



**Jersey Care
Commission**

INSPECTION REPORT

Hollies Day Centre

Adult Day Care Service

**La Rue Hilgrove
Gorey Village
Grouville
JE3 9EZ**

**Inspection Date
2 April 2025**

**Date Published
27 May 2025**

1. THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014 ('the Law'), 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 The Hollies. The Day Centre is operated by the Government of Jersey, and there is a Registered Manager in place.

Registration Details	Detail
Regulated Activity	Adult Day Care
Mandatory Conditions of Registration	
Type of care	Personal Care and Personal Support
Category of care	Adult 60+
Maximum number of care receivers	21
Maximum number in receipt of personal care and personal support	21
Age range of care receivers	60 years and above
Discretionary Conditions of Registration	
No discretionary conditions	

Additional information

An updated Statement of Purpose was provided to the Regulation Officer during the inspection process.

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory conditions of registration required under the Law. The Regulation Officer concluded that all requirements have been met.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced, and notice of the inspection visit was given to the Registered Manager four days before the visit. This was to ensure that the Registered Manager would be available to facilitate the inspection.

Inspection information	Detail
Date and time of this inspection	2 April 2025 08:40-14:40
Number of areas for improvement from this inspection	Two
Number of care receivers accommodated on day of the inspection	10
Date of previous inspection:	26 March and 4 April 2024
Areas for Improvement	None
Link to previous inspection report	IRHolliesDayCentre202404.04Final.pdf

3.2 Focus for this inspection

This inspection included a focus on 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 Improvement identified at the last inspection

At the last inspection, no areas for improvement were identified.

4.2 Observations and overall findings from this inspection

Safe recruitment practices are followed, with the Registered Manager working alongside the organisation's Human Resource (HR) department to maintain oversight of the recruitment process for staff employed in the service.

The organisation has introduced a new generic induction programme for all new starters across adult government services. The Mandatory and Statutory Training Induction (MASTI) includes a checklist for Registered Managers to complete and an induction passport for each new staff member to track their progress and ensure all required training is completed.

The team remains unchanged, with no new recruitment required. This continuity supports a consistent and streamlined service delivered by a team that works well together, is familiar with the service, and understands its needs.

Written agreements for care receivers using the service have been introduced. These agreements provide clear guidance on what is being offered to individuals and outline the steps to be taken if their care needs change.

Lunchtime is very much a social event, with care receivers and staff sitting together in the dining area to share their meal. Ample time is set aside to ensure individuals have sufficient time to eat and enjoy their lunch without feeling rushed. The staff team actively promote lunchtime as a key part of the day, encouraging a sense of shared dining.

During the inspection, the Regulation Officer enquired whether the staff team had received basic training in palliative and end-of-life care. The Registered Manager advised that arrangements for training in this specialist area are currently underway, and they are liaising with a local training provider to coordinate this.

A review of a selection of policies found that, while some had been recently updated and ratified, several others were outdated and required review. The need to ensure all policies are current and reflect best practices has been identified as an area for improvement.

The service is required only to provide limited support with medication administration, with trained staff following appropriate guidelines and procedures. However, the absence of an annual review process for staff medication competencies is not compliant with the Day Care Standards and has been identified as an area for improvement.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care Home 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, reviews of the Statement of Purpose, and notification of incidents.

The Regulation Officer gathered feedback from six care receivers and two of their representatives. They also had discussions with the service's management and other staff members. Additionally, feedback was provided by two professionals external to the service.

Records, including policies, care records, training matrix, operational documents, and the agreement letter, were examined as part of the inspection process.

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and confirmed the identified areas for improvement by email on 3 April 2025.

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

¹ All Care Standards can be accessed on the Commission's website at <https://carecommission.je/>

5.2 Sources of evidence.

New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<p>Induction paperwork (MASTI, Checklist)</p> <p>Training Matrix</p> <p>Policies</p> <p>Medication administration guidelines</p> <p>Statement of Purpose</p> <p>Staff recruitment processes</p> <p>Risk assessments</p> <p>Feedback</p> <p>Incident reporting</p> <p>Health and safety procedures, including fire and Control of Substances Hazardous to Health (COSHH)</p>
Is the service effective and responsive	<p>Training Matrix</p> <p>Qualification spreadsheet</p> <p>Agreement letter</p> <p>Feedback</p> <p>Complaints policy and procedures</p> <p>Risk assessments</p> <p>Care records</p> <p>Lunch menus</p>
Is the service caring	<p>Care plans</p> <p>Risk assessments</p> <p>Feedback</p>

	Agreement letters
Is the service well-led	Feedback Statement of Purpose Policies Agreement letters

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.


The Registered Manager maintains oversight of the safe recruitment of employees by actively participating in key stages of the process. They work closely with the organisation's HR department, contributing to the shortlisting and interviewing new candidates to ensure suitability for the role. The Registered Manager also reviews references and Disclosure and Barring Service (DBS) certificates before confirming an appointment. Following the recent inspection, the Registered Manager has requested copies of the updated DBS certificates for all staff in line with the organisation's three-year renewal policy. To support ongoing compliance and ease of review, the dates of DBS updates will be recorded and monitored using a dedicated spreadsheet.

The Registered Manager explained that they have not yet had the opportunity to implement the new corporate induction programme MASTI, as no recent new employees have joined the team. The Registered Manager reported that they would receive notification from the HR department to arrange all mandatory training for new starters, which would be completed prior to the employee beginning their role as part of the onboarding process.

Additionally, the service has an internal induction checklist, bespoke to the day centre, which new staff are required to complete within the first few weeks of commencing their role to ensure they are familiar with the specific practices and expectations of the service.

The facility's safety standards are consistently met, with contracted maintenance personnel regularly inspecting the environment to ensure it remains safe and well-maintained. Fire safety procedures are followed in accordance with the guidelines set by the Jersey Fire and Rescue Service; the service has recently achieved 100% for a fire safety audit conducted by the organisation. Lift maintenance is conducted every six months, and kitchen staff adhere to food safety standards in the preparation and delivery of meals. These measures reflect the centre's commitment to maintaining a safe and compliant environment for care receivers.

The service makes effective use of individual risk assessments to promote the safety and well-being of care receivers both within the centre and during community outings. Risk assessments are individual depending on their specific needs, such as mobility, medication administration, and any other identified areas of risk. These assessments are regularly reviewed and updated to reflect any changes in circumstances. For example, mobility assessments help staff plan appropriate support for outings. This approach enables the service to provide meaningful activities while prioritising safety and individual needs.



Feedback from a professional:


The team provide updated risk assessments for use when transporting care receivers to the centre.

Is the service effective and responsive?

Care, treatment, and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Written agreements with care receivers have been introduced following the identification of this as an area for improvement at another day centre within the organisation. The agreements are implemented after completing a six-week trial for new care receivers at the day services. The agreement outlines key details such as the number of days the care receiver will attend, the transport arrangements to and from the centre, and meal provisions, including any associated costs if meals are selected. It also specifies the process for reviewing placements if health needs change, and the notice period required if the placement is no longer suitable. The efficient and positive response to this gap in the service is recognised as an area of good practice.

The staff team maintains good communication with care receivers and their family members, ensuring that information is shared openly and sensitively. Regular updates are provided, and any changes in care needs are discussed promptly. If a care receiver fails to attend on their nominated days consecutively, the team carries



Feedback from a relative of
a care receiver:

I am kept up to date with
any changes in my Xxxx
care plans

out a welfare check to confirm their well-being and offer any necessary support. This proactive approach helps to build trust and ensures that care receivers' safety and needs remain a priority.

The small staff team is trained and appropriately qualified for its roles. All support staff hold a Level 2 Regulated Qualification Framework (RQF) qualification, senior staff have achieved a Level 3 RQF, and the Registered Manager holds a Level 5 qualification in Leadership and Management. Additionally, the Assistant Manager is actively working towards completing their Level 5 qualification.

The service continues to conduct an annual survey for care receivers and their families. To encourage greater participation, the service has introduced alternative methods for completing the survey, including using Quick Response (QR) codes and iPads in the centre. Last year's survey was well responded to, with positive feedback, including 100% of respondents agreeing with the statement, "I am happy with the service I receive."

A review of the current referral process is underway, as it has been identified that the wait for an assessment of need conducted by the social work team can delay placements with the service. To address this, the management team is working collaboratively with the social work team to find a solution.

Is the service caring?

Care is respectful, compassionate, and dignified. Care meets people's unique needs.

The service offers an optional two-course lunch, supplied by the catering department, for a small cost to care receivers. Individuals also have the option to bring their own lunch if they prefer. A choice of different hot meals or sandwiches is available each day. Drinks and snacks are provided free of charge throughout the day. A daily menu is displayed, allowing care receivers to select their preferred meal at lunchtime.

Feedback from a care receiver:

The meals are tasty and always enjoyable.

Having identified the need for the staff team to receive some training in end-of-life care, the Registered Manager has approached a local specialist trainer and is currently in discussions to plan a bespoke awareness training session for the whole team. The timely response to addressing this gap in training is recognised as an area of good practice.

The service, along with another day centre, now supports a mix of individuals with both high and low needs on any given day. This change followed a review of the services, particularly the waiting lists, which had built up due to specific days allocated for individuals with specific needs. The new approach has successfully eliminated waiting lists and works well in practice.

Individual care records, including risk assessments and care plans, are reviewed monthly and updated as necessary. Any changes made are clearly dated and signed by the staff member completing the review. To ensure effective communication, the staff member emails the entire team to inform them of the updates. All changes are signed off by the Assistant Manager, who uses this opportunity to audit the records. This process ensures that the whole team is aware of care plan changes and can implement them consistently.

The centre continues to offer a designated outdoor area where care receivers can sit and relax during good weather or participate in gardening using the raised flower beds provided. Recognising that the area required updating, the Registered Manager took a persistent approach to securing funding from the organisation, resulting in a planned refurbishment to keep the space well-maintained and attractive.

Is the service well led?

The leadership, management and governance of the organisation assures delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

The Registered Manager maintains oversight of the staff team's training compliance. When an external agency delivers training, the Registered Manager is responsible for the timely organisation and booking of the sessions. This proactive approach ensures that all staff remain compliant within the required timescales. A training matrix was available for the Regulation Officer to review, which evidenced staff compliance with the mandatory training requirements for the service.

The Registered Manager could not provide evidence that a contingency plan is currently in place for the service. However, the Registered Manager, along with other members of the leadership team for all Government day services, is actively working on developing a contingency plan. This plan will outline the arrangements and responses for emergencies to ensure the continuity and safety of the service.

The service provides a limited level of support with medication administration, reflecting the low level of need among care receivers. Some members of the staff team have completed a Level 3 medication administration module to ensure medication is administered safely, with service guidelines and appropriate procedures in place. However, there is no system for the annual review of trained staff's medication management competencies. As this is a requirement under the Day Care Standards, it has been identified as an area for improvement.

The current medication policy primarily focuses on the hospital setting, with only a brief and unclear section covering community services. A request by the management team for a policy review has been made through governance to address this gap. In the interim, a specific process and accompanying paper for community and day services will be developed and submitted to the leadership group for approval. This interim process will remain in place until the full medication policy is revised. This reflects a proactive approach to ensuring that wider organisational policies are suitable for community settings.

The Regulation Officer reviewed a selection of Government policies requested from the Registered Manager, including those relating to safe recruitment, whistleblowing, and equality and diversity. While some policies had been recently reviewed and ratified, others were found to be outdated and in need of review. In addition, some Government health and safety policies were also identified as being out of date. This has been highlighted as an area for improvement.

The service is provided free of charge, except for a small cost for lunch. This charge is clearly explained at the start of the assessment process, detailed within the written agreement, and advertised in the care receiver brochure to ensure full transparency.

A professional feedback:

The team are always welcoming and friendly.

Feedback from a professional:

The manager is good at listening to feedback and acting on any recommendations.

Feedback from a relative:

When my Xxx attends the Hollies, it helps to give me a break too, and Xxx is always happy to go.

Feedback from a care receiver:

I love coming to the Hollies, the carers are wonderful.

Feedback from a care receiver:

I enjoy the activities; the staff make it fun.

Feedback from a care receiver:

We love it here, absolutely love it.

IMPROVEMENT PLAN

There were two 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 Regulation 5</p>	<p>The Registered Provider must ensure that policies and procedures are developed in line with current best practice and are regularly reviewed and updated as necessary to maintain compliance and support the delivery of high-quality care.</p>
<p>To be completed: by 2 January 2026</p>	<p>Response by the Registered Provider:</p> <p>The Quality and Safety Team have recently recruited a Policy Manager within HCJ who will lead on work to identify corporate policies in need of review or removal to improve accessibility to the relevant GOJ documents required by the service/care receivers.</p> <p>Any Adult Social Care specific policies relating to the 60 + Adult Day Services will be updated and ratified as routine within the Adult Social Care Group and then approved through the usual HCJ process as required. The registered manager will continue to monitor and review procedures to ensure appropriate access to policies for all staff.</p>

<p>Area for Improvement 2</p>	<p>The Registered Provider must ensure that all staff trained in medication management are assessed as competent on an annual basis.</p>
<p>Ref: Standard 6.7 Appendix 8 Regulation 14</p> <p>To be completed: by 2 October 2025</p>	<p>Response by the Registered Provider:</p> <p>The current framework for annual assessment of medication competency will be reviewed by ASCC Leadership Group. This to ensure medication training needs meet both the requirements set out in Standard 6.7 for Day Care services but is also aligned with relevant HCJ Medicines policy and training matrix.</p>

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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