INSPECTION REPORT

FREEDA

Care Home Service

PO Box 708
St Helier
JE4 0PW

Inspection Dates
10 October & 3 November 2025

Date Published
20 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 FREEDA, a secure safe house with a confidential address and location, to ensure the safety of women, children, and young people. The service is operated by FREEDA and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Care Home Service
Mandatory Conditions of Registration	
Type of care	Personal support
Category of care	Domestic Violence
Maximum number of care receivers	22
Maximum number in receipt of personal support	22
Age range of care receivers	All age groups
Discretionary Conditions of Registration	
The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 6 June 2028	
Additional information	
The Registered Manager sent an updated copy of the Statement of Purpose as part of the pre-inspection request.	

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

3. ABOUT THE INSPECTION

3.1 Inspection Details

This was an announced inspection. The Registered Manager was given seven days' notice before the first day of the visit. This ensured that the Registered Manager would be available throughout the inspection. The second day of inspection was also arranged in advance to ensure a suitable time to meet with care receivers.

Inspection information	Detail
Dates and times of this inspection	10 October 2025 & 3 November 2025 13:00-16:00
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	19
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	22 July 2024 Three IRFreeda-20240722.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection on 22 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 an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that all the improvements had been made. This means that there was evidence of:

- care/support workers have completed statutory and mandatory training
- essential policies and procedures have been developed
- care/support workers are being given regular opportunities to discuss their role and identify any issues through formal supervision and appraisal.

4.2 Observations and overall findings from this inspection

FREEDA has established procedures to support the safety and protection of care receiver. Recruitment includes enhanced criminal records checks, identity verification, and reference reviews, with eligibility criteria excluding individuals who have recently used services. Staff complete a six-week induction that covers safeguarding, security, record-keeping, and care receiver contact. Ongoing training includes mandatory and specialist modules.

Feedback is collected through multiple channels, including house meetings, forms, and input from children via staff or parents. Safeguarding policies and referral processes are clearly outlined and documented. Supervision, appraisal, and staff wellbeing processes are in place, and procedures are in place to ensure staff are physically and mentally fit for their roles.

The Statement of Purpose outlines FREEDA's eligibility criteria, admission procedures, and operational aims, emphasising safeguarding, empowerment, and trauma-informed support for women and children affected by domestic abuse. Admissions may be facilitated in emergencies by any staff member, while planned admissions involve detailed assessments and information from external agencies. Care receivers are provided a welcome handbook and house agreement, which set expectations for conduct, safety, and service arrangements, with adaptations for different age groups and accommodations. Care plans and risk assessments are developed collaboratively with care receivers, ensuring person-centred support. Documents are available in multiple languages, and staff are available to assist with understanding rights and external processes. Records are maintained on an electronic platform and reflect ongoing support.

The service delivers care and support tailored to individual needs and preferences, incorporating input from care receivers in activities such as seasonal events and youth-focused sessions. Outreach support is offered after care receivers leave to ensure continuity of care. The environment is maintained to a high standard, is clean, bright, and homely, with ongoing management of minor maintenance issues.

Staff provide person-centred support, considering the impact of trauma and domestic abuse, and care planning allows care receiver s to contribute to decisions about their goals and preferences.

Activities and routines are inclusive, and professional boundaries, confidentiality, and respect for dignity are consistently upheld.

FREEDA has a clearly defined organisational structure, with leadership roles including the Chief Executive Officer (CEO), Service Manager, and Business Manager, who oversee direct work and operational functions. At the time of inspection, several vacancies existed, with recruitment underway.

Statutory notifications were submitted and discussed appropriately. Incidents involving young people or mental health concerns were managed collaboratively with external agencies, with risk assessments and care plans updated accordingly. Internal communication utilises online sharing platforms and a digital daybook, with monthly reviews of the risk assessment and management plan conducted. A policy development matrix guides updates, while monthly quality assurance reports provide structured oversight of staffing, safeguarding, care, and environmental standards, supporting governance and continuous improvement.

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 information held by the Commission regarding this service was reviewed, including the previous inspection report, reviews of the Statement of Purpose, variation requests, and notifications of incidents.

The Regulation Officer gathered feedback from two care receivers and held discussions with the service's management and staff. In addition, three external professionals were contacted for feedback; however, no responses were received.

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 and followed up by email on 5 November 2025.

This report presents our findings and highlights any areas of good practice identified during the inspection.

[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**
Training	Training Matrix
Policies	Policies and procedures produced
Supervision	Supervision spreadsheet
New key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Safe recruitment policy Blank job application form Job descriptions (Carer, Senior Carer) Recruitment pack Disciplinary and Grievance Policy
Is the service effective and responsive	Induction Handbook Training Matrix Spreadsheet of staff trained to RQF 2/3 Complaints policy Supervision Spreadsheet Safeguarding Policy
Is the service caring	Up-to-date Statement of Purpose Feedback from care receivers (if you think it should go in this section)
Is the service well-led	3 Monthly reports 3 months of staff rotas

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

FREEDA has systems in place to support the safety and protection of individuals using its services. Recruitment procedures include enhanced Disclosure and Barring Service (DBS) checks, identity verification, and reference reviews, all of which are completed prior to appointment. Eligibility criteria specify that applicants who have accessed the service within the previous two years are not eligible to apply. Safeguarding training is included in staff induction, and ongoing monitoring arrangements are in place to ensure compliance.

The service operates a structured six-week induction programme that combines online learning, shadow shifts, and guided learning, supported by a detailed checklist. Key areas covered include safeguarding, security, record keeping, and care receiver contact. Completed induction records are stored electronically and signed by both the Registered Manager and Deputy Manager to confirm competency. The documentation reviewed during the inspection was appropriately completed and aligned with the expected standards.

The Registered Manager reported that four members of staff currently hold Regulated Qualifications Framework (RQF) Level 2 or 3 qualifications in care, which falls below the required 50% threshold. Although the service does not currently meet this qualification requirement, it undertakes domestic abuse specific training that has been reviewed by the Regulation Office and considered to be more closely aligned with the needs of the service's care receiver group. Staff have access to a range of specialist training opportunities, including the Independent Domestic Violence Advisor (IDVA) qualification, Domestic Abuse Level 3, Safeguarding, Capacity and Self-Determination, and Data Protection. The training matrix reviewed during the inspection demonstrated strong compliance across both mandatory and specialist training modules, reflecting the service's commitment to maintaining a skilled and knowledgeable workforce.

The service has a ‘Complaints and Comments’ Policy outlining the process for submitting feedback, including complaints, compliments, and suggestions. Feedback can be provided verbally, in writing, or via online or printed forms. Feedback forms are routinely completed, except where individuals have disengaged from the service. Six-weekly house meetings are held to provide further opportunities for care receivers to share views, and minutes are distributed to care receivers. Children’s feedback is usually gathered through the Children and Family Support Worker role, which was vacant at the time of inspection but has been re-advertised. Interim arrangements allow children to provide feedback through staff or parents.

Safeguarding procedures reviewed during the inspection set out clear processes for identifying, reporting, and escalating concerns. Adult safeguarding referrals are made through the single point of referral system, and children’s referrals are submitted to the Children and Families Hub. The service utilises a streamlined system which is used to support decision-making for children’s referrals. Consent is sought before information is shared, and care receivers are informed when consent cannot be maintained due to risk. Evidence of referrals is securely stored in individual care files. The safeguarding policy reflected current procedures and described staff responsibilities and reporting pathways.

Following a recommendation made at the previous inspection on 22 July 2024, the service has implemented changes to the supervision and appraisal process. A supervision tracker confirmed that all staff had received monthly supervision sessions. These are structured case management discussions. A revised case management form now includes a section to record staff wellbeing, ensuring this area is formally addressed.

Processes are in place to confirm that staff are physically and mentally fit for their roles. Staff complete a health declaration at the commencement of employment and may upload relevant health information to their individual files for managerial review. The Registered Manager provided an example of a staff who was medically assessed and cleared to continue work following reported health concerns. Return-to-work interviews and reasonable adjustments are carried out as required.

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 Statement of Purpose was reviewed during the inspection and discussed with the Registered Manager. The document sets out clear eligibility criteria, specifying that individuals must be over 18 years of age and experiencing domestic abuse, which may include emotional risk. In emergency situations, any staff member may make an admission decision. Planned admissions, on the other hand, are subject to a more detailed assessment, ideally completed over the course of a full day. The service obtains relevant information and risk assessments from external agencies, including the Police and Jersey Domestic Abuse Service, to inform admission decisions. The Statement of Purpose defines the aims, scope, and operational procedures of the service, with an emphasis on safeguarding, empowerment, and trauma-informed support for women and children affected by domestic abuse.

During the inspection, the Regulation Officer reviewed the welcome handbook and house agreement provided to care receivers upon admission. These documents outline expectations and standards to promote consistency and clarity in understanding service arrangements. The house agreement, which is signed by each care receiver, sets out responsibilities and behavioural standards relating to confidentiality, conduct, and safety. Versions of the agreement have been adapted for different age groups and accommodation types, including adults in the main safe house, care receiver s in the self-contained flat, and children aged 7–12 and 13–17. The documents also outline rules regarding privacy, visitor access, overnight stays, responsibilities for children and pets, use of communal areas, and restrictions on smoking, alcohol, and substance use. Staff responsibilities, including safeguarding duties, property checks, and support provision, are also included.

The welcome handbook provides an overview of the service, covering FREEDA's ethos, admission procedures, care receiver s' rights, support planning, safety arrangements (including fire safety, CCTV, and panic alarms), child support services, and departure processes. Documentation reviewed during the inspection was found to align with current regulatory standards and guidance.

The Regulation Officer reviewed the service's approach to care planning and risk assessment. Care plans are developed following admission to the safe house, allowing care receivers time to participate in the planning process. This enables the content of care plans to reflect individual priorities and personal circumstances. A sample of care plans and associated risk assessments was reviewed and found to be detailed, clearly structured, and appropriately documented. Evidence of care receiver input was evident throughout, demonstrating that individual views and preferences are considered in support planning. The approach observed was consistent with regulatory expectations and demonstrated a person-centred method of promoting safety and well-being.

The service has arrangements in place to ensure that key information, including the welcome pack and house agreement, is accessible to care receivers whose first language is not English. Translated versions of these documents are made available as required. Key workers at FREEDA provide emotional, practical, and safety support to help care receiver s recover from abuse, rebuild independence, and secure a safe future. Some examples are of key workers supporting care receivers to understand the content during one-to-one sessions, adapting explanations to individual levels of comprehension, cultural context, and personal circumstances. These measures ensure that care receivers can access and understand information relevant to their care and accommodation.

The Registered Manager provided examples of how the service supports care receivers to understand and exercise their rights. Staff work collaboratively with external agencies to ensure that care receivers are informed about their rights and responsibilities. Support workers attend external meetings, including those related to homelessness, housing, and benefits, to provide direct assistance. The management team also participates in multi-agency forums to promote coordination and information sharing between services. Staff provide support in settings such as court proceedings to help care receivers engage with external processes and access appropriate representation.

Care receiver records are maintained using an internal electronic platform. Notes recorded on the system are primarily observational and are added based on relevance to the care receiver's support and wellbeing. Information from key worker sessions and professional correspondence, such as emails, is routinely uploaded to individual care receiver files to ensure continuity and transparency. During the inspection, the Regulation Officer reviewed a sample of records and found them to be well-organised, appropriately detailed, and reflective of the care receiver's ongoing support.

Is the service caring?

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

The service provides care and support that is tailored to the individual needs and preferences of care receivers. The Registered Manager provided examples of activities initiated or influenced by those receiving support, including a planned Halloween event and a Christmas decorating activity, both of which were arranged with consideration of consent and individual beliefs. Outreach support is available to individuals after they leave the service to promote continuity of care.

Activities for young people are varied and developed in response to their interests and needs. Examples include use of a paddling pool during warmer weather, family evenings, scavenger hunts, and movie nights. These activities are designed to be inclusive and to encourage participation across different age groups and preferences.

The areas of the building viewed by the Regulation Officer during the inspection were found to be maintained to a high standard. The environment was bright, clean, and homely, with good levels of decoration and maintenance. The Registered Manager reported some ongoing issues with damp in certain areas; however, these are being actively managed through weekly house and room reviews.

The Business Manager is responsible for contacting relevant agencies to carry out remedial work when required, ensuring the environment remains safe and comfortable for care receivers.

The service provides person-centred and responsive support to care receivers. Staff apply an understanding of the impact of trauma and domestic abuse in their interactions, adapting communication and support approaches to individual circumstances. Care planning processes are developed after admission, allowing care receivers to contribute to decisions about their goals, preferences, and support requirements. Activities and routines are designed to reflect individual interests, beliefs, and needs, with consideration given to inclusivity and participation. Staff maintain professional boundaries and always uphold confidentiality.

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.

During the inspection, FREEDA provided an overview of its organisational framework. The hierarchy is clearly defined, with leadership roles including the CEO, Service Manager, and Business Manager, who oversee both direct work and operational functions. The structure supports delivery across multiple areas, including advocacy, education, and direct care receiver support.

At the time of inspection, several vacancies were identified: one family and Children support worker, one education and community engagement facilitator (with interviews pending), two counsellors, one cleaner, and one administrative assistant. These vacancies were acknowledged by the management team and discussed with the Regulation Officer. Recruitment processes were reported to be underway to maintain continuity of service provision.

As part of the pre-inspection process, the Regulation Officer reviewed statutory notifications submitted by FREEDA. The notifications were appropriate in content and were discussed with the Registered Manager during the inspection.

The service reported several incidents involving young people. In each instance, staff collaborated with relevant external agencies and followed established procedures to ensure the safety and well-being of those involved. Risk assessments and care plans were reviewed and updated as required. An additional incident relating to a care receiver's health was reported. Appropriate support measures were implemented, including access to counselling services and a staff debrief to review practice. The Registered Manager confirmed that risk management documentation was updated following the incident.

Internal communication of incidents is maintained through the service's online sharing platform system, and a digital daybook is used to record and share information during staff handovers. Risk assessment and management plan reviews are conducted monthly by the Deputy Manager or as soon as new information becomes available.

During the inspection, the Registered Manager provided an updated policy development matrix outlining progress in reviewing and updating policies and procedures. This area had been identified for improvement at the previous inspection. The matrix includes timelines, priority ratings, and assigned responsibilities across human resources and service management functions. Policies cover a wide range of areas, including operations, safeguarding, staffing, and inclusive practice.

Several policies have been reviewed and disseminated to staff, while others remain under development or are awaiting committee approval. Some policies are still to be drafted. The matrix indicates that the service is taking a structured approach to achieving a comprehensive and current policy framework, although continued progress will be required to ensure all policies are finalised and implemented.

The Registered Manager provided a sample of monthly quality assurance reports compiled by external representatives. These reports are detailed and structured, addressing key domains such as staffing, recruitment and retention, training and supervision, safeguarding, incidents, complaints, care planning, and feedback from care receivers and professionals.

Each report includes a review of previous actions, progress updates, and summaries of environmental, health and safety checks. Action plans are in place to address identified issues. While some sections were occasionally incomplete due to staff availability or the timing of visits, the overall documentation demonstrated an established process for monitoring service delivery and supporting ongoing improvement.

The structure and content of the reports were found to be consistent with the expectations of the Commission's Care Home Standards, providing assurance of regular oversight, governance, and accountability within the service.

What care receivers said:

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an improvement plan is not required.

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.

Jersey Care Commission

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