Summary Report

04 Children's Care Home Service

Government of Jersey
Union Street
St Helier
JE2 3DN

Inspection Dates
27 and 28 August 2025

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SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body 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.

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:** 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.

Area for Improvement 2 **Ref:** Standard 10.10 Regulation 10 **To be completed:** 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 definitve 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:** 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.

The full report can be accessed from here.