



Summary Report

Clairvale Road Recovery Unit

Care Home Service

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

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25 June 2025**

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SUMMARY OF INSPECTION FINDINGS

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.

4.1 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.

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.

Area for Improvement 1 Ref: Standard 4.7 Regulation 8 To be completed: by 25/09/2025	The risks of harm to people receiving care and care/support workers will be minimised. Appropriate risk assessments will be carried out. Response by the Registered Provider: 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 will support discharge planning from rehab into community settings.
Area for Improvement 2 Ref: Standard 1.5, Regulation 6 (1), 8 (1) To be completed: by 25/12/2025	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. Response by the Registered Provider: Written agreements will be put in place by Registered manager using the agreed framework, following consultation with LOD.

Area for Improvement 3 Ref: Standard 2.4, 2.6 Regulation 9 To be completed by: With immediate effect	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.
	Response of Registered Provider: 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. Weekly one to one sessions, in which rehab goals are discussed and actioned will be documented under 'care plan contact record'. 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. Click or tap here to enter text.

Area for Improvement 4 Ref: Standard 12.2 Regulation 19 To be completed:	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.
With immediate effect	Response by the Registered Provider: Arrangements are now in place for a monthly report to be completed by an appropriate manager.

Area for Improvement 5 Ref: Standard 1.6	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.
Regulation 5 To be completed: by 25/12/2025	Response by the Registered Provider: 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.

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