



Jersey Care  
Commission

## **INSPECTION REPORT**

**Clifton Care Home**

**Care Home Service**

**Bagatelle Lane  
St Saviour  
JE2 7TD**

**Inspection dates:  
23, 24 October and 19 November 2024**

**Published:  
6 March 2025**

## 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 Clifton Care Home and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Care Home
Mandatory Conditions of Registration	
Type of care	Nursing care, personal care
Category of care	Adult 60+
Maximum number of care receivers	30
Maximum number in receipt of nursing care	29
Maximum number in receipt of personal care	1
Age range of care receivers	60 and above

Maximum number of care receivers that can be accommodated in each room	Rooms 2-12 and 14-32 one person
Discretionary Conditions of Registration	
<p>1. With reference to the premise and grounds, communal space, bedrooms, toilet and washing facilities, medicines storage, clinical or treatment room, infection prevention and control, sluice room, laundry, catering areas, storage and staff facilities within Clifton Care Home must meet the standards within the Jersey Care Commission Care Standards Care Homes (Adults 2019) by 1 May 2025.</p>	
Additional information:	
<p>The Provider applied to the Commission on 25 January 2024 to extend the timeframe for meeting the discretionary condition on registration with reference to the premise and grounds. The Commission agreed to extend the timeframe (as above), and a proposal letter was sent on the 2 February 2024, which was accepted by the Provider.</p> <p>The Commission conducted two site visits on 6 March and 23 July 2024 to meet and discuss the plans for the refurbishment of the home. The number of residents that could be accommodated according to the original project plans submitted by the Provider was thirteen. On 5 August 2024, the closure process of eight beds at the home was commenced to reduce care receiver numbers from 21 to 13 by mid-December 2024. Due to unforeseen circumstances, the home's refurbishment was halted in October 2024.</p> <p>The Registered Manager was issued firstly with an Action Notice on 17 October 2024 and then a Notice of Requirements from the Jersey Fire and Rescue Service on the 29 October 2024 under the Fire Precautions (Jersey) Law 1977. The deadline for the work to be completed to adhere to the fire regulations was the 19 December 2024. Part of the requirements stipulated by the Fire Service is that the bed occupancy of the home be reduced to thirteen residents to ensure all residents are safely accommodated within the home.</p>	

At the time of this inspection, there were significant environmental and fire safety concerns, which prompted the Commission not to wait for the issue of the inspection report, and a meeting was held with the Provider and the Registered Manager on 4 December 2024. Following this meeting, the Commission decided to issue an immediate improvement notice to the provider under the Escalation and Enforcement Policy. This was issued on 6 December 2024 and the actions required are detailed below;

**Improvement 1**

Action: The Registered Provider must ensure that all works are undertaken as stipulated in the Notice of Requirements issued by the Fire Service under the Fire Precautions (Jersey) Law 1977, within the timescales agreed by the Fire Service. The Registered Provider must complete this action by 20 January 2025.

**Improvement 2**

Action: The Registered Provider must undertake a programme of repair and maintenance to the area of the home which will remain operational during the planned refurbishment works, to ensure that it meets and maintains the requirements of Regulation 18 and Standard 7 of the Care Home Standards. The Registered Provider must complete this action by 20 February 2025

### 3. ABOUT THE INSPECTION

#### 3.1 Inspection Details

The Registered Manager was not present for the first two inspection visits, the first visit was unannounced, and the second and third were announced. However, the regulation officers were able to undertake the initial two visits with the nurse-in-charge for each shift. One of the regulation officers held a separate face to face meeting with the Registered Manager on the third visit on 19 November 2024.

As two regulation officers were present for the first two visits and one for the third visit. References to who gathered the information during the inspection may change between 'the Regulation Officer' and 'regulation officers'.

Inspection information	Detail
Dates and times of this inspection	23, 24 October and 19 November 2024
Number of areas for development from this inspection	Eight
Number of care receivers accommodated on day of the inspection	16 care receivers
Date of previous inspection: Areas for development noted in 2023 Link to previous inspection report	16 and 20 June 2023 Three <a href="#">IR-Clifton-Care-Home-2023061620-complete</a>

### **3.2 Focus for this inspection**

This inspection included a focus on the areas for development identified at the previous inspection on 16 and 20 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 an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that some improvements had been made. This means that there was evidence of safe storage of cleaning trolleys and substances hazardous to health. In addition, the flooring in the staff shower room and office had been replaced, meaning that this improvement had also been met.

The improvement plan regarding staffing levels was discussed during this inspection, and there was evidence of sufficient numbers of carers to meet the minimum requirements in the Standards. However, there was evidence of the registered nurses working excessive hours on a regular basis in order to meet the Standards. This will remain an area for improvement. Areas for improvement will now be identified as areas for development.

## **4.2 Observations and overall findings from this inspection**

There was evidence from the feedback provided by care receivers and relatives of a caring staff team and Registered Manager. Care receivers and relatives expressed high satisfaction with the nursing care provided within the home and with the communication between themselves, the staff, and the Registered Manager.

Care receivers and relatives did, however, comment on the current environment and their disappointment that the refurbishment of the home was not as yet underway.

The environment and fire safety of the home became a focus for the inspection early on, with the regulation officers contacting the Jersey Fire and Rescue Service for advice during the first inspection visit due to the seriousness of some of the concerns. The internal environment displayed wear and tear in some of the care receivers' bedrooms, and the external environment had been neglected, with lack of suitable outdoor space for care receivers and evidence of weeds and clutter. The Commission issued an improvement notice to the provider on the 6 December 2024 to address both of these issues as outlined above.

A core staff team commented that they worked well together and generally felt supported by the Registered Manager. However, there was a lack of evidence of regular supervision per the Standards, and staff were working with outdated policies that needed reviewing. These are both areas for development. In addition, safe recruitment practices were absent in two out of the five files reviewed at inspection, so is also an area for development.

Feedback on training from staff was mixed. The training matrix was reviewed at inspection and further clarity regarding the matrix was sought after inspection. There appeared to be an over dependence on online training and gaps in staff's mandatory training requirements. Therefore, as a result of these findings staff training will be an additional area for development, the Registered Manager was informed of this during the writing of this report. Staff training is highlighted further under the heading of 'Well Led'.

Staff were clear regarding their roles and responsibilities, and the Registered Manager described regularly working on the floor with care staff to ensure adequate oversight of care provision. At the time of the inspection, no one was undertaking monthly quality assurance reports on behalf of the provider. The last report was carried out in July 2024. Therefore, this will be an area for development, as there is a lack of independent oversight per the Standards.

Overall, there are eight areas for development, including the previous area for improvement regarding staffing levels, which has not been met and the two improvement notices concerning the environment and fire safety of the home.

## 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, all the information held by the Commission about this service was reviewed, including the previous inspection report from 16 and 20 June 2023, reviews of the Statement of Purpose, variation requests and notification of incidents.

The regulation officers gathered feedback from six care receivers and six relatives. Two relatives were spoken with at inspection and four contacted by phone after the inspection visits. They also had discussions with the service's management and other staff. Additionally, feedback was sought from three health professionals external to the service. At the time of writing this report, no feedback had been received from the health professionals.

As part of the inspection process, records including policies, care records, recruitment files and training and supervision records were examined.

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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/>



At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager.

This report sets out 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 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.

# 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.

A key focus for the regulation officers prior to this inspection concerned the safety of the external and internal environment for care receivers, given that the essential refurbishment had been halted.

There were external cracks and structural damage to the rear of the building, which were going to be addressed as part of the refurbishment. The Commission needed to be satisfied that the building would be watertight for the winter period to await the recommencement of any refurbishment in 2025. The older part of the building, where the majority of the external damage was visible, has now been vacated, and the remaining care receivers are accommodated within the newer part of the building. Although there was some evidence of wear and tear to the exterior of the newer part of the building, the builders who were on-site at the first visit provided reassurance as to the structural integrity of this part of the building. The plan is for the older part of the building to be vacated, compartmentalised and sealed off completely, this is predominantly for fire safety. It is proposed that the planned refurbishment will commence in the vacated part of the building.

The regulation officers also reviewed the outside space for care receivers. It appeared unkempt and unsafe, with weeds in the garden and clutter. This was raised with the Registered Manager, who advised that there was no current handyman/gardener for the home. They committed to ensuring the work is carried out by the handyman employed for another home carried on by the same provider. At the third visit, old equipment discarded at the front of the building had been removed, as had some of the clutter. However, there needs to be a pleasant, accessible and safe outdoor space for care receivers for the duration of any future refurbishment.

In addition, there was evidence of wear and tear in the bedrooms, which the care receivers would occupy during the refurbishment. As well as some of the communal areas such as the lounge. There was damage to the walls in some of the bathrooms, including small holes and curtains hanging off the rails in others. There needs to be a rapid programme of maintenance and repair to the area of the home, which will remain operational during the planned refurbishment works, to ensure that it meets and maintains the requirements of Regulation 18 and Standard 7 of the Care Home Standards. The Registered Provider must complete this action by 20 February 2025.

Fire safety improvements were also part of the planned refurbishment, which raised additional concerns regarding the home's internal environment and whether occupied areas currently comply with fire safety precautions.

During the first inspection visit, several significant concerns regarding fire safety for care receivers were evident. These included fire doors that were wedged open and not closing fully and evidence of wear and tear. The regulation officers were sufficiently concerned that they contacted the Jersey Fire and Rescue Service for immediate advice, and two fire officers visited the home.

Following this, an inspection was carried out by the Fire Service on 25 October 2024, and on 29 October 2024, Clifton Care Home was issued a Notice of Requirements under the Fire Precautions (Jersey) Law 1977. At the third inspection visit on 19 November 2024, it was apparent that after three weeks since the notice was issued, work had yet to commence to address the fire safety work.

This raised concerns regarding the health and safety of care receivers, staff and visitors. This is an area for development, and an improvement notice was issued on 6 December by the Commission to address this concern by 20 January 2025.

There were some gaps in the fire log reviewed at the inspection. There was evidence of regular weekly fire alarm checks, but this had been missed the week before the inspection, and a copy of the last emergency lights check was not evidenced. This was requested immediately after inspection but had not been received at the time of writing this report. It was discussed with the Registered Manager that all these checks should be kept in one place for ease of reference.

The regulation officers worked with additional key agencies during the inspection, particularly regarding future refurbishment planning. For example, a joint visit was conducted with two staff from the infection control team to the home on 4 November 2024. Feedback from the agencies was provided to the Registered Manager.

One of the regulation officers conducted a brief overview of medication management for a sample of nine care receivers accommodated on the home's ground floor. Medication administration charts (MAR) were checked for running totals and signatures. These were found to be satisfactory. Staff check each other's signatures at the start of each shift, but there is no record of this, the Regulation Officer suggested to the nurse-in-charge to keep a record of these checks for audit and proof that these checks have taken place. The medication trolley was tidy and well-organised, the home is using a combination of blister packs and boxed medication. Controlled drugs were appropriately stored in line with the Standards, and two running totals were checked and confirmed by the register as being correct.

Feedback from a relative

*"The environment is the one thing that lets the home down, I really hope that the refurbishment will be completed."*

There was evidence from a discussion with staff and a review of four weeks of duty rota that some of the registered nurses regularly work over 48 hours per week and have one day off in fourteen. Four registered nurses are currently working within the home, but two are part-time. The Registered Manager acknowledged that there were vacancies for registered nurses and a lack of availability of bank nurses. The Registered Manager/Provider were reluctant to take on more staff with the bed closure process ongoing.

While it is recognised that the home is reducing its bed occupancy, it is essential to maintain the staffing standards, as the effects of working such hours can negatively impact staff performance. The Registered Manager must monitor staff working hours closely and prevent staff from regularly working excessively. Therefore, staffing will remain an area for development.

Housekeeping staff also had to pick up additional hours as one staff member was on leave. However, it is recognised that once care receiver numbers are reduced to thirteen, there will be sufficient housekeeping staff, but during the refurbishment, this may need to be reviewed due to potential increased workload due to environmental changes such as dust.

A sample of five recruitment files were reviewed of staff recruited since the last inspection; safe recruitment practices were absent in two out of the five files. In one instance, a staff member had started employment prior to receipt of their DBS check, and in the other, the staff member had commenced employment before the second reference was received. This is an area for development, as the Standards clearly state that all safer recruitment checks must be completed before the member of staff commences employment.

## Is the service effective and responsive?

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

The regulation officers reviewed the home's Statement of Purpose. This had last been updated in June 2022, and therefore, an updated copy was requested after the inspection visits. This was provided on 24 December 2024. Upon discussion with the Registered Manager, they clearly stated that the home complied with its mandatory registration conditions.

Feedback from a family member:

*"The staff are very caring and efficient and are always proactive in contacting the GP if required."*

There was evidence of collaborative working from a review of the care plans and staff being proactive regarding care receivers' health needs. One care plan had a GP home visit record and evidence of review by the district nurse. Feedback from relatives confirmed prompt referral to health care professionals when required and of being kept informed regarding any changes to care/treatment. An example of feedback from a relative; *"The staff suggested a referral to the Speech and Language (SALT) service for thickened fluids."* Care receivers and relatives provided positive feedback concerning the musical activities provided within the home twice weekly. The home has a volunteer who attends weekly to do activities with the care receivers, and one of the carers is allocated to do activities daily. The hairdresser comes every six weeks, but if a care receiver wishes to have their hair done more frequently, this can be accommodated. Feedback from the care receivers and relatives was that they were mostly satisfied with the activities provided, although one care receiver would have liked some arts and crafts activities.

## Is the service caring?

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

The care records are stored in folders kept in hard copy format. The regulation officers found these relatively easy to navigate and were satisfied that these covered key areas and appeared to have been reviewed regularly. Each care receiver has a care plan at the front of their folder regarding the refurbishment of the home and any room moves. There is no evidence that the care plan has been discussed with the care receiver or has been personalised. However, feedback from care receivers and relatives confirmed that one-to-one discussions had taken place with the Registered Manager, care receivers and their families. However, one of the care receivers described being upset that they were having to leave the home, due to the need to reduce bed numbers, and in their experience communication had been poor.

It was positive to note that the care plans and feedback provided evidenced good fundamentals of care. The Registered Manager regularly works alongside care staff to oversee the quality of care provided and checks in on the night staff. There is a folder in each of the care receivers' rooms that contains necessary information and checklists, such as turn charts, a care recording sheet, and a copy of the manual handling care plan.

Feedback from a care receiver:

*"The staff look after me really well and the food is good."*

There was positive feedback from care receivers and relatives concerning the care given within the home. Evidencing a person-centred approach and that staff have an in depth knowledge of care receivers'

care needs and preferences. One relative commented positively regarding the staff's responsiveness to any changes in their loved one's general condition. An example was given of skin care and they commented that any changes noted were usually improved again within a few days.

Feedback from staff was generally positive concerning working within the home. Most staff expressed that they felt well supported by the Registered Manager. Feedback from staff concerning supervision and appraisal was mixed and the Regulation Officer triangulated this with the supervision and appraisal records. The Registered Manager discussed that they had prioritised supervision for newer staff. However, supervision and appraisal for all staff was not occurring regularly enough to meet the Standards. This is an area for development. The Registered Manager was able to evidence the supervision template to the Regulation Officer, this included sections on well-being, practice, policies and training.

Supervision and appraisal was also highlighted as an urgent action in the last provider monthly report in July 2024.

The regulation officers explored staff well-being in relation to the refurbishment and how this had been communicated with them. Staff were aware of the halt to the refurbishment and the majority expressed that they had been kept informed of what was happening. Staff members commented that team meetings did not occur on a regular basis but on a needs basis.

### **Is the service well led?**

Evaluating the effectiveness of the service leadership and management.

The staff team consists of the Registered Manager, nurse-in-charge (there is no deputy manager in the absence of the Registered Manager), registered nurses, carers, and domestic and catering staff. Staff appeared clear about their roles and responsibilities. It

was discussed with the Registered Manager whether the nurses could assist more in home management, such as, supervision and appraisal. The training matrix evidenced that two of the carers hold an RQF Level 3 Diploma and five RQF Level 2 (bank and permanent staff).

Feedback from a staff member:

*“The organisation looks after their staff.”*

A sample of five policies were reviewed as evidence. These are kept in hard copy format in a folder. All of the policies reviewed had no dates on them as to when they were ratified or when they were next due to be updated. The policies also refer to UK law and agencies rather than Jersey legislation and services. This is an area for development, as staff should not be working with outdated policies. Policies were also highlighted as an urgent action in the provider monthly report in July.

Staff training was reviewed on the third visit with the Registered Manager. Feedback provided by the staff was mixed, one staff member commented that there was an over dependence on online training which refers to UK law and guidance. Training is provided through 'iHASCO' electronic platform, and accredited local providers provide some face-to-face training. An example of additional specialist training is end-of-life care. One of the registered nurses commented that they required an update on syringe driver training, and the Registered Manager was arranging this.

The training matrix was reviewed at inspection, and the Registered Manager monitored when training was due to be renewed. Further clarity was sought regarding the training matrix after inspection, as gaps in mandatory training were identified for individual staff. There was also a general lack of face-to-face training in basic life support and first aid for all staff (although online training had been undertaken) and online safeguarding and capacity training that referred to UK law and guidance. This is an area for development.

Since July 2024, there has been a lack of independent oversight of quality within the home; the provider has not appointed another representative to carry out a quality monthly report to comply with the Standards, nor has another member of staff undertaken such a report. In the last report in July, several actions were highlighted, and a number of them have not been met and are areas for development from this inspection. This includes the lack of a quality monthly report.



## DEVELOPMENT PLAN

There were eight areas 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> Regulation 10 &amp; Regulation 18 (3) (g) (h)</p> <p><b>To be completed:</b> by 20/01/2025</p>	<p>The Registered Provider must ensure that all works are undertaken as stipulated in the Notice of Requirements issued by the Fire Service under the Fire Precautions (Jersey) Law 1977, within the timescales agreed by the Fire Service. The Registered Provider must complete this action by 20 January 2025.</p> <hr/> <p><b>Response by registered provider:</b></p> <p>A substantial investment has been made towards temporary Fire Improvement Works at Clifton as per the NOR issued by the SOJF&amp;RS.</p> <p>The progress of the work is monitored by the Fire Officer and is posed to be completed by February end 2025.</p> <p>A further extensive program of fire safety works at Clifton is incorporated into the refurbishment project.</p>
<p><b>Area for Development 2</b></p> <p><b>Ref:</b> Regulation 18 (1) (a) (b) (c) and (2) (a) (c)</p> <p><b>To be completed:</b> by 20/02/2025</p>	<p>The Registered Provider must undertake a programme of repair and maintenance to the area of the home which will remain operational during the planned refurbishment works, to ensure that it meets and maintains the requirements of Regulation 18 and Standard 7 of the Care Home Standards. The Registered Provider must complete this action by 20 February 2025</p> <hr/> <p><b>Response by registered provider:</b></p> <p>Clifton is committed and focused to proceed with the long overdue complex refurbishment project, however, in the meantime, we can reassure the Commission that the residing areas for the service users have been considerably improved both from fire safety and aesthetics point of view. The works have been undertaken by professionals, and we aim to complete all the works by the end of February 2025.</p>

<p><b>Area for Development 3</b></p> <p><b>Ref:</b> Standard 3.9</p> <p><b>To be completed:</b> Within two months from the date of the inspection (19 January 2025)</p>	<p>The Registered Provider must ensure that care workers do not work more than 48 hours per week unless under extraordinary circumstances, and on a short term basis.</p> <p><b>Response by registered provider:</b></p> <p>We have revisited the off-duty rotas, The Jersey Care Commission Standards for Care Homes (Adults) 2019, Standard 3.9 and the Employment (Jersey) Law 2003, Part 3, Articles 10-15 minimum rest periods. Keeping the regulation / law in mind. The off-duty rota can evidence that all staff have been working within regulations apart from two qualified Senior Staff Nurses who have been covering shifts in the interim due to lack of applications for a position of qualified nurse. We will continue to advertise and hope to appoint a suitable candidate soon. In the meantime, both Nurses are having adequate rest periods. The employer has agreed with the staff concerned to have adequate rest periods as per the law. As mentioned in our response, all staff at Clifton enjoy additional breaks during their shifts due to reduced workload at the care home and do not experience tiredness or fatigue.</p>
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<p><b>Area for Development 4</b></p> <p><b>Ref:</b> Standard 1.6</p> <p><b>To be completed:</b> Within six months from the date of the inspection (19 May 2025)</p>	<p>Policies must be up to date, relevant to local Jersey legislation (law) and guidance.</p> <p><b>Response by registered provider:</b></p> <p>A Jersey based HR professional is reviewing the policies and procedures including the Statement of Employment. They will be introduced upon completion.</p> <p>In the interim, some of the vital policies have been reviewed and updated by the Head of Home.</p>
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<p><b>Area for Development 5</b></p> <p><b>Ref:</b> Standard 3.14</p> <p><b>To be completed:</b> Within three months from the date of the inspection (19 February 2025)</p>	<p>The Registered Provider must ensure that care workers receive regular opportunities to discuss their roles through formal supervision and appraisal.</p>
	<p><b>Response by registered provider:</b></p> <p>Annual Appraisals completed – 100% aggregate</p> <p>Supervision Session One completed – 100% aggregate</p> <p>Supervision Sessions Two, Three &amp; Four to be conducted as planned.</p>

<p><b>Area for Development 6</b></p> <p><b>Ref:</b> Standard 3.6 (Appendix 4)</p> <p><b>To be completed:</b> With immediate effect.</p>	<p>The Registered Provider must ensure that safe recruitment practices in line with the Care Home Standards have been followed for all staff.</p>
	<p><b>Response by registered provider:</b></p> <p>Clifton strictly abides by the recruitment practices and standards ensuring that references received are from genuine referees including references received from the last employer located anywhere in the world.</p> <p>DBS is conducted through Ucheck for all new employees and current employees with over three years' service. The recruitment policy has been reviewed.</p>

<p><b>Area for Development 7</b></p> <p><b>Ref:</b> Standard 12.2</p> <p><b>To be completed:</b> With immediate effect.</p>	<p>The Registered Provider must arrange for a representative to report monthly on the quality of care provided and compliance with registration requirements.</p>
	<p><b>Response by registered provider:</b></p> <p>A Quality Assurance Officer has been appointed who has commenced preparing the monthly quality reports for Clifton.</p>

<p><b>Area for Development 8</b></p> <p><b>Ref:</b> Standard 3.11, (Appendix 7), 6.2.</p> <p><b>To be completed:</b></p> <p>Within six months of the date of the inspection (19 May 2025)</p>	<p>The Registered Provider must ensure that all care/support workers complete and remain up to date with statutory and mandatory training requirements</p>
	<p><b>Response by registered provider:</b></p> <p>Clifton has one Manager with Level 5, four qualified Senior Staff Nurses, one Care Services Lead with Level 3 currently completing Level 5, two Senior Care staff with Level 3, five Healthcare Assistants with Level 2, one healthcare Assistant with BSC in nursing and two staff with Care Certificates enrolled to complete their Level 2.</p> <p>The current team of staff are experienced and learned to high standards. Mandatory trainings are conducted annually both on-line and face-to-face.</p>

## Appendix 1 – Sources of Evidence

Follow up on previous areas for development	
Focus	Evidence Reviewed
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Duty rota</li> <li>• Feedback from staff, care receivers and relative</li> </ul>
<b>Safe storage of trolleys and substances</b>	<ul style="list-style-type: none"> <li>• Tour of the environment (including laundry)</li> <li>• Feedback from staff</li> </ul>
New key lines of enquiry	
Focus	Evidence Reviewed
<b>Is the service safe</b>	<ul style="list-style-type: none"> <li>• Tour of the internal and external environment</li> <li>• Fire action and liaison with the Jersey Fire &amp; Rescue Service</li> <li>• Fire Log</li> <li>• Medication Administration Charts (MAR)</li> <li>• Duty Rota</li> <li>• Recruitment files</li> <li>• Feedback from staff, care receivers and relatives</li> </ul>
<b>Is the service effective and responsive</b>	<ul style="list-style-type: none"> <li>• Statement of Purpose</li> <li>• Care Plans</li> </ul>
<b>Is the service caring</b>	<ul style="list-style-type: none"> <li>• Care plans</li> <li>• Care Folder</li> <li>• Supervision and Appraisal Records</li> <li>• Feedback from staff, care receivers and relatives</li> </ul>
<b>Is the service well-led</b>	<ul style="list-style-type: none"> <li>• Duty Rota</li> <li>• Policies Folder</li> <li>• Training Matrix</li> <li>• Monthly Report</li> <li>• Feedback from staff, care receivers and relatives</li> </ul>

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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