



**Jersey Care
Commission**

INSPECTION REPORT

Clairvale Road Recovery Unit

Care Home Service

**Government of Jersey – Health and Care
Jersey**

**3rd Floor West Wing Peter Crill House
Gloucester Street
St Helier
JE1 3QS**

**Inspection Date
25 June 2025**

**Date Published
11 September 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 Clairvale Recovery Unit. The Care Home is operated by Health Care Jersey and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Care Home Service
Mandatory Conditions of Registration	
Type of care	Personal Support
Category of care	Mental Health
Maximum number of care receivers	10
Age range of care receivers	18 years and over
Maximum number of care receivers that can be accommodated in each room	Bedroom 1-10: one person.
Discretionary Conditions of Registration	

The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 3 September 2027.

Additional information:

None

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory conditions of registration and additional discretionary conditions 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 seven days before the visit. This was to ensure that the Registered Manager would be available during the visit. One Regulation Officer were present for the first visit and the second day.

Inspection information	Detail
Dates and times of this inspection	25 June 2025 and 21 July 2025 9:00 – 15:00 and 19:00- 19:45
Number of areas for improvement from this inspection	five
Number of care receivers accommodated on day of the inspection	10
Date of previous inspection: Areas for improvement noted in 2024	15 & 21 March & 26 April 2024 Six

Link to previous inspection report	IRClairevaileRoadRecoveryUnit2024.04.26Final.pdf
------------------------------------	--

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection on 15 & 21 March & 26 April 2024 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 improvement identified at the last inspection

At the last inspection, six of areas for improvement were identified.

The areas for improvement were discussed during this inspection, and it was positive to note that five of the areas for improvement had been made. This means that there was evidence:

- the Registered Manager is following the Jersey Care Commission notification process
- all care/support workers are being given opportunities to discuss their roles and identify any issues through formal supervision
- staff are appropriately trained and competent
- regular fire drills are being undertaken
- managerial arrangements have been expanded to include a full-time deputy manager.

This inspection discussed the area for improvement in relation to evidencing the reviewing of care plans, and it was concerning to note that insufficient progress had been made to address this area. This means that the registered provider has not met the Standards in relation to standard 2.4.

During a discussion with the Registered Manager, they were able to indicate how they plan to address this concern to meet future compliance.

4.2 Observations and overall findings from this inspection

The inspection of Clairvale Recovery Unit found that the Registered Manager and newly appointed Deputy Manager provide oversight of daily operations, with improvements noted in areas highlighted during the previous inspection. These include the formalisation of staff inductions, consistent documentation of supervision, and appropriate fire safety measures evidenced in the service's logbooks. Staff training is up to date, and additional resources are regularly shared with the team to support their understanding of mental health-related topics. The notification process to the Jersey Care Commission is now aligned with current requirements.

The service adopts a recovery-focused model of care, supporting individuals with a range of complex needs. During the inspection, care planning processes were reviewed, highlighting the need for clear evidence that care plans are regularly reviewed and updated.

There is evidence of staff encouraging the development of independent living skills, including through support with cooking, budgeting, and accessing the community. While feedback highlighted positive working relationships between the service and external professionals, there were also observations that communication with community teams regarding discharge planning and care documentation could benefit from greater clarity and coordination.

In terms of safety, the environment is well maintained, with evidence of ongoing improvements to furnishings and shared spaces. Staffing levels remain consistent, and staff are familiar with the care needs of residents. The service uses non-restrictive approaches and provides both online and in-person training on key areas such as de-escalation and mental health awareness.

Feedback indicated that further training related to autism and personality disorders may support staff in meeting the wider range of resident needs. The service is also exploring ways to strengthen reflective practice and step-down planning.

Feedback gathered from residents, relatives, and external professionals was positive. Care receivers reported that staff were approachable and responsive. Relatives expressed appreciation for the availability and communication from staff, and professionals described the team as committed and resident focused. Some stakeholders noted areas for development, including the consistency of key worker relationships and the availability of suitable accommodation for residents moving on from the unit.

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, variation requests and notifications of incidents.

The Regulation Officer gathered feedback from one care receivers and two 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.

As part of the inspection process, records including policies, care records, and incidents were examined.

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

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and deputy and confirmed the identified areas for improvement by email on 4 July 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.

5.2 Sources of evidence.

Follow up on previous areas for improvements	
Focus	Evidence Reviewed
Notifications	Pre-inspection data for notifications by the service. A review of 3 months of Datix to ensure all appropriate incidents had been reported.
Supervision.	Review of supervision spreadsheet providing dates for all staff since the last inspection.
Training	Reviewed Training Matrix.
Fire drills	Review of Fire logbook and drills undertaken.
Management and leadership	Appointment of a deputy manager, and reduction in Registered Managers responsibilities.
Care plan reviews	A review of internal Information Technology system shows that staff are not recording reviews of care plans, this continues to be an area for improvement.
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Safe recruitment policy

	Blank job application form Job descriptions (Carer, Senior Carer, and Nurse) Recruitment pack Disciplinary and Grievance Policy
Is the service effective and responsive	Induction Handbook Training Matrix Spreadsheet of care staff trained to RQF 2/3 Complaints policy Supervision Spreadsheet
Is the service caring	Care Receiver feedback Relative feedback Observation Staff feedback
Is the service well-led	Safeguarding Policy Up-to-date Statement of Purpose Organisational chart/management structure 3 Monthly reports 3 months of staff rotas

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The Regulation Officer reviewed the service's recruitment practices and associated policies. The Safe Recruitment for Working with Vulnerable People, Including Children policy, specific to the service, was last updated on 15 March 2017 and scheduled for review by 15 September 2017. There was no evidence that the policy has been reviewed or updated since then.

A comparison was made with the current Government of Jersey Recruitment and Selection Policy (effective 31 March 2025, review due 31 March 2028), which applies broadly to government employees. The service was advised that if they wish to retain a service-specific policy, it must be updated to:

- align with Jersey Care Commission Standards
- reflect current best practices in information sharing
- include how care receivers are involved in the recruitment process.

A relative of someone who uses the service said:

Staff are patient, fair, and consistently supportive.

The Registered Manager demonstrated how the service involves care receivers in interview panels, which typically consists of three members, including a care receiver. This involvement was recommended to be formally documented within the updated recruitment policy.

Job descriptions for deputy manager and healthcare assistant roles were reviewed and deemed appropriate and reflective of actual responsibilities. The interview scoring system was also shared with the Regulation Officer and considered comprehensive.

As part of the online application process, the service requests information regarding applicants' physical and mental health. When necessary, the service is equipped to refer individuals to services such as 'Talking Therapies' or the 'Listening Lounge'.

The staffing rota demonstrated consistent coverage with at least two staff members per shift. Bank staff are used, when necessary, with preference given to those previously familiar with the service and its care receivers. The service is onboarding two recruits to participate in a structured shadowing and induction process.

The Regulation Officer recommended that the competency checklist used during recruitment and induction be expanded to cover additional areas, with formal sign-off to ensure consistent competency across staff.

The Registered Manager and Deputy Manager completed this recommendation within a week of the inspection visit, demonstrating prompt action and a commitment to maintaining high standards of care.

All staff are provided with the Code of Practice for Care Workers (Jersey). A notable strength of the service is the qualifications held by its staff:

- 7 staff members hold a Level 3 vocational qualification in care
- All remaining staff hold Level 2 qualifications.

The Disciplinary and Grievance Policies applicable to this service are organisation-wide and do not currently reference the Jersey Care Commission as an escalation body. The service was advised to inform staff in writing about this omission and ensure they are aware of escalation protocols specific to regulated services.

The Customer Feedback Policy, reviewed on 5 February 2025, similarly does not include information about the Jersey Care Commission's role in complaints. It was recommended that the care receivers' welcome pack be updated to include information on how to escalate concerns to the Commission. The deputy manager acted on this during the inspection period and shared the document with the Regulation Officer.

The service has recently implemented post-discharge feedback collection from care receivers; a positive step currently being embedded into routine practice.

The Safeguarding Children, Young People, and Adults at Risk Policy, published in June 2022, is under review. The policy was found to be comprehensive, referencing both local legislation and the Safeguarding Partnership Board.

Care coordinators complete risk assessments for care receivers and tailor them to individual needs. It was identified that broader, service-level risk assessments would be beneficial, particularly in mitigating risks related to incidents within the service. This is noted as an area for improvement.

The service holds regular fortnightly meetings with the Community Mental Health Teams, offering a valuable forum for discussing risk and improving collaborative care planning.

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.

Clairvale Recovery Unit is a government-run service that does not charge care receivers for their stay. The service does not currently provide formal written agreements outlining the terms of residency beyond a signed acknowledgement of house rules. While this document outlines behavioural expectations (for example, no smoking, alcohol, or drug use on the premises), the lack of a comprehensive written agreement clearly stating the service's responsibilities, expectations, and conditions for termination was identified as an area for improvement. Ongoing discussions between the Regulation Officer and the Registered Manager have highlighted the need for such documentation to ensure care receivers are fully informed of their rights and what they can expect from the service.

The care and support provided are informed by input from multidisciplinary professionals. A care coordinator typically completes an initial assessment, followed by a further evaluation by the Registered Manager or Deputy Manager. This process incorporates a strengths and needs-based model. It includes contributions from Recovery Star; a tool used to support and measure the progress of individuals in their mental health recovery journey. The service also completes occupational therapy assessments. Consent is routinely sought to involve family members, and relatives may be invited to multidisciplinary meetings with the care receiver's agreement.

The Registered Manager and Deputy Manager provided examples of person-centred care, with individual preferences, cultural considerations, and unique goals actively integrated into care plans.

Care receivers are supported in accessing educational opportunities and employment services through the Jersey Employment Trust. Holistic assessments include attention to physical health, relationships, and sexual health.

Care receivers receive a welcome pack upon admission. This includes:

- information about the unit and what to expect upon arrival
- a list of items needed during their stay and prohibited items
- descriptions of the assessment and care planning process
- guidance on how to seek a second opinion
- an overview of the *Mental Health (Jersey) Law 2016*
- information on advocacy, complaints (including escalation to the Jersey Care Commission), and the *Data Protection (Jersey) Law 2018*
- reference to the *Code of Practice for Health and Social Care Support Workers*
- introduction to the outreach service for future planning.

Feedback about the welcome pack is actively encouraged. The pack can be adapted (for example, translated or enlarged print) to meet the accessibility needs of care receivers. The service has already taken action on a recent recommendation from the Regulation Officer to include detailed information on the storage, retention, and disposal of records.

The service demonstrated an ongoing commitment to upholding the rights of care receivers. Examples were provided of:

- advocacy is used in decision-making processes
- safeguarding referrals made to protect care recipients
- support for individuals to make informed decisions and live autonomously.

The service works with professionals and family while respecting boundaries that help adults manage their own care. Consent is key to this partnership.

The care receiver and their assigned key worker review care plans weekly. However, the lack of recorded evidence documenting these reviews continues to be an area for improvement, as the Regulation Officer was unable to verify that regular updates to care plans are consistently occurring.

The Regulation Officer reviewed staff daily notes and found that they contained holistic information regarding care receivers' activities, health appointments, and social engagement.

The service actively encourages feedback through multiple channels:

- a feedback box allows anonymous suggestions or concerns
- weekly community meetings promote collective input
- advocacy support is available to help individuals express their views
- families are engaged via email and, with consent, may attend keyworker meetings.

The Regulation Officer reviewed three recent monthly monitoring reports. While the content met the standards of the Jersey Care Commission, the reports were authored by the Registered Manager. The Home Care Standards state, *“In care services where the Registered Manager is not the registered provider, the registered provider must arrange for a representative to report monthly on the quality of care provided and compliance with registration requirements, standards and regulations”*. This is an area for improvement. During the inspection, the Registered Manager confirmed that arrangements had been made for future reports to be completed by an independent individual.

Is the service caring?

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

The Clairvale Recovery Unit demonstrates a caring approach that is respectful and responsive to the individual needs of care receivers. Documentation provided by the Registered Manager confirmed that mandatory training requirements have been met and compliance is actively monitored. In addition to core training, a small number of staff have undertaken additional training in specialised areas such as:

- solution-focused therapy
- substance misuse
- safe wards
- understanding ketamine use.

The Registered Manager and Deputy Manager reported that they are currently seeking additional training opportunities in ADHD and autism, recognising the increasing relevance of these areas even where formal diagnoses may not be present.

The Regulation Officer recommended that the service seek more in-depth mental health training beyond the current biannual mental health awareness training to enhance staff understanding and capabilities further.

Training is delivered through both online and face-to-face sessions. In addition, the Registered Manager routinely shares articles, resources, and e-learning opportunities with the staff team to enhance their understanding of mental health further. Examples include e-learning courses on internet suicide, self-harm, and suicide prevention, helping staff stay current with evidence-based approaches and evolving trends in mental health care.

Care receivers are offered informal education on nutrition, one-to-one meal planning, and budgeting support. As part of preparing individuals for independent living, the service does not provide meals, allowing care receivers to develop essential life skills with the encouragement and guidance of staff. This approach supports individual autonomy and respects personal preferences.

The home environment is kept welcoming and adaptable. Recently, new furniture has been introduced, and the service has committed to decorating bedrooms for each new care receiver, allowing for personalisation with belongings and small furniture items. This provides a sense of ownership, dignity, and comfort. Quiet lounge spaces are available, and plans are underway to develop a sensory area further to support emotional regulation and wellbeing.

The service actively promotes social inclusion and engagement with the broader community. Examples of this include participation in:

- Highlands College courses
- Jersey Employment Trust initiatives
- Move More Jersey's *Couch to 5K*
- Healing Waves ocean therapy
- Sea swimming and "Swimathon" events
- Volunteer opportunities and community-based social groups.

Some care receivers have demonstrated leadership by initiating peer-led groups and activities, illustrating the service's support for independence, creativity, and purpose.

Staffing levels remain consistent, with two staff members present during day and evening shifts, supported by the Registered Manager and Deputy Manager. An on-call system is in place for emergencies and is accessible through the government switchboard. The service also benefits from a positive working relationship with local police, who have developed an understanding of the unit and its care receivers. The Registered Manager described this as essential in promoting safety, respect, and community integration.

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 leadership and governance at Clairvale Recovery Unit demonstrated a commitment to improvement and delivering high-quality, person-centred care. Progress has been made since the last inspection in several key areas, reflecting a more robust oversight of operations and regulatory compliance.

One area of improvement identified during the previous inspection was related to the notification process to the Jersey Care Commission. Since then, there has been a change in the Commission's notification procedures. The Regulation Officer reviewed the service's submitted notifications and found them compliant with the updated policy. In addition, the service provided three months of data from the government's internal reporting system. This review confirmed that the service is now appropriately identifying and notifying incidents to the Commission.

Another concern from the previous inspection involved the lack of consistent supervision for support workers. This issue has been addressed. The Regulation Officer reviewed a spreadsheet documenting supervision sessions, for all staff since the last inspection, confirming compliance with the Commission's Home Care Standards.

The service was also previously asked to provide evidence of regular fire drills. While it was verbally confirmed at the last inspection that fire drills were being conducted, no supporting documentation was provided. The fire logbook was reviewed during the current inspection, showing clearly recorded evidence of routine fire alarm testing and drills, bringing the service in line with safety expectations.

The Regulation Officer discussed the previous recommendation to expand managerial oversight with the Registered Manager. At the time of the last inspection, the Registered Manager had a significant workload, which impacted governance capacity. This has since improved with the recent appointment of the Deputy Manager, who had been in post for one week at the time of inspection. This addition is expected to enhance operational leadership and provide greater oversight and quality assurance capacity.




They have supported me with cooking sessions to help build my skills ready for independent living.

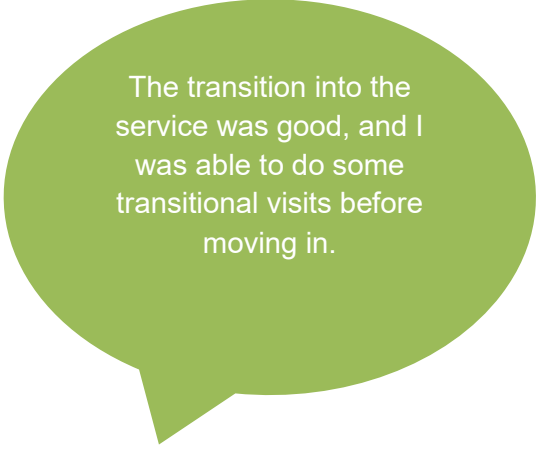
The Registered Manager confirmed that no restrictive interventions are used to manage challenging behaviours. All staff currently hold at least Level 2 training in Maybo. Maybo training specialises in conflict management and violence reduction. The service has implemented environmental safety measures, particularly in the management of medication collection, to promote a safe and respectful environment.

A sample of the service's policies and procedures was reviewed. While some progress has been made in updating documents, many policies remain outdated or beyond their scheduled review period. Additionally, some policies do not yet reference the Jersey Care Commission as the relevant regulatory body, a necessary component for regulated care settings. The Regulation Officer acknowledged that government-wide efforts are underway to address policy review and compliance. Still, this is an area for improvement due to the volume of documents requiring updates.

What care receivers said:

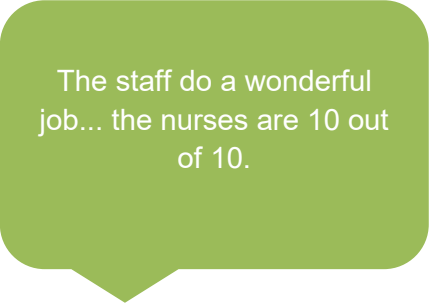


The staff are very good at responding if I raise any concerns.

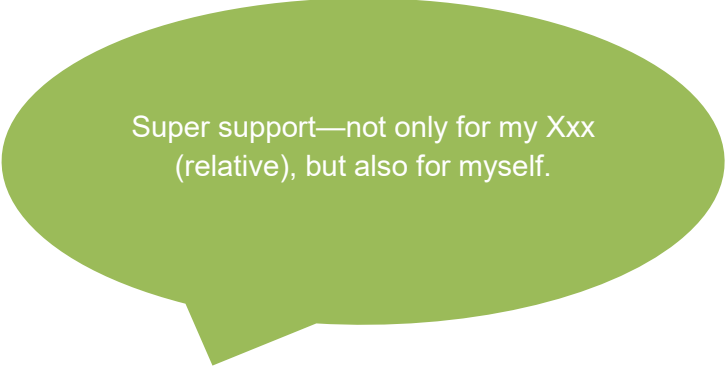


The transition into the service was good, and I was able to do some transitional visits before moving in.

Relatives said:




The staff do a wonderful job... the nurses are 10 out of 10.

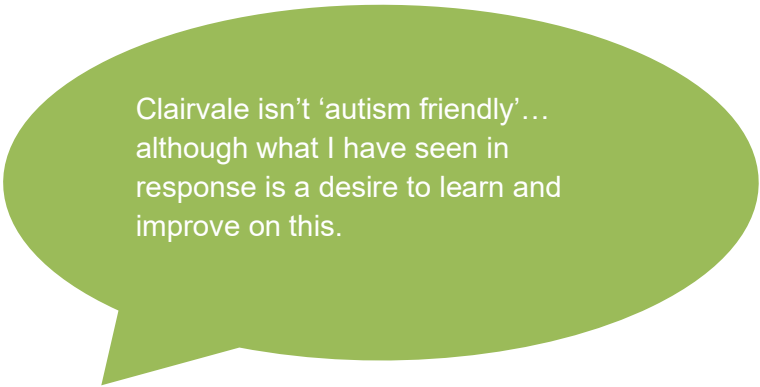


Super support—not only for my Xxx (relative), but also for myself.

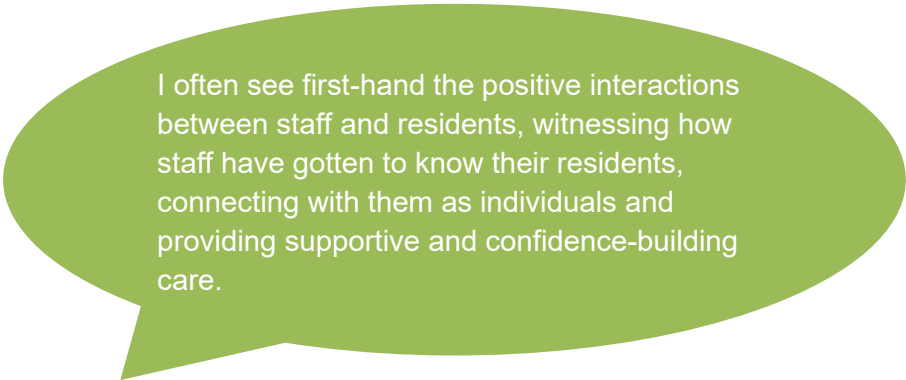
Professional's view:



There is a need to develop step-down facilities to help discharging safely.



Clairvale isn't 'autism friendly'... although what I have seen in response is a desire to learn and improve on this.



I often see first-hand the positive interactions between staff and residents, witnessing how staff have gotten to know their residents, connecting with them as individuals and providing supportive and confidence-building care.

IMPROVEMENT PLAN

There were five 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 4.7</p> <p>Regulation 8</p> <p>To be completed: by 25/09/2025</p>	<p>The risks of harm to people receiving care and care/support workers will be minimised. Appropriate risk assessments will be carried out.</p> <p>Response by the Registered Provider:</p> <p>Risk assessment & Management Framework assessments will be completed by the Registered Manager going forwards and reflect the risks observed and managed by the rehab team at Clairvale Recovery & Rehabilitation unit, which</p> <p>will support discharge planning from rehab into community settings.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 1.5,</p> <p>Regulation 6 (1), 8 (1)</p> <p>To be completed: by 25/12/2025</p>	<p>A written agreement will state how the service will be provided to meet the needs of the person receiving care. It will set out terms and conditions, and arrangements for changing or ending the agreement.</p> <p>Response by the Registered Provider:</p> <p>Written agreements will be put in place by Registered manager using the agreed framework, following consultation with LOD.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 2.4, 2.6 Regulation 9</p> <p>To be completed by: With immediate effect</p>	<p>Registered persons will regularly and frequently seek the views of the person on the content, implementation and review of the personal plan and ensure that plans are regularly reviewed and revised as required.</p> <hr/> <p>Response of Registered Provider:</p> <p>The Registered manager regularly reviews care partner and it is evident that our service users are having one to one sessions and reviewing their care plan goals, however this is not being documented under 'Care Plan contact record'. This means that it is difficult to audit and evidence that care plans are being reviewed as indicated in the most recent and last years inspection.</p> <p>Weekly one to one sessions, in which rehab goals are discussed and actioned will be documented under 'care plan contact record'.</p> <p>The Registered manager will be reviewing Care Partner at agreed frequency to ensure that one to one care plan review sessions are captured in care partner contract record going forwards and to provide assurance that care plans are regularly reviewed and revised as required.</p>
--	--

<p>Area for Improvement 4</p> <p>Ref: Standard 12.2 Regulation 19</p> <p>To be completed: With immediate effect</p>	<p>There will be systems in care services where the registered manager is not the registered provider, the registered provider must arrange for a representative to report monthly on the quality of care provided and compliance with registration requirements, standards and regulations.</p> <hr/> <p>Response by the Registered Provider:</p> <p>Arrangements are now in place for a monthly report to be completed by an appropriate manager.</p>
--	--

<p>Area for Improvement 5</p> <p>Ref: Standard 1.6</p> <p>Regulation 5</p> <p>To be completed: by 25/12/2025</p>	<p>There will be policies and procedures based on current best practice and evidence which will be available and accessible to people receiving care and others.</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. Any specific policies relating to the Mental Health Service will be updated and ratified as routine within the Mental Health 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>

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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je