



**Jersey Care
Commission**

INSPECTION REPORT

Serene Care Jersey Limited

Home Care Service

**St Andrews Church
St Andrews Park
First Tower
St Helier
JE2 3JA**

5 December 2024

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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 Serene Care Jersey Limited where there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Home Care
Mandatory Conditions of Registration	
Type of care	Personal care/personal support
Categories of care	Adult 60+, Dementia care, Physical disability and/or sensory impairment
Maximum number of care hours per week	2,250
Age range of care receivers	19 years and above
Discretionary Conditions of Registration	
None	

Additional information

The Statement of Purpose was updated during the inspection process to reflect the current number of staff employed

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.

Inspection information	Detail
Dates and times of this inspection	5 December 2024 09:30-16:30
Number of areas for development from this inspection	Five
Number of care receivers accommodated on day of the inspection	Eight
Date of previous inspection: Areas for development noted in 2023 Link to previous inspection report	7 June 2023 Three IR-Serene-Home-Care-2023.06.07-Complete.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for development identified at the previous inspection on 7th June 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, three 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 the three areas for improvement have been met. A system to monitor the weekly maximum care hours provided has been implemented, all staff have attended face-to-face emergency first aid training and received an annual appraisal.

Areas for improvement will now be referred to as areas for development.

4.2 Observations and overall findings from this inspection

The Registered Provider is also the Registered Manager for the service, and since the last inspection, it is positive to note that the Registered Manager has completed their Level 5 Diploma in Leadership and Management for Adult Care.

There was evidence of strong team leadership and dedication to the delivery of high-quality care and support. Since the last inspection, the service has grown, and adjustments are required to increase some aspects of oversight.

The Regulation Officer raised concerns about the sustainability of the Registered Manager being available 24/7 due to an increase in care packages. They recommended recruiting a deputy manager to share the clinical on-call duties and other responsibilities but a suitable candidate for the role was not found.

Additional administrative staff and carers have been employed since the last inspection. However, the number of hours carers work some weeks exceeds 48 hours, in part due to attendance at staff training and staff requests. The deputy manager role may contribute to reducing additional hours carers work. The number of hours staff work was discussed with the Registered Manager, and steps will be taken to address this.

During the inspection, it was apparent that the Registered Manager is passionate about delivering safe care. The service has an extensive list of policies and procedures, and it is commendable that interagency quality assurance reports and internal reports are produced monthly.

A carer shared:

“Xxx (Registered Manager) is really approachable any time of the day. Sometimes he goes beyond work issues, and he really sorts you out.”

A carer shared:

“You can talk to Xxx (Registered Manager) about anything.”

Medication management is an area identified for development, which will be discussed further in the body of the report. In recognition of this, the service has prioritised reviewing the medicine policy and will incorporate the advice of the Pharmacist Inspector.

Care receivers, their representatives, and staff members were very complimentary of the Registered Manager and provided positive feedback about the service. Care receivers feel respected, and their personal preferences are listened to. They are treated with kindness and compassion, and any concerns or suggestions are addressed promptly. Representatives from the staff team shared that the Registered Manager is very approachable and supportive.

Overall, the Regulation Officer was impressed by the Registered Manager's response to the last inspection and how they had addressed the three areas for development.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Home Care Standards were referenced throughout the inspection.¹

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report from 7 June 2023, reviews of the Statement of Purpose, variation requests, and notification of incidents.

The Regulation Officer and the Pharmacist Inspector conducted the inspection and gathered feedback from two care receivers, but unsuccessful attempts were made to contact three of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by three professionals external to the service.

Policies, care records, incidents, and complaints were examined during the inspection process.

Following the inspection, the Regulation Officer and Pharmacist Inspector provided feedback to the Registered Manager.

This report outlines our findings. Where areas for development have been identified, these are described in the report, and a development 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.

¹ The Home Care 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 home care service operates according to its Statement of Purpose (SoP), which was updated during and following the inspection process to reflect staffing arrangements accurately. Since the last inspection, 18 new staff members have been employed. There is now a total of 27 staff with a blend of qualifications.

A sample of personnel files was reviewed, and assurance was gained of adherence to safe recruitment practices. The files were well organised and contained the relevant information, such as a job description, two references, the interview questions and responses, and a copy of the safe recruitment policy. Two senior staff members were recently introduced to the interview panel, which complies with the Standards. A current Disclosure and Barring Service (DBS) certificate was seen in the sample of files, and it was positive to see a risk assessment completed where appropriate.

The Registered Manager shared that the induction process is tailored to the needs of the individual carers and the care receiver they are allocated to. The shadowing process can include using a hoist and safely administering medications. Of the carers asked, they shared that they felt supported and would have felt comfortable requesting an extension to their induction period had it been necessary.

Various comprehensive risk assessments were reviewed, including falls and the use of bed rails and hoists. An example for a bed bath stipulates that two caregivers are to be present and includes a preparation list for the task that starts with gaining consent from the care receiver. The majority of risk assessments reviewed complied with the agency's six-month risk assessment review process.

The Pharmacist Inspector accompanied the Regulation Officer during the inspection process, and they were fortunate to visit a care receiver at home and review the medicine management processes. A finding was that there are currently no parameters for the use of 'as required' (PRN) medication. To meet the Home Care Standards, information about PRN medication should include the reasons for use, timing, maximum daily dose, and minimum intervals between doses. This was discussed with the Registered Manager during the inspection, and they plan to implement these changes.

The Registered Manager shared that the home care service usually keeps a count chart for over the counter (OTC) medicines. This was not always evident. Where a service is involved with a care receiver's medicines, the Standards state: "*Systems will be in place for non-prescribed medicines (homely medicines) to ensure that they are managed according to medical advice*". This would include an authorisation record from a healthcare professional and a way of recording administration. It was also evident that opening dates were not applied to creams and oral liquid medications. Consequently, use-by-dates are not adhered to once a medication is opened. It was pleasing to hear that a drug disposal record book had already been ordered to record disposed medications in response to an internal medication audit, however medication management is an area for development.

Health and safety practices observed in the private home setting included compliance with the annual maintenance check of a hoist and sling.

The Regulation Officer also saw an example of a Personal Emergency Evacuation Plan (PEEP) and found it to be thorough. One amendment was identified by the Regulation Officer which the Registered Manager actioned immediately. During feedback sought from staff and care receivers, it was clear that the Registered Manager can be contacted at any hour of the day or night and responds immediately, including in an emergency.

An incident folder is kept in the office. A small sample of notifications, including the actions taken by staff, was reviewed and found to have been well completed.

Is the service effective and responsive?

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

During the inspection, the service was found to comply with the mandatory conditions of registration.

The Registered Manager explained how they visit potential new care receivers to ensure the home care agency can meet the care receiver's needs. They took time to get to know the care receiver, find out their care preferences, and tailor the package to meet their needs. It was apparent throughout the inspection that person-centred care is provided, and the care receivers wishes are respected.

A healthcare professional shared:

"The care provided by Serene Home Care meets and often exceeds expectations. Care receivers benefit from a thoughtful and tailored approach that prioritises their wellbeing and dignity. Xxx's (Registered Manager) commitment to high standards is evident in the agency's operations and outcomes."

An 'About Me' document was available in the care receiver's home to ensure carers and visiting professionals understand the individual's care needs, including likes, dislikes, and hobbies. The documented processes are written with the care receivers and include their choices and preferences.

During feedback, the Regulation Officer was informed that the Registered Manager is responsive to the needs of care receivers. An example provided was when the Registered Manager recognised a change in the communication needs of one care receiver and introduced a spell board.

A contingency plan for environmental disasters was provided, and there is a plan for the unexpected absence of the Registered Manager. The opinion of the Regulation Officer is that the plan is not robust.

The Regulation Officer recommends that the contingency plan includes clear steps of how the service runs in case of an emergency to ensure that care receivers and staff are not adversely affected by an unplanned absence.

Employing a deputy registered manager who can run the business in the event of unplanned absence is advised. This will allow the Registered Manager to focus on managerial duties requiring development with the anticipated service expansion.

To comply with Standard 9.1 of the Home Care Standards, an integrated organisational structure must include an on-call service that is not solely dependent upon the Registered Manager. An integrated organisational structure is an area for development.

With the recent addition of more administrative support, the Registered Manager shared that they are able to delegate non-clinical tasks. The administrative staff are on call for non-care-related matters; however, care-related emergencies are directed to the Registered Manager.

There is a rolling advertisement to attract suitable care staff, and currently, the agency has one vacancy. The Registered Manager described the difficulty they have encountered in attracting suitable care staff as they cannot compete with the remuneration provided by larger agencies.

Before the inspection, the Regulation Officer reviewed a sample of rotas and fed back to the Registered Manager during the inspection that the Home Care Standards 3.9 state, *“Care/support workers will work no more than 48 hours per week unless under extraordinary circumstances on a short-term basis only, or when providing live-in care”*. Rotas provided show that some staff regularly exceed working a 48-hour week. During feedback, staff reported being asked at short notice to change shifts and take on extra hours to cover sickness and annual leave.

There is an intervention record for carers to complete if they are disturbed during sleep at night. If a pattern of disturbance forms, the care package is reviewed. With an expected increase in complex care packages, staff recruitment and working hours must be addressed to comply with standards. Rotas are an area for development.

An annual survey was conducted to gather feedback from staff and care receivers, and examples of completed feedback surveys were provided. The surveys were comprehensive, and the questions aligned with the Commission's standards. Care receivers and their families were very complimentary of the service.

A feedback folder also included records of compliments, expressing gratitude, and giving thanks for the care and support provided. The Commission has received no complaints since the last inspection, and there was evidence that the Registered Manager has informally resolved any minor issues. Compliments and complaints can be shared in forums such as staff meetings, and one carer expressed that they had not received feedback from surveys conducted.

A care receiver wrote:

"Nothing seems too much trouble to keep me well. Xxx is good company."

The Regulation Officer recommended holding staff meetings to support communication between management and the care team and to share any issues, good practices, feedback from care receiver surveys, the introduction of new policies, and any actions taken due to audits conducted. Feedback obtained from carers confirmed they would appreciate staff meetings as they will also provide the opportunity for networking between staff members and would negate the need for the Registered Manager to repeat the same information to individual staff during spot checks and supervision sessions.

The Registered Manager visits each care receiver's home regularly, allowing the opportunity to receive regular feedback from care receivers and their representatives whilst also providing the opportunity to update the carers on any matters. A carer shared that the Registered Manager is approachable and open to suggestions for improvements to support safe care.

An example given was to purchase an alternative message board that would be easier and safer for the care receiver to use. Care receivers are supported to go shopping and taken out on trips in a vehicle driven by the Registered Manager. A care receiver fed back, "*Xxx (Registered Manager) is very approachable, and nothing could be done better*".

Is the service caring?

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

It was evident during a discussion with the Registered Manager that their priority is to provide person-centred, evidence-based care. An example of this was sourcing a specific glass that transformed the ability of a care receiver to be independent and participate in mealtimes with friends and family.

Care plans are kept in the care receivers' homes and include information about the care receiver, including their hobbies, likes and dislikes, important people in their lives, and relevant healthcare details.

A record of allergies, medications taken at the time of the assessment, and any support required with cognition, spiritual, cultural, or religious needs is completed, and a detailed example of this record was observed by the Regulation Officer. Shift handover records are regularly completed, and a separate folder is used by visiting health and social care professionals to record their visits, including any changes in the management of care.

The Registered Manager is experienced in end-of-life care and has conversations with care receivers to understand and document their wishes and records showed that the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) status was being recorded in care plans where applicable.

There was evidence of contemporaneous written records, and the Registered Manager reported that the care plans are constantly being reviewed, with a formal review conducted every six months.

The review is done during a spot check conducted by the Registered Manager, and this was confirmed by both the carers and the care receivers. The spot check includes ensuring the carer upholds standards, for example, being appropriately presented in their uniform, compliance with the medication guidelines, and ensuring the environment is safe.

The Registered Manager shared that they have a set agenda in their head for when and where spot checks are undertaken and that they are conducted in each home at least weekly.

The Regulation Officer recommended that the spot checks be captured formally, and a schedule is written down so that if the Registered Manager is unexpectedly absent from their role, someone could step in and know which care receiver is due for a spot check and what the review includes.

A carer shared:

“Xxx (Registered Manager) is really approachable and was there for me and supported me.”

During the review of a sample of personnel files, the Regulation Officer saw recorded evidence of regular supervisions, annual appraisals, and spot checks conducted, which allowed staff to discuss any concerns or ideas. Night staff shared that their supervisions are conducted over the phone as frequently as monthly, and it was feedback that supervisions are held in the care receiver's home. The Regulation Officer raised concerns about the lack of confidentiality in this setting.

However, one carer expressed satisfaction with the arrangement, noting they could access a private area within the home for confidential discussions. It is recommended that the Registered Manager consider holding supervision in a confidential office space. Positive feedback given to carers was recorded within the supervision record, and proof that staff can raise any issues and provide input to the Registered Manager.

Is the service well led?

Evaluating the effectiveness of the service leadership and management.

The Registered Manager has a practice development and education background and holds an assessor qualification for safe handling. They shared that they have been experiencing difficulties sourcing appropriate staff training and have been proactive in purchasing equipment, such as hoists, to be used for in-house training.

A new on-island training company recently delivered interactive, safe moving and handling updates for staff in collaboration with the Registered Manager. The company plans to collaborate further to deliver hands-on, face-to-face first aid training for staff.

Before the inspection, the Regulation Officer was provided with a training matrix, which did not provide complete compliance with mandatory and statutory training. However, during the inspection, the Regulation Officer was shown the training matrix electronically, and good compliance with training was evident. Training is to be completed during the six-month staff probationary period and is a blend of face-to-face and online learning. Continuous professional development is encouraged and supported, and the service has a signed training agreement with its staff. Some carers are working towards their Level 2 Regulated Qualifications Framework in Health and Social Care training (RQF) and the Level 3 RQF module for medication management.

The service performs several delegated clinical tasks, including cough assist. The Standards state: *“Some skills and tasks may be performed by care/support workers under an individual (person specific) delegation. This involves additional training (e.g., vocational training) and competency assessment by the delegating professional”*. Although training has been given, the Regulation Officer was informed that not all carers have had the opportunity to be assessed for competence due to challenges with accessing assessors; however, the Registered Manager provided evidence of a completed competency assessment for a delegated task following the inspection.

A health professional shared:

“Xxx supports his staff, educating them and supervising them in all aspects of care.”

Guidance on clinical tasks was provided to the service after the inspection by the Pharmacist Inspector, and it was suggested that the Registered Manager seek clarity regarding competency assessments of delegated tasks. This is an area for development.

Regular medicine audits are conducted, which include safe storage and security, covert administration, self-medication, and ordering and returns. The medication audit tool was found to be comprehensive.

There was no system to ensure that all care receivers records were audited at specified periods. The Registered Manager confirmed this finding, and an audit programme is planned. Evidence of recently completed audit tools were provided, including hoists and lifts, safeguarding, and infection prevention and control. All the audit tools were detailed and completed thoroughly with suggested actions including booking additional safeguarding training.

Policies are in place, and those requested before the inspection were provided. However, the policies did not assure that they were current with best practices as they did not have a creation and review date, and this is an area for development. Some policies, including the lone worker, safeguarding, infection, prevention, and control, were evident in the care plan folder in the home.

Additional policies are in the office, so they are not readily accessible to the carers, but a carer feedback that they would contact the Registered Manager should they need to ask something. During the collection of feedback from staff, it was apparent that staff were not fully conversant with all the guidelines. An area for development is for the Registered Manager to make all the policies more accessible. There is a plan for each policy to be reviewed in 2025, and the service identified the medicines management policy as a priority.

The Registered Manager provides hands-on care and leads by example, influencing practice. They recently introduced the formal staff handover document that remains in the care receiver's home. The outgoing carer uses it to share information with the incoming carer and acts as a checklist to ensure the Medicine Administration Record (MAR) chart has been completed. A sign inside the property's front door also reminds staff to complete their care records and MAR charts.

A monthly report is completed by the Registered Manager and shared with the Registered Manager of another agency who can provide an objective view and seek assurance of safe practice.

An allied health professional shared:
The Registered Manager demonstrates, "Excellent leadership" and "Manages his staff and clients with professionalism".

Minutes of an inter-agency monthly report meeting demonstrated resource sharing, including a new review template for care plans. Inter-agency monthly reports are an area of good practice.

Professional feedback received included: *"Serene Home Care is a well-regarded care provider in Jersey, consistently demonstrating a commitment to high-quality, patient-centred care. The agency operates with a clear vision of excellence, prioritising the needs of care receivers and delivering services with professionalism and compassion".*

DEVELOPMENT PLAN

There are five areas for development identified during this inspection. The table below shows the Registered Provider's response to the inspection findings.

<p>Area for Development 1</p> <p>Ref: Standard 6.8, Appendix 8.16</p> <p>To be completed: by 31/03/2025</p>	<p>The Registered Manager must ensure that compliance with the Standards which state: There will be parameters for the use of 'as required' medicines advised and authorised by health care professionals.</p>
	<p>Response by registered provider:</p> <p>Specific protocols for each 'as required' medicine are currently under review. Developing these specific protocols is an individualised process. Key elements of each protocol will include: Indications and assessment criteria, dosage and frequency, monitoring and documentation, and escalation guidelines.</p>

<p>Area for Development 2</p> <p>Ref: Standard 6.4</p> <p>To be completed: by 31/03/2025</p>	<p>The Registered Manager must ensure that compliance with the Standards which state: skills and tasks may be performed by care/support workers under an individual (person specific) delegation. This involves additional training and assessment of competence carried out by the delegating professional. This relates to cough assist.</p>
	<p>Response by registered provider:</p> <p>At the time of inspection, all necessary staff were trained through person-specific delegation in relation to the cough assist devices currently used in the community. However, the specific devices in use in</p>

	<p>the community are no longer manufactured, meaning there is no available training on the island.</p> <p>We understand that Health and Social Services are reviewing the entire process in relation to cough assist devices in the community, including responsibility for training, servicing, funding, and ownership of the devices. As confirmed in our post-inspection telephone discussion, no decision had yet been made on this matter.</p> <p>At present, Serene Care Jersey has no authority to resolve this issue independently. We will continue to monitor developments and comply with any future guidance.</p> <p>It is our current understanding that new cough assist devices have been sourced, so we expect updates shortly from Health and Social Services.</p> <p>Following our inspection, we reached out to the manufacturers of the devices independently. However, the training that the manufacturer's offer will not be sufficient as it will not be person-specific. It is generic training for usage of the devices.</p>
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<p>Area for Development 3</p> <p>Ref: Standard 3.9</p> <p>To be completed: by 01/06/2025</p>	<p>The Registered Manager must ensure that there are sufficient staff employed to cover absences due to annual leave, sickness and study leave to guarantee care/support workers will not work more than 48 hours per week unless under extraordinary circumstances on a short-term basis only.</p>
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	<p>Response by registered provider:</p> <p>We acknowledge that, at times, some staff exceeded the 48-hour working limit due to difficulties in sourcing high-quality candidates who meet our care standards. This was unavoidable at the time. Ensuring service quality and client safety has always remained our priority. Since the inspection, we have successfully recruited additional staff members.</p> <p>We continue to actively recruit to maintain a sustainable workforce while upholding our high standards of care. Our focus remains on attracting and retaining skilled professionals who align with our values and commitment to excellence. We remain dedicated to balancing staff well-being with service continuity and will continue refining our recruitment and retention strategies to support this.</p>
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<p>Area for Development 4</p> <p>Ref: Standard 8.2</p> <p>To be completed: 01/06/25</p>	<p>The Registered Manager must ensure the management structure will reflect the size of the home care service and the volume and complexity of care provided. People who receive care, others and care/support workers will understand the roles and responsibilities of the management structure and know who to contact under which circumstances.</p>
	<p>Response by registered provider:</p> <p>We are intentionally structuring our management to ensure that roles and responsibilities are clearly defined and aligned with our service needs.</p>

	<p>To ensure that care receivers, their families, and all staff understand the management structure and know who to contact under specific circumstances, we will be issuing updated information to details all roles, responsibilities, and contact protocols.</p> <p>Since the inspection, we have refined our senior leadership recruitment offering and are actively advertising key positions.</p>
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<p>Area for Development 5</p> <p>Ref: Standard 9.3</p> <p>To be completed: By 30/04/2025</p>	<p>The Registered Manager will ensure that each care/support member will be fully aware of, supported and trained to fulfil their responsibilities within the governance arrangements including access to all of the policies. The policies will include a creation and review date.</p>
	<p>Response by registered provider:</p> <p>Since commencing our service provision, we have been experimenting with various platforms to host our policies in a manner that is easily accessible to all Serene Care Jersey staff.</p> <p>At the time of inspection, all staff received access to key policies, such as the employment and lone working policies, during their onboarding process. During the inspection, we demonstrated our plan to review all policies, month by month, for the coming year, ensuring that all policies remain current and effective. As demonstrated during inspection, our new policy structure will include clear creation and amendment dates, enhancing transparency and ease of reference for staff. This is already complete for the</p>

	<p>policy reviews scheduled through January and underway for the reviews scheduled for February.</p> <p>Ensuring full staff access to all policies and procedures, will be completed by the specified deadline.</p>
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Appendix 1 – Sources of Evidence

Follow up on previous areas for development	
Focus	Evidence Reviewed
Safety	<ul style="list-style-type: none"> • The training matrix was reviewed and evidence of first aid training completed. It was difficult to establish if this was all face-to-face training and the Registered Manager confirmed it was.
Management of the service	<ul style="list-style-type: none"> • A sample of personnel files and a supervision and appraisal matrix were reviewed. • A variation to the conditions of registration to increase the number of care hours provided was submitted and accepted. A report was provided to evidence the number of care hours provided each week/month.
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<p>Policies including:</p> <ul style="list-style-type: none"> • Complaints • Whistleblowing • Disciplinary • Safeguarding • Grievance • Medicines Management • Absence of the Registered Manager • Incident/Accident/Near misses • Consent • Clinical waste disposal • Admissions and Discharge • Safe Recruitment <p>Discussion with staff members The service Statement of Purpose Training records</p>

	<p>Care records</p> <p>Staff competency assessment at induction</p> <p>Falls response procedure</p>
Is the service effective and responsive	<p>Care records</p> <p>Feedback from care receivers</p> <p>Feedback from professionals external to the service</p>
Is the service caring	<p>Observation</p> <p>Feedback from care receivers</p> <p>Care records</p>
Is the service well-led	<p>Audit</p> <p>Discussion with staff</p> <p>Staff rota</p> <p>Interagency quality assurance report</p>

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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