INSPECTION REPORT

Secure Children's Home

Union Street
St Helier
JE2 3DN

Inspection Dates:
31 July, 1 and 5 August 2025

Date Published
7 October 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 on the inspection of a secure children's home. This children's home is operated by the Government of Jersey Children, Young People, Education and Skills Department (CYPES) through the Children's Social Care Service (CSCS), and an interim manager is in place.

Registration Details	Detail
Regulated Activity	Children's Care Home Service
Mandatory Conditions of Registration	
Type of care	Personal Care and Personal Support
Category of care	Children (0 to 18)
Maximum number of care receivers	Four
Maximum number in receipt of personal care/personal support	Four

Age range of care receivers	10 – 18 years
Maximum number of care receivers that can be accommodated in each room	Rooms 1-8 = one person (maximum of 4 care receivers)
Discretionary Conditions of Registration	
None.	
Additional information:	
The Commission was notified of a change in interim management arrangements on 2 September 2024. An absence of manager form was later received on 26 June 2025, which set out the interim management arrangements until a new Interim Manager commenced their role on 4 July 2025. The Interim Manager subsequently applied to become the Registered Manager on 12 August 2025, which is currently being processed. In relation to the registered bedrooms, the Commission received the following applications: • 28 November 2024 – to increase bedrooms from three to four • 5 December 2024 – to increase bedrooms from four to six • 11 March 2025 – to decrease bedrooms from six to four • 11 August 2025 – to register all eight operational bedrooms, however, only four can be used at any one time These applications were approved, with the Commission ensuring that that the registered bedrooms were operational and fit for purpose at each juncture.	

As part of the inspection process, the Regulation Officers evaluated the home'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 two days before the visit. This was to ensure that the Registered Manager would be available during the visit.

For the purposes of this inspection report Residential Child Care Officer's will be referred to as care staff.

Inspection information	Detail
Dates and times of this inspection	31 July 2025 – 8.45am to 2.45pm 1 August 2025 – 8.45am to 3pm 5 August 2025 – 2pm to 4.15pm
Number of areas for improvement from this inspection	six
Number of care receivers accommodated on day of the inspection	Withheld to protect the identity of the care receivers
Date of previous inspection: Areas for improvement noted in 2024 Link to previous inspection report	10, 18 and 31 July 2024 Three IRSecureChildrensHomeService20240731Final.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection on 10, 18 and 31 July 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, three areas for improvement were identified, and the Registered Provider submitted an improvement plan to the Commission setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that progress had been made to address one area for improvement. This means that there was evidence that care staff had received formal supervision regularly. However, it was concerning to note that insufficient progress had been made to ensure all care staff received mandatory training and that service-specific policies and procedures were available to care staff.

These areas for improvement will be discussed in more detail under the main inspection findings of this report.

4.2 Observations and overall findings from this inspection

This home has experienced some challenges in terms of staffing, with staff reports of shortages, burnout, discontentment, and a lack of visible leadership over the last nine months. This affected staff morale and cohesion and contributed to increased incidents, including restrictive interventions and complaints or allegations from young people about the care they received. It was noted that the home also experienced a high level of occupancy during this period.

A recent operational reset during a temporary home closure has allowed a new manager and the existing care staff to re-establish an ethos, trauma-informed practices and carry out essential training. The home prioritises care delivery through core themes of compassion, dignity, and respect, alongside a refreshed values and principles statement. Evidence suggests that these actions have resulted in improved staff morale, more confidence in the leadership and improvement in the consistency of care delivery.

Health and safety checks, including water safety/temperature testing and electrical and portable appliance testing, were completed in line with mandated timescales. However, at the time of this inspection fire drills were not being carried out within mandated timescales. Major refurbishment plans, due to start in September, aim to create a homely environment and greater access to leisure activities, which the Commission welcomes.

Care planning is multi-agency-led and subject to regular review; however, it could be better coordinated with a multi-agency trauma-informed approach, led by an appropriately trained professional. Comprehensive risk assessments are in place, and they are trauma informed.

The education offer for young people aged 16+ needs strengthening, with plans in place to address this. When health assessments are conducted, the assessing health professional cannot access young people's health records.

A revised incentive scheme that promotes structure, trust and responsibility has been introduced. Young people are provided with choice and control and have contributed to the development of the home.

Staff supervision is completed regularly. Additional staff well-being initiatives, such as clinical supervision, are being explored. Training and a home-specific induction for care staff did not meet the required standards.

Although significant work has been progressed regarding service specific policies and procedures, these are not yet fully operational and available to care staff.

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, notification of incidents and the Independent Visitor reports.

The Regulation Officer gathered feedback from one care receiver. 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, improvement plans, incidents and complaints were examined.

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Interim Manager and followed up on the identified areas for improvement by email on 4 August 2025.

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

This report sets out our findings and includes any areas of good practice identified during the inspection. We have identified six areas for improvement, which are described in the report. An improvement plan is attached at the end of the report.

5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	**Evidence Reviewed**
Service specific policies	Discussion with the Interim Manager and senior leaders in the Service Evidence of link to policies Review of procedures written specially for secure setting
Reflective supervision	Review of supervision matrix Staff survey
Mandatory training	Review of the training matrix
New key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Safe recruitment practice Review of complaints Review and interrogation of notifiable events Health and safety (including fire, electrical, water safety and property maintenance)

	Review of staffing Daily handover checklists Medications management Consultation with the facilities manager
Is the service effective and responsive	Children's and parents guides Collaborative working Communication practices Health promotion Regulation 31 reports (independent Visitor) Transitions for young people
Is the service caring	Person centred care planning Observations of care delivery (including choice and control) Feedback mechanisms and surveys Supervision and appraisal of staff Workforce wellbeing
Is the service well-led	Statement of Purpose Strategic and service specific development plans Observations and staff feedback of leadership Policies and procedures Training and induction records

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

A review of current staffing confirmed that staffing levels were adequate. However, some care staff reported that staffing levels had been insufficient for periods since the last inspection in July 2024, with concerns raised about staff burnout and the need to work additional hours. Senior leaders assured the Regulation Officer that a full review of staffing had been undertaken. They concluded that adequate staffing levels were in place and did not fully agree with the concerns raised. They acknowledged, however, that the home had experienced a period of high occupancy, which placed additional pressure on staff and required them to operate at a consistently high level over an extended period.

One staff member commented:

Staff were working really hard; there was burnout and working additional hours to cover shifts.

One staff member commented:

Management was not always visible; the staff team lost its way and focus and its ability to evaluate learn and improve.

In addition, there were historical issues with staff rotas, where some staff transferring to the home retained their previous shift patterns with limited or no adjustments. This resulted in inconsistencies in staffing levels at different times of the day, which affected the operational functionality of the service. The Regulation Officer was assured that this issue has now been resolved.

While evidence supported the situation described by senior managers, the Regulation Officer also identified a recent history of discontent within the staff team. Several care staff described a previous lack of visible leadership and raised concerns about inconsistent efforts to support morale and team cohesion. However, they also acknowledged significant improvements under the new Interim Manager. These historical issues appear to have contributed to heightened staff anxiety, uncertainty about the ethos of care delivery, and occasions where care receivers did not consistently experience the person-centred care they required.

One professional commented:

I got a sense of a lack of structure leading to boredom, frustration, and a lack of physical activities, which may have been contributing factors to the behaviours.

The Regulation Officer reviewed notifiable events submitted to the Commission as part of a pre-inspection assessment for this home. This review provided supporting evidence of an increase in incidents involving restrictive physical interventions, assaults on care staff, damage to the home and allegations or complaints made by young people regarding staff or the care they received. The Regulation Officer reviewed the service's responses to these events and was satisfied that they had been addressed appropriately and in line with relevant policies and procedures. However, the nature and frequency of these incidents reflected the findings related to historical staff discontent and the reported limited leadership visibility.

Senior leadership within the wider service acknowledged that there had been challenges in the home and did not dispute the evidential findings in this report. However, they expressed confidence that most of the issues had been resolved and reported having concrete plans to develop the home to a higher standard.

Notably, the leadership, including a new manager and the staff team, were afforded an opportunity to operationally reset while the home was temporarily unoccupied recently. This opportunity has allowed the staff team to reflect on and re-establish their shared team ethos, values, and principles, revisit the core elements of trauma-informed care, and reintroduce fundamental practices that are essential to the delivery of good-quality care. The positive impact of this operational reset will be explored in more detail throughout the report.

One staff member commented:

The situation is now much better. I feel listened to, am more confident and better supported by the manager.

The vast majority of health and safety management for this home is outsourced to external providers and is overseen by the Government of Jersey Property Holdings. The Regulation Officer has been assured that all health and safety checks, such as water safety/temperature testing and electrical and portable appliance testing, were completed in line with mandated timescales. General building maintenance is coordinated via an electronic platform where essential work orders can be raised, tracked and completed. The Regulation Officer noted some significant repairs were required to the building; however, they accepted that these would be addressed as part of a wider refurbishment programme.

The Regulation Officer noted that fire safety measures were not meeting minimum requirements during the inspection. The home had not carried out fire drills in accordance with the recommendations of the States of Jersey Fire Service. The Regulation Officer also noted that emergency lighting tests were not regularly recorded in the fire logbook; however, they did receive confirmation that they are carried out monthly by a qualified contractor. In the future, the Interim Manager will ensure that records are completed appropriately. The requirement to carry out a fire drill is an area for improvement.

Over the past three years, significant efforts have been made to enhance the environment and experience for young people. There are now comprehensive plans and funding to move to the next phase, which emphasises creating a more homely atmosphere, refurbishing bedrooms, and making greater use of the outdoor space. The Commission welcomes this development as it should provide significant enhancements and promote better outcomes for young people, with this work starting in September 2025. The home also benefits from a new radio communication deck, which has improved coverage and safety in the home.

The Regulation Officer was advised by the Interim Manager that staff handover records, including daily checklists, had not been maintained during May and June 2025. These records and checklists are essential for ensuring effective communication between rotating staff shifts and for confirming that important daily tasks, such as infection control measures and updates to care plans are completed, which support the safe and efficient running of the home. The Regulation Officer noted that new checklists and procedures had been introduced prior to this inspection and were already providing better co-ordination, communication and management of the home.

One staff member commented:

Communication was poor and sometimes non-existent, which led to young people experiencing difference, rather than consistent care and decision-making

The Regulation Officer reviewed medication management, including a revised medication policy. Advice was provided regarding having a photograph of the care receiver and a copy of the prescription in the medication file. The vast majority of staff had the required Level 3 Diploma in Residential Childcare, including training on administering and dispensing medications.

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 lead professional in respect of care planning for young people accessing this service is their allocated social worker from the CSCS. The allocated social worker co-produces a care plan (pathway plan for older young people) alongside a multi-agency professional team designed to meet their holistic needs. This team meets regularly to ensure changing needs are addressed and transitions are well planned when young people leave the home.

Previous inspections have noted improvements in the education offered at this home. However, education providers have recognised that the provision for young people aged 16+, who fall outside the statutory education offer, requires further development. This work is underway with strategic oversight from the Corporate Parenting Board, aiming to deliver a stronger academic and vocational offer. Achieving this will require additional site development and improved internet access. The Commission welcomes this development and has the potential to improve outcomes for young people accessing this home.

The Regulation Officer undertook a review of a care receiver's electronic records and was satisfied that:

- Care/pathway plans were regularly updated
- Chronologies were regularly updated
- Social work supervision and management oversight were regular (including records by the personal advisor for those young people 16+)
- Residential notes were comprehensive, with multiple daily entries from different staffing shifts.

Where risks are identified, the home produces a residential risk assessment document. These documents were comprehensive and regularly reviewed, with the Regulation Officer noting the last review for one assessment used trauma-informed language and approaches.

Young people are provided with a guide to the home, which covers all essential areas, is supportive in tone, and includes information on advocacy, complaints and contact with family and friends. Recent improvements include adapting the guide for parents/guardians, which meets the Children's Home Care Standards. The addition of an induction checklist, which is completed with young people, further strengthens effectiveness by helping them understand expectations, routines, and their rights from the outset.

Young people receive mental and physical health assessments from specialist agencies during induction, and the outcomes of these assessments inform care plans and risk assessments. However, the assessing health professionals do not have full access to young people's hospital and GP health records. This creates a potential risk that important health needs may be overlooked. This is an area identified for improvement.

Young people are supported in improving their health through better diet, routine, and various exercise opportunities in the gym on-site. The Interim Manager has introduced a revised, trauma-informed incentive scheme with three levels, enabling young people to gain additional privileges. The scheme promotes structure, routine, trust in care staff, and personal responsibility, with kindness and respect as central themes.

One professional commented:

I feel the manager took on board issues I was raising and looking at tailoring the current support directly to meet the needs of the young person.

Independent visitors to this home provide an impartial monthly check on the quality of care delivery. They seek the views of young people, review care records, and assess the environment to ensure needs are met, rights are upheld, and safeguarding is effective and in line with the Children's Home Care Standards. The independent visitors produce comprehensive reports, with the Regulation Officer noting responses from the manager and senior leadership of the wider service on how they intend to address any areas of concern that have been identified.

The Regulation Officer noted improved transition planning for young people leaving this home during the last two inspections, who were subject to welfare orders, where young people can have a planned, gradual reintegration process. However, for young people serving a court-ordered sentence, the current law does not facilitate remission or early release. The Commission understands that a review of this law is underway.

Is the service caring?

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

The vast majority of young people who access this service are already known to the CSCS through either a criminal route or due to significant welfare concerns. The management team expressed that the home's ethos is to treat all young people with compassion, dignity, respect and empathy.

As part of the operational reset, the Interim Manager introduced a values and principles statement outlining core themes for care delivery, including respect and dignity, young people being heard, upholding their rights, and ensuring staff integrity and accountability. Care staff have received this statement well, as it provides a clear framework that supports young people's feelings of safety, nurture, and respect.

The Interim Manager has reintroduced ABC charts (Antecedent, Behaviour, Consequence) to support staff in adopting a trauma-informed, person-centred approach to behaviour management, thereby promoting more positive outcomes for young people. The Interim Manager emphasised the importance of care staff understanding each young person's journey, including any trauma and adverse childhood experiences they may have faced. Work is ongoing to enhance therapeutic support planning for young people and to provide additional support for care staff. While the Regulation Officer welcomes these developments, the home requires an embedded trauma-informed practice model overseen by an appropriately trained professional. This is an area for improvement.

Each young person is allocated a keyworker who provides personalised support and advocacy to help them engage with their care plan. Keyworkers also deliver structured sessions to encourage reflection on the circumstances leading to their placement, identify necessary changes, and develop goal-oriented, aspirational plans within a safe, supportive, and non-judgemental environment.

These sessions could be strengthened through improved coordination with partner agencies, ensuring that the reasons for placement are addressed via a cohesive therapeutic plan, avoiding duplication of work and targeting keywork sessions to achieve optimal outcomes.

The Regulation Officer observed several examples of young people being given choice and control within the home, such as contributing ideas for improving the environment, being consulted on refurbishment plans for bedrooms and the courtyard, participating in meal planning and preparation, choosing their bedroom, and having input into personalising their space. While a suggestion box is available, it is located in the office and would be more accessible if placed in the main communal area.

One staff member commented:

There has been no issues and the workers I have observed have all interacted appropriately with the young person.

The quality of the education offer to young people was not inspected, as the inspection took place outside of term time. An additional education offer was made available to young people; however, this was declined. One professional commented:

"In my opinion the education offer requires improvement, particularly for young people aged 16 and over, who need access to vocational training. My experience is that young people were board and did not have enough to do during the day and would recommend that the statutory education offer should take greater account of the need for bespoke packages that recognise and respond to the individual learning styles and needs of young people."

As part of the operational reset, the Interim Manager conducted a comprehensive staff survey, which has informed a programme of positive change by enabling care staff to feel heard and empowered to raise concerns about care delivery and operational improvements needed. The Regulation Officer was assured through discussions with care staff that they were responding positively to the changes that had been implemented.

The Interim Manager is exploring how to improve care staff wellbeing and is in discussion with a partnership agency regarding the opportunity to deliver clinical supervision to the staff team. Clinical supervision will offer care staff a supportive space to reflect on practice, manage emotional challenges, develop skills, and promote trauma-informed, consistent, and effective care.

The Regulation Officer reviewed supervision records for the last 10 months and was satisfied that the supervision of staff met the requirement set out in the Standards. This is no longer an area for improvement.

The staff sleep-in room requires refurbishment to create a more comfortable space for care staff to rest and take breaks. The Regulation Officer is confident that the Interim Manager is progressing these improvements.

The Regulation Officer observed young people to be relaxed, and interactions with care staff were warm and jovial. One young person commented that they enjoyed having access to cooking and lots of physical activities and did not have any complaints.

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 vision for this home is part of a much wider Government of Jersey ambitious residential change programme designed to improve the sufficiency and quality of children's care homes and the terms and conditions of care staff. This should improve the quality of care and, ultimately, the outcomes for children and young people. Additional investment has been secured to aid this transformation, some of which is committed to the refurbishment of this home.

This home has a dedicated service development plan that identifies necessary environmental improvements, management of safety risks to staff, and actions arising from regular situation reports. While significant challenges remain, the Commission welcomes the wider residential transformation programme and the continued focus on improving this home, including succession planning.

One staff member commented:

The manager is visible and always available to talk to.

In addition to the strategic development plan, the Interim Manager has implemented a 90-day improvement plan aimed at 'stabilising and resetting' the home, with objectives to establish safety, build trust, re-engage the workforce, and reset standards of care, supervision, and consistency. This plan provided the Regulation Officer with assurance that the Interim Manager recognises the immediate changes needed to re-establish the strong foundations required to operate the home safely and promote positive outcomes for young people.

The wider service recently commissioned a workplace culture expert to produce an extensive report on the residential service's issues and challenges. While the Interim Manager noted that the findings did not reveal anything new, the report has informed the development of an improvement plan, which is now progressing.

During the inspection period, a revised Statement of Purpose was submitted to the Commission, along with a variation request to register all eight operational bedrooms while continuing to be registered for only four care receivers. The Commission approved this and will support the management of dynamic risks within the home.

Service-specific policies have now been developed for the wider residential service, most of which apply to this home. However, they are not fully operational and not yet available to staff. The Interim Manager does have access to the policies, and a training programme is being developed to officially launch them to the staff, however this will remain as an area for improvement until this is completed.

The Regulation Officer reviewed the staff training matrix and was disappointed to note that gaps remain in the mandatory training offer from the wider service, making this an ongoing area for improvement. The Interim Manager reported that data protection training was completed the previous week, first aid training was scheduled for 12 August 2025, and 'Functions of Behaviour' training has recently been delivered to care staff. This training revisited trauma-informed practice and the impact of adverse childhood experiences (ACEs), emphasising the need to change the ethos of care through a shift in language and thinking to deliver trauma-informed, person-centred care.

In addition, the Interim Manager has refreshed the MAYBO training, the home's chosen model for the Prevention and Management of Violence and Aggression (PMVA). This training equips care staff with de-escalation techniques and the skills required for physical intervention. The Interim Manager advised that they are exploring additional training or models to build on the MAYBO approach.

The home has also joined the Restraint Reduction Network, supporting the development of best practices in behaviour management. Three staff members have spent time at the Island's main prison as part of experiential learning.

Although no new care staff were recruited directly into this home, several transferred from other residential settings. These staff would still require a home-specific induction. The Regulation Officer reviewed induction records and found that paperwork was available for the two most recent staff members to join the team. However, induction documentation for other transferred care staff could not be located. As a result, the Regulation Officer could not be assured that home-specific inductions had been completed for this group of staff. This is therefore identified as an area for improvement.

Other comments from staff:

"The team was broken, practice was inconsistent and led to inconsistent experiences for the young people, for example boundaries and routines."

"I was supported very well by the previous manager and have no complaints."

"I had six managers in 30 months; we never had consistency.""

IMPROVEMENT PLAN

There were four 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 4.2 Regulation 18 **To be completed**: with immediate effect	The Registered Manager must ensure that fire drills are carried out in accordance with the recommendations set out the Jersey Fire and Rescue Service Fire Precautions Logbook.
	Response by the Registered Provider: A fire drill schedule has now been implemented to ensure drills are conducted at least every three months, in line with recommendations from the Jersey Fire and Rescue Service. The Registered Manager will be responsible for recording each drill in the Fire Precautions Logbook and maintaining a register of staff and young people in attendance. The first fire drill took place on 06 September 2025 at 09:15am. The home now has a trained Fire Marshal, who will coordinate all future fire drills.

Area for Improvement 2 **Ref:** Standard 3.10 Regulation 17 **To be completed:** by 31/01/2026	The Registered Provider must ensure that all care staff complete the identified mandatory training offer and records of completed training is available for inspection.
	Response by the Registered Provider: A comprehensive training matrix has been updated and is reviewed monthly by management. Any gaps in training are flagged to line managers and escalated if not addressed within the agreed timescale. A training schedule has been developed to ensure compliance with mandatory requirements (including first aid, safeguarding, Prevention and Management of Violence and Aggression, data protection, and trauma-informed practice). Completion will be monitored through supervision and reported to senior leadership.

Area for Improvement 3 **Ref:** Standard 3.9 Regulation 17 **To be completed:** with immediate effect	The Registered Manager must ensure that all new care staff complete a home-specific induction and that there is a record of this taking place.
	Response by the Registered Provider: A new induction programme has been designed for residential and secure children's home, covering policies, trauma-informed practice, safeguarding, and routines.

	All new starters will complete the programme within their first two weeks, with sign-off from a senior manager. Induction records will be stored electronically and checked during audits to ensure full compliance. Existing staff without completed records will retrospectively complete induction sign-off by end October 2025.

Area for Improvement 4 **Ref:** Standard 11.1 Regulation 9 **To be completed:** with immediate effect	The Registered Provider must ensure that the assessing health professional has access to the health records of young people as part of health assessments.
	Response by the Registered Provider: We are working in partnership with health services to establish secure information-sharing protocols that ensure assessing professionals have timely access to relevant GP and hospital records during assessments. Until full digital access is agreed, health summaries will be requested from GP services and uploaded to the young person's care record prior to assessment. However, this process can be challenging when young people are admitted to Greenfields at short notice and have not previously been looked after, making it difficult to obtain health information in time.

	Update: 30.09.2025 – The Registered Manager contacted the Forensic Medical Examiner service that provides medical care to Greenfields. They confirmed that a system enabling access to all young people's medical information has been in place for six months. Although they initially experienced IT issues that affected functionality, these have now been resolved.

Area for Improvement 5 **Ref:** Standard 11.4 Regulation 17 **To be completed:** 31/03/2026	The Registered Provider must adopt and embed a trauma-informed practice model overseen by an appropriately trained professional.
	Response by the Registered Provider: The home has adopted trauma-informed principles and introduced ABC charts, but we recognise the need for a formalised model.

Area for Improvement 6 **Ref:** Standard 1.6 Regulation 5 **To be completed:** 31/03/2026	The Registered Provider must ensure that care staff have access to service-specific policies and procedures that are regularly reviewed and updated.
	Response by the Registered Provider: All service-specific policies have now been drafted and launched through staff workshops. To support accessibility, a digital policy library (TRI-X) has been established on the internal system, allowing all staff

	easy access to current policies. Hard copies will also be available in the office for reference. To embed policy understanding into practice, staff will be set objectives during monthly supervision sessions to read and familiarise themselves with all relevant policies. Compliance will be monitored through ongoing supervision and annual appraisals.

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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