicine Policy</li> <li>• Safeguarding Adults Policy</li> <li>• Speak Up (Whistleblowing) Policy</li> </ul>
<b>Training</b>	Staff training records and processes for staff induction and development
New key lines of enquiry	
Focus	Evidence Reviewed
<b>Is the service safe</b>	Feedback from professionals, carers, care receivers and relatives  Various job descriptions  Notifications of incidents  Risk assessments
<b>Is the service effective and responsive</b>	Feedback from professionals, carers, care receivers and relatives  Audit, to include care receiver of the day review  Monthly provider reports
<b>Is the service caring</b>	Feedback from professionals, carers, care receivers and relatives  Care plans
<b>Is the service well-led</b>	Feedback from professionals, carers, care receivers and relatives

	<p>Staff induction handbook</p> <p>Policies including:</p> <ul style="list-style-type: none"><li>• Grievance Policy</li><li>• Disciplinary (Including Dismissal) Policy</li></ul>
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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 their responsibility for maintaining compliance with legislation, Standards and best practice.



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