



**Jersey Care
Commission**

INSPECTION REPORT

04 Children's Home Care Service

**Government of Jersey
Union Street
St Helier
JE2 3DN**

**Inspection Dates
27 and 28 August 2025**

**Date Published
6 November 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 04 Children's Home. The home is operated by the Government of Jersey through the Children, Young People, Education and Skills department, and there is a registered manager in place. The name and address of the home have not been included in this report to preserve the privacy and confidentiality of the children and young people who live there.

Registration Details	Detail
Regulated Activity	Children's Care Home
Mandatory Conditions of Registration	
Type of care	Personal care, personal support
Category of care	Children and Young People (0-18)
Maximum number of care receivers	Two
Maximum number in receipt of personal care/personal support	Two
Age range of care receivers	10 to 18 years
Maximum number of care receivers that can be accommodated in each room	Rooms 1-2- one person
Discretionary Conditions of Registration	
None	
Additional information	
The Commission received a notification from the service regarding the Registered Manager's absence for a three-month period, April 2025 to July 2025. During this time, interim management arrangements were put in place to ensure continuity of leadership.	

As part of the inspection process, the Regulation Officer 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 six days before the first inspection 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	27 August 2025 - 08:55 to 15:00 28 August 2025 - 08:55 to 13:20
Number of areas for improvement from this inspection	Five
Number of care receivers accommodated on the day of the inspection	Withheld to protect the identity of the care receivers
Date of previous inspection's Areas for improvement noted in 2024	7 October 2024 Three
Link to the previous inspection report	IRFocused04ChildrensHome2024.10.07Final.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection on 7 October 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 concerning to note that insufficient progress had been made to address all the areas for improvement. This means that the Registered Provider has not met the Standards in relation to

- the development of a comprehensive recruitment and retention strategy for care staff
- a policy regarding supporting young people on holiday which specifies minimum staffing ratios
- access to trauma informed approach training for the staff team.

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

Members of the care staff team reported feeling more stable and cohesive following a period of change in team membership and management oversight over the past year. Staff described feeling well managed and supportive of one another.

Medication management was reviewed, and issues were identified, including insufficient staff trained to Level 3 in medication administration and the absence of annual competency checks.

The service has not fully adopted a trauma-informed training model, which would support improved outcomes for children and young people living in residential care.

Staff promote meaningful activities based on young people's interests, with a varied school holiday timetable and support for a young person to have a pet in the home.

Samples of young people's records were reviewed, including care plans, daily logs, and keyworker sessions. All records were up to date and personalised, with residential risk assessments in place where needed.

An area of good practice is staff advocacy for the young people. This includes liaising with other professionals, supporting young people to attend meetings, and representing them in meetings when they choose not to attend themselves.

At the time of writing this report, no update has been provided by the senior leadership team regarding a recruitment and retention strategy. Previous recruitment freezes linked to service development has contributed to staffing pressures. There continues to be a lack of clarity about the current strategy and progress.

Although significant progress has been made on developing service-specific policies and procedures, they were not fully operational or accessible to care staff at the time of the inspection. Some of the procedures reviewed did not include details reflecting best practice.

As a result of this inspection, the three areas for improvement identified at the last inspection remain in place, with two further areas identified in relation to medication management and safe recruitment practices.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Children's 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, absence of manager form, notification of incidents, and the independent visitor reports.

The Regulation Officer was unable to gather feedback from the young people or their representatives, however feedback via a professional gave some insight into the young people's views of the home. 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, placement plans, keyworker sessions, and direct work logs were examined.

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and one of the senior care staff and followed up on the identified areas for improvement by email on 28 August 2025, and 15 September 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.

Follow up on previous areas for improvement	
Focus	Evidence Reviewed
Recruitment and retention strategy	Discussion with Registered Manager Email to Residential Heads of Service to request an update- No response.
Policy for holidays	Review of the Holidays and school trips procedure from Trix Risk assessments
Trauma informed approach training	Review of the training matrix Staff feedback
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Safe recruitment practices Review of notifiable events Health and safety (including fire, water management and property maintenance) Missing procedures Review of staffing- Duty rotas Cleaning schedules Medications management Review of previous areas for improvement Fire procedure records
Is the service effective and responsive	Statement of purpose Vue De L'École welcome pack (Children's guide) Checklist for health appointments Care records Meeting minutes Independent Visitor reports (Regulation 31)
Is the service caring	Questionnaire for Children's Service Providers Direct work and keyworker session logs Observations of care delivery Supervision and appraisal
Is the service well-led	Residential Induction pack Training matrix Statement of Purpose Staff feedback Policies and procedures

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Care staff prioritise the safety of young people by implementing safeguarding measures, completing risk assessments, and carefully planning activities to ensure they feel secure both within the home and in the wider community.

The Regulation Officer reviewed safe recruitment practice for care staff. The organisation recently changed its approach, with heads of service and a selected manager overseeing shortlisting and interviews across all children's homes. A review of recent appointments showed the Registered Manager of this home was not involved in recruitment and could not evidence oversight of essential checks, such as references and identification verification. Despite a request to the heads of service, the Regulation Officer had not received recruitment documentation at the time of writing this report. Safe recruitment has not been demonstrated, and the Registered Manager has had no recent oversight of staff recruitment in the home. This is an area for improvement.

A review of current staffing levels confirmed that they are presently adequate, however, some staff members are due to leave the service, which will create future gaps in the team. The homes statement of purpose indicates that there should be one waking and one sleeping member of staff at night. The Registered Manager reported that, due to the night-time activity of the young people, it has been necessary to deploy two waking staff. While the arrangement supports the needs of the young people, it impacts the availability of staff for the following early shift. Ensuring sufficient staffing therefore continues to be an ongoing challenge.

The service provides an induction process for new staff, supported by a residential induction pack with supervision and assessment to ensure competencies are met. The Regulation Officer reviewed induction packages for two new staff, which included mandatory training and checklists covering key areas such as health and safety, welfare, and communication. Experienced staff transferring from other children's homes complete an internal induction checklist.

Mandatory training is up to date for most care staff, with a small number pending due to leave. The service is still to adopt a trauma-informed training model, despite the Statement of Purpose stating that *“all staff will be trained in the trauma recovery model.”* Staff also reported a lack of face-to-face training, which they find more valuable and of better quality. To support improvements in outcomes for children and young people, the training offered requires improvement, the service need to adopt and embed a trauma-informed practice model. This continues to be an area for improvement.

Missing from care procedures are followed if a young person does not return home at their allocated time, this is to safeguard a young person’s safety and wellbeing. Records demonstrated that staff work collaboratively with the police and social work teams during these incidents. A return home conversation is held once the young person returns, ideally with a keyworker, to sensitively discuss their whereabouts, who they were with, friendships, and safety. Actions from these conversations may inform further direct work during keyworker sessions.

Medication management was reviewed by the Regulation Officer, including the recently revised procedure for First Aid and medication practices. Several concerns were identified. The procedures did not reference the required training for staff to safely administer medications and advocated for staff to transcribe medications onto medication administration records (MAR) without referring to recognised transcribing protocols; transcribing is only recommended in extreme circumstances. Additional issues included:

- No photographs of young people in their medication files
- Transcribed MAR sheets in use
- Medication was stored in an unsuitable room that felt excessively warm, with no temperature monitoring in place
- A designated medication fridge which was not operational
- No evidence of copies of prescriptions being held within medication files.

A significant number of staff had not completed Level 3 medication administration training, and there was no system in place to ensure that those who had completed the training underwent annual competency assessments. Current practice does not meet the required medication management standards. This is an area for improvement.

Health and safety management is outsourced to external providers. An online platform is used to record and share the outcomes of essential testing, which enables the Registered Manager and senior team members to maintain oversight.

Fire safety procedures are in place within the home. Weekly fire alarm tests are carried out and appropriately recorded, and regular fire drills are undertaken. In addition, fire drills are conducted whenever a new young person is accommodated or a new member of staff joins the home, to ensure that everyone is familiar with the procedures. Personal Emergency Evacuation Plans are in place for each young person living in the home.

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.

Staff promote meaningful activities with young people, reflecting their interests, likes, and dislikes. During the inspection, a weekly timetable of daily activities for the school holidays was available, such as surfing and bowling. Indoor activities included arts, crafts, and cooking. It was also positive to see staff support a young person to have a pet in the home.

Staff reported liaising with a young person's family member to arrange a visit and shared a meal. This supported family relationships and allowed the family member to see the home and feel reassured about where the young person was living.

The Regulation Officer reviewed some of the records for the young people, including care plans, residential daily recordings, direct work, and keyworker sessions. All records were up to date and personal to the young people. Where risks were identified, a residential risk assessment was in place. It was positive to see that some direct work records were written in the second person, addressing the young person, which helps make the records more personal should a young person wish to read them.

When young people have needed to move to other homes, some care staff have supported the transition by working in the receiving homes before and during the move, helping to maintain relationships and provide familiarity as the young person adjusts to their new setting.

The Regulation Officer reviewed several risk assessments for young people that had travelled outside of Jersey. While the assessments were detailed and showed improvements from the previous inspection, essential information was missing, including evidence of senior management review and sign off, and confirmation and awareness of the relevant children's service at the destination, including contact details. The latest procedure for holidays and school trips does not include guidance on minimum staffing ratios. A previous area for improvement required that the holiday procedures specify minimum staffing ratios to ensure everyone's safety. This remains an area for improvement.

A professional said:

The staff talked about expectations and house rules to the young person they did this in a sensitive and humorous way.

Care staff support young people during their induction to the home. One professional described how, on a first visit, staff made both them and the young person feel welcome. Staff were relaxed and nurturing, referring to the home as the young person's home and the bedroom as their bedroom, which helped put the young person at ease. Staff had

also prepared by reading the young person's care records, so they were aware of their likes and dislikes.

Is the service caring?

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

The home is a small domestic property that is clean, well-decorated, and homely, with a warm and welcoming atmosphere. Young people can choose how to decorate their bedrooms and are encouraged to personalise them. Staff uphold privacy and dignity, always knocking before entering a young person's room, and ensuring that they are appropriately dressed during overnight shifts.

Young people receive a guide to the home that is child-friendly and covers essential areas, including pocket money, activities, and mealtimes. The complaints process is clearly outlined in a step-by-step format, with contact details for escalation leads provided.

A professional commented that when reading the residential records, *"the care staff capture the young persons lived experience. It helps me to understand what life is like for the young person, alongside purposeful meaningful conversations that happen during direct work and keyworker sessions. They are able to capture the young person's voice."*

Each young person is allocated a keyworker who provides personalised support and advocacy, helping them engage with their care plan. Keyworkers build positive relationships with the young people and carry out direct work to review care plan aims, ensure that needs are being met, and encourage reflection on their life journey. Feedback from a professional highlighted that one keyworker demonstrated a growing understanding of a young person, showing knowledge of their likes, dislikes, wishes, and feelings, as well as an awareness of patterns of behaviour and challenges. This demonstrates a commitment to delivering individualised, responsive care.

Care staff promote advocacy for young people. It was confirmed that one young person is engaging with an advocacy service, with staff liaising with the service as necessary to facilitate the contact. One professional fed back that a young person had told their advocacy worker that they loved living in the home, and that they feel safe there.

The Regulation Officer observed staff gently encouraging a young person to get up, with a tap on the bedroom door and using a soft tone and intermittent reminders. Despite initial protests, the offer and smell of a bacon sandwich eventually tempted them out of bed. This demonstrated the staff's caring and responsive attitude towards a young person.

During the school holidays, staff attempted to liaise with education to plan one young person's return to school. They discussed the transition with the young person, recognising it was an anxious time, which demonstrated their commitment to supporting school attendance and a smooth transition into the new term.

When young people move into the home, they are registered with a general practitioner, dentist, and optician if not already registered. Initial health appointments are arranged to ensure that their basic health needs are met. Care staff promote and facilitate attendance at all health appointments.

Young people are encouraged to plan, shop for, prepare, and cook meals, helping them develop important life skills for independent living. Staff provide ideas for meals and snacks, promoting healthy choices, and aim for at least one shared meal at the table each day. Mealtimes are generally set to encourage routine and boundaries but are adjusted according to the young people's responses. Where young people do not wish to help with cooking, this is respected, and staff ensure that daily meals are always provided.

The care staff are actively engaging in supportive sessions provided by external therapeutic services, which not only enhance the skills and strategies for managing the young people's care but also provide valuable emotional support to the staff themselves.

Incentive programmes for pocket money are in place, encouraging young people to take responsibility and experience a sense of achievement by completing daily routine tasks. These programmes are designed to support the development of independence and essential life skills.

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 home has recently experienced a period of interim management and staff changes, which staff reported had been difficult at times. However, a small number of consistent team members have provided stability by supporting each other and maintaining the ongoing operations of the home.

The service's new suite of policies and procedures was not available to staff at the time of the inspection, though access has since been provided. The Regulation Officer found that selected policies in the practice manual do not consistently promote best practice. For example, the First Aid and medication policy lacks required training and competency expectations for staff in line with the Children's Homes Standards, and the holidays and school trips procedure does not provide guidance on minimum staffing levels, an area highlighted for improvement in the previous inspection. This remains an area for improvement.

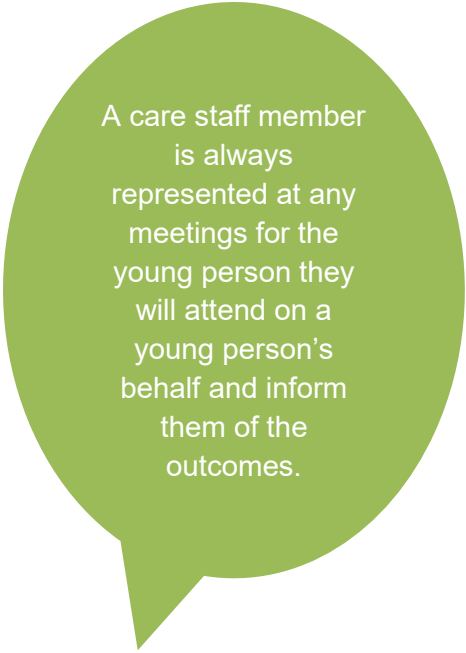
The Regulation Officer reviewed staff supervision records for the last month and was satisfied that supervision meets the Standards. Senior staff provide supervision to junior colleagues using a cascade model. When sessions are delayed due to staff absence, reflective discussions take place until a full supervision session can be completed. A supervision agreement is in place that is agreed by the supervisor and supervisee.

The home continues to utilise agency staff members to ensure adequate staffing levels to cover all necessary shifts. The organisation continues to be affected by the lack of sufficiency of care staff. A recruitment and retention strategy is underway to improve this ongoing situation. At the time of writing this report, an update requested from the senior leadership team had not been provided. Recruitment freezes on care staff posts, linked to formal service development procedures, contributed to ongoing staffing pressures and insufficient staffing levels during this period. It is understood that the freezes have been lifted, and recruitment procedures are underway. However, there remains a lack of clarity regarding the current recruitment and retention strategy and the progress being made. This continues to be an area for improvement.

The Regulation Officer reviewed the most recent independent visitor report prior to visiting the home. Independent visitors conduct monthly checks on the quality of care. They gather the views of young people, review individual care files, and assess that the young people's rights are being upheld, and their care is meeting standards. It was positive to see that this included responses to the report from the Registered Manager, interim manager, and a senior leadership representative.

A complaint about the service was reviewed and found to have been managed in accordance with the complaints and feedback policy. The Registered Manager provided evidence of timely responses and resolution for the complainant. Additionally, learning from the incident that prompted the complaint was identified and demonstrated.

What professionals said:



A care staff member is always represented at any meetings for the young person they will attend on a young person's behalf and inform them of the outcomes.



The staff are engaged with support from other services to manage the behaviours and relationships with their young people.



The staff team at the home are a pleasure to work with.



I find the record keeping very detailed and informative.

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 3.7 Regulation 17 To be completed by: February 2026	The Registered Provider must develop a recruitment and retention strategy to ensure there are always enough competent and experienced staff to meet the needs of children and young people and provide clear updates to the work force on its progress. Response by the Registered Provider: A full review of working conditions (as part of the broader Residential Reform Programme) has been undertaken by the organisation and revised terms and conditions are to be implemented next year that will help both attract and retain substantive staff. In the interim, the freeze on recruitment has been lifted and some recruitment has taken place, this has largely focused on zero- hour and locum staff but also incorporated some substantive staff. To date, seven additional locum staff have been sourced and three substantives. Vue De L'Ecole have been afforded some of these staff and this will help strengthen the team. It is anticipated that this recruitment will enhance the quality of the service provided and permit a staffing structure consistent with the home's Statement of Purpose.
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Area for Improvement 2 Ref: Standard 10.10 Regulation 10 To be completed by: November 2025	Procedures for holidays and school trips must specify minimum staffing ratios to ensure safe practice and promote the wellbeing of young people.
	Response by the Registered Provider: A complete suite of policies and procedures has recently been initiated by the service, and this will incorporate detail around expectations when young people go on holidays. In addition, risk assessments will always be prepared prior to trips being undertaken and these will specify the staff ratio required to support young people. All documentation will be reviewed and sanctioned by the Senior Leadership Team moving forward.

Area for Improvement 3 Ref: Standard: 11.4 Regulation 17 To be completed: February 2026	The Registered Provider must implement and embed a trauma-informed practice model, which identifies an appropriate training plan for staff, to improve outcomes for children and young people.
	Response by the Registered Provider: Training to cover the fundamental principles of trauma-informed practice has been undertaken and embedded into practice. However, a definitive model of trauma informed care continues to be reviewed and will inform the young people's care plans and trauma informed approach, once identified and agreed. The links with CAMHS and Children's Social Care Service psychologist have been strengthened in the meantime.

Area for Improvement 4 Ref: Standard 11.8, Appendix 6 Regulation 14 To be completed by: November 2025	The Registered Provider must make improvements to safe medication administration practices. This includes ensuring that all care staff complete Level 3 medication training and the implementation of annual medication competency checks to promote safe and effective medication management, which is reflected in the organisation's medication policy.
	Response by the Registered Provider: The requirement to undertake medication training for all staff is acknowledged and training sessions have already begun to be facilitated. An element of this training relates to competency being checked and this framework will be utilised to form the basis of annual competency checking. The effectiveness of medication management (to include storage) within the home has been reviewed and adapted where required.

Area for Improvement 5 Ref: Standard: 3 Regulation 17 To be completed by: with immediate effect	The Registered Provider must ensure that safe recruitment practices are consistently followed and evidenced. Where the Registered Manager is not directly involved in recruitment, they must be provided with oversight of all recruitment checks to ensure compliance and provide reassurance.
	Response by the Registered Provider: Registered Managers have been trained in safe recruitment and consistently follow the correct practice where required. When not directly involved in recruitment, they are now provided oversight of all required due diligence and must be satisfied with this prior to recruitment being concluded.

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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