Jersey Care Commission

INSPECTION REPORT

The Diner

Day Care Service

St James Lane
St Helier
JE2 4QQ

Inspection Dates
30 July & 1 August 2025

Date Published
25 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 The Diner. The day centre is operated by The Government of Jersey - Health and Care Jersey, and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Day Centre
Mandatory Conditions of Registration	
Type of care	Personal care / personal support
Category of care	Mental health
Maximum number of care receivers	40
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 20 August 2027.	

Additional information:
During the inspection process the Registered Manager applied for a variation to increase the number of service users from 35 to 40 per day. The variation was approved on 31 July 2025.

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory conditions of registration and any additional discretionary conditions required under the Law. The Regulation Officer concluded that all requirements are being 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.

For the purposes of this report, and in line with the Statement of Purpose, the people using the Diner will be referred to as service users.

Inspection information	Detail
Dates and times of this inspection	30 July 2025 8:30 – 14:30 1 August 2025 9:00 – 11:00
Number of areas for improvement from this inspection	Two
Number of care receivers accommodated on day of the inspection	37

Date of previous inspection:	4 & 5 July 2024
Areas for improvement noted in 2024	0
Link to previous inspection report	IRTheDiner20240705-Final.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

Based in St Helier, the Diner provides service users with a mental health diagnosis a safe and supportive environment to participate in various programmes designed to enhance their quality of life and individual recovery journey. Service users benefit from a large lounge, dining room, fully equipped modern kitchen, games and arts/crafts room, outdoor area, toilets, and an office for confidential discussions. The service promotes health and well-being through a range of resources, and staff were observed to be excellent in signposting service users to external organisations where additional support was required.

Although no staff have been recruited to the Diner since the last inspection, recruitment is undertaken through the Government of Jersey People Hub, and the Registered Manager demonstrated sound knowledge of this process through their management of another service.

Care staff are committed to training in areas relevant to service users' needs and completing their statutory and mandatory requirements.

The Diner does not provide medicine management; service users either manage their medication or have separate care packages for administration.

A peer support network has been established to assist core staff in delivering activities and offering support. The network consists of ex-service users who wish to support others.

Care plans and risk assessments were noted to be person-centred, appropriate, and regularly updated on the Care Partner online system.

Staff receive supervision, objective setting, and appraisals in line with regulatory standards.

All health, safety, and fire requirements have been fully completed and appropriately documented following relevant regulations and standards.

Communication between staff and service users was thoughtful, informative, and appropriately humorous. The Regulation Officer found the overall ambience during both visits welcoming and caring.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Day Care Standards were referenced throughout the inspection.[1]

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

The Regulation Officer gathered feedback from eleven service users. They also had discussions with the service's management and other staff. Additionally, feedback was provided by two professionals external to the service.

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

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager verbally and confirmed the identified areas for improvement by email on 1 August 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	Recruitment policy Job descriptions Discussion with Registered Manager around safe recruitment Food safety and training Discussion with staff around safeguarding Training matrix Risk assessments Fire logbook Feedback from service users
Is the service effective and responsive	Service user agreements Discussions with staff Activities Collaboration with external professionals Access to Care Partner Escalation flow chart Observation of crisis prevention Feedback from service users
Is the service caring	Care plans Walk round of the environment Feedback from staff and service users

Is the service well-led	Policies Crisis prevention management Notifications Organisational structure Statement of Purpose Discussions with the Registered Manager and professionals

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Since the last inspection, the building has been acquired by Health and Care Jersey (HCJ), which means the service will no longer have to seek alternative premises as mentioned in last year's inspection report. The Registered Manager showed the Regulation Officer an outdoor area with wooden seating, fencing, and flowerpots, providing service users with a pleasant space to enjoy fresh air. Plans are also in place to refurbish the entire building, including the Diner, allowing for disabled access. Both service users and staff reported this development as positive news.

Although no permanent staff have been recruited to work in the Diner since the last inspection, the Registered Manager has recruited staff to other services within the organisation and demonstrated good knowledge of the process. The Diner has a core staff team however, the service use bank health care assistants who are familiar with the Diner and occasionally use staff from another service to cover unexpected leave.

Bank staff are recruited through the nurse bank department of Health and Care Jersey. A safe recruitment policy is in place; however, the organisation needs to update it.

The core staff have all completed the Regulated Framework Qualification (RQF) Level 3. A few mandatory training sessions have been booked, which will complete the training for 2025. Additional training to suit the needs of the service users has been completed, including trauma-informed training, trauma and substance misuse, mental health awareness, MAYBO—positive approaches to behaviour, and motivational interviewing. This complies with the service's conditions of registration with the Commission.

During safeguarding discussions with the staff team, the Regulation Officer felt assured that they would be able to spot the signs of abuse and how to escalate a concern; all staff were up to date with safeguarding training. There have not been any safeguarding referrals since the last inspection.

Arrangements are in place to protect the health and safety of the service users and the staff. The nominated fire wardens carry out the necessary checks and drills as documented in the fire logbook. It was noted that although firefighting equipment and fire extinguishers had been checked and labelled by the States of Jersey fire service, the logbook had not been updated. The Registered Manager will ensure this is done. The maintenance of the environment is overseen by the Government of Jersey, Health and Care Jersey estates team, and all is documented on their online system 'Concerto'. The Regulation Officer noted that the environment was improved from the previous inspection, specifically the windows and walls.

Any staff or service users preparing food are up to date with food hygiene training, and the kitchen area was noted to be cleaned to a high standard on both inspection days. A variety of drinks, including homemade smoothies, tea, coffee, and juice, were available throughout the day, along with a selection of nutritious hot lunches considering dietary requirements. The current Eat Safe rating is 4. A large dining room with tables and chairs is used at lunchtime to encourage service users to engage with others.

The Regulation Officer chatted with numerous service users throughout both visits. They unanimously praised the staff team and stated they felt heard and valued at the Diner. They were complimentary about the food on offer, and some noted that this is the only hot meal they have each day. For others, this was their lifeline to the outside world rather than being stuck indoors with no one to speak to.

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.

The service currently supports 74 enrolled users, with an average daily attendance of 33–36. Following discussions and to comply with the mandatory registration conditions, the Registered Manager submitted a variation application to increase the maximum number of daily attendees from 35 to 40. This application was approved during the inspection, with a requirement that a minimum of four staff members be present each day.

Service users are provided with an agreement; 'The Values of the Diner', which sets out the service's core values, expectations of service users, and what they can expect from staff and peers. The agreement also outlines the consequences of challenging behaviour or substance misuse. It is discussed with each service user to ensure understanding and is signed and dated by both the service user and a staff member. This process meets the required standards.

The Regulation Officer identified crisis prevention as an area of good practice. Staff demonstrated an in-depth knowledge of service users, enabling them to recognise early signs of distress and proactively engage with care coordinators to implement prevention strategies. Feedback from service users confirmed that they feel supported and listened to.

The Regulation Officer noted that external professionals frequently arrange to meet service users at the Diner for convenience when they are aware of their attendance on a particular day. A private office is available on-site to facilitate such meetings, providing confidentiality away from other service users.

The Regulation Officer noted that the Registered Manager is present at the Diner at least one day each week, while also managing another service. The Registered Manager remains easily contactable by phone. Staff demonstrated extensive experience and familiarity with the service, ensuring that the Diner operates seamlessly, with daily activities managed effectively and consistently.

The staff team has access to an online care planning system. This enables the team to access service users' plans, develop care plans specific to the Diner, and make daily notes.

A peer support worker employed through MIND Jersey co-ordinates activities, including swimming, walking, fishing, arts and crafts, running, participating in community clubs, and assisting with kitchen duties. During the inspection, service users were observed making bracelets to donate overseas, playing pool, and taking part in seated yoga led by a physiotherapist. After lunch, a group went swimming at a local hotel.

The Regulation Officer was informed that some service users also engage in vocational rehabilitation by volunteering for local charities. The Diner has committed to supporting service users in fulfilling their potential within its remit.

Feedback from service users:

I feel listened to and truly supported by all the staff here.

I have had my struggles and don't know where I would be without this place. I love being here and have made friends.

Is the service caring?

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

This year's inspection found the service to continue to benefit the service users enormously. It is run by a team of highly experienced and motivated care staff. The staff understand their roles and know their limitations, and they are superb at signposting service users to different agencies and organisations for help and support with a range of issues.

Communication between service users, staff, and the peer support workers was positive, respectful, and engaging. Interactions were conducted to promote inclusion and choice, with staff demonstrating patience and active listening skills. Importantly, humour was often used appropriately, creating a relaxed atmosphere where service users felt comfortable expressing themselves. This contributed to mutual respect and trust, with light-hearted exchanges reinforcing positive relationships while maintaining professional boundaries.

A staff meeting is held every Monday morning before the Diner opens. An agenda is followed, and minutes are taken.

The staff discuss new referrals received, look at risk assessments, and make an informed decision about accepting or declining a referral. The minutes were viewed during the inspection. The staff team keeps a register of all referrals, active service users, and discharges from the service.

Once a service user has been accepted, they are invited to meet with their care coordinator and spend time at the Diner, meeting the team. If they like it and wish to continue attending, they are allocated a key worker and asked to sign the written agreement. Care plans are developed considering aims and goals. Should a referral be declined, the staff team will contact the referrer promptly with the rationale behind the decision.

A daily register is kept, recording how many service users attend. This prompted the application to vary the conditions of registration, as the numbers had been increasing over the last few months.

The Regulation Officer viewed several service users' plans, notes, and risk assessments. The care plans are very detailed and based on strengths, needs, goals, and outcomes. The key workers review and update these regularly, as demonstrated during the inspection.

The inspection included a walk around the building and the outside area. Since the last inspection, some areas have been freshly painted, and the window frames and areas of damp from the roof have been repaired. The Registered Manager spoke highly of the estates team and their responsiveness to requisitions.

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 Statement of Purpose for this service is robust and concise. It states that the Diner is only for '*people living in the community under the care of the CMHT and mental health outpatient services.'* It includes the aims and objectives, the range of needs supported, how the service is provided, staffing arrangements, quality assurance, and governance. An updated version has been requested to reflect the recent variation approval.

During the inspection, an updated care group structure framework was viewed, which demonstrates clear lines of accountability within the organisation.

The Registered Manager spends at least one day a week in the Diner to support the staff and oversee the running of the service; however, they are easily accessible daily by phone. The staff reassured the Regulation Officer that they have almost daily contact with the Registered Manager.

A policy review was undertaken before the inspection, and it showed that eight out of ten policies were out of date. Therefore, this is an area for improvement. Although the organisation has a policy group in place, there has not been significant progress.

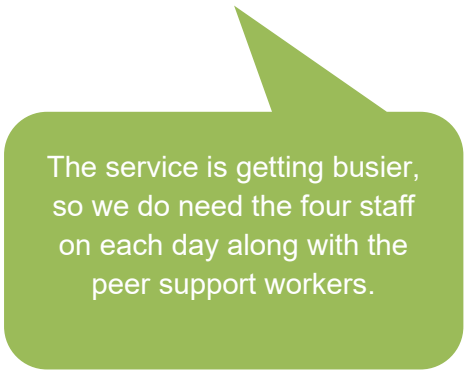
Systems are in place to monitor, audit, and review the quality of care. Service users use a feedback box to give their opinions on the service; the staff perform various audits and report the findings in their meetings.

A business continuity plan is in place for fire, outbreaks of illness, and extreme weather.

The Regulation Officer reviewed the services' incident reporting and found that three incidents resulting in harm had not been reported to the Commission. Although the Registered Manager submitted one retrospectively, this is an area for improvement. This was highlighted in the previous report.

Staff supervisions (individual and group) and appraisals occur and meet the required standards. The Regulation Officer viewed a selection of documented supervisions. The staff concluded that they feel the supervision is useful, focuses on their well-being, and supports them in bringing up any issues or concerns.

The staff said:



Professionals said:

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.

Area for Improvement 1 **Ref:** Standard 4.3, Regulation 21	The Registered Manager must notify the Commission of such incidents, accidents or other events that have posed or may pose a risk of harm as specified by the Jersey Care Commission.
To be completed: with immediate effect	**Response by the Registered Provider:** Monthly governance reports are completed for mental health day services, which capture Datix reports, actions and learning and notifiable incidents to JCC. A monthly Datix report is also now sent to the Commission to ensure oversight of incidents / themes and to demonstrate that learning, risk management and preventative measures are put in place to improve the safety of our service users and the staff team.

Area for Improvement 2 **Ref:** Standard 1.6, Regulation 5 **To be completed:** By 30 January 2026	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. These should be reviewed and updated regularly.
	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.

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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