



**Jersey Care
Commission**

Summary Report

Jersey Cheshire Home

Care Home Service

**Eric Young House
Rope Walk
St Helier
JE2 4UU**

25 and 27 November 2024

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

The service is committed to creating a safe environment, with risk assessments in place to identify and manage potential risks. These assessments are regularly reviewed to ensure they remain relevant and are easily accessible to staff to support effective care delivery.

The recruitment process is thorough, ensuring only qualified candidates are hired and new staff undergo a comprehensive induction. However, concerns were raised about staffing levels, by staff and care receivers, particularly during afternoon shifts, where reduced staff availability may impact care delivery. Increased staffing during these times is an area for improvement.

Medication management requires improvements in key security, documentation, and protocols. Recommendations were made to update policies, align with legislation, and enhance staff training and audit systems. The manager was receptive, with guidance provided to support compliance. Developing a service-specific oxygen policy was also advised.

The service works collaboratively with healthcare professionals to meet care receivers' evolving needs. Regular reviews and person-centred care plans are in place, ensuring responsive and effective care. The service also demonstrates good practices in pressure relief management, wound care, and regular equipment maintenance.

The service fosters a positive and open environment, encouraging staff to raise concerns and ensuring they feel supported. Initiatives promoting staff wellbeing, such as 'kind mugs' and mental health first aiders, contribute to a positive working culture.

In conclusion, the service demonstrates commitment to ongoing improvement, with a focus on maintaining high standards of care quality and enhancing staff support.

IMPROVEMENT PLAN

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

<p>Area for Improvement 1</p> <p>Ref: Standard 1.6; Appendix 2</p> <p>To be completed by: Three months from the date of inspection (25 February 2025).</p>	<p>The service needs to adjust current operational policies to ensure they are based upon local legislation.</p>
	<p>Response of Registered Provider:</p> <p>We are committed to aligning our operational policies with local legislation and continuing to ensure best practices are consistently followed to meet both regulatory standards, local legislation and the needs of those we serve.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 3.9; Appendix 5</p> <p>To be completed by: Four months from the date of inspection (25 March 2025).</p>	<p>The service needs to adjust staffing levels to meet the standards at all times.</p>
	<p>Response of Registered Provider:</p> <p>Our current staffing levels are fully meeting the required standards. We continue to monitor this closely to ensure we provide the best care for our residents and comply with all regulatory requirements.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 6.7; 6.8; Appendix 9</p>	<p>The service must improve medication management by establishing and adhering to robust policies, procedures, and best practice guidelines.</p>
<p>To be completed by: Three months from the date of inspection (25 February 2025).</p>	<p>Response of Registered Provider:</p> <p>We will proactively review our procedures to ensure they are robust and aligned with best practices. Additionally, enhanced administrative measures will be implemented to ensure consistency and continued compliance.</p>

The full report can be accessed from [here](#).