



**Jersey Care
Commission**

Summary Report

Evans House

Care Home Service

**6 – 7 Springfield Crescent
Trinity Road
St Saviour
JE2 7NS**

**Inspection Date
22 October 2025**

**Date Published
3 December 2025**

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.

The inspection reviewed evidence against the Care Home Standards. Recruitment files confirmed that checks had been completed, including references and Disclosure and Barring Service (DBS) clearances. Induction documentation, training records, and competency checks demonstrated completion of mandatory and specialist training. Rotas and staffing levels were reviewed during the inspection visit. It was noted that rotas are planned for the full year in advance, outlining staff allocations and periods of leave.

Care plans and risk assessments were sampled and found to be person-centred, up to date, and linked to assessed needs. Each service user was allocated a key worker, with the electronic care system prompting timely reviews. Daily notes were recorded by support workers and risk assessments were in place and regularly reviewed. Written agreements contained information on house rules and terms and conditions of the service. Communication processes were effective, with two daily handovers and weekly managers' meetings supporting consistency and information sharing.

Health and well-being outcomes were supported through personalised care planning and collaboration with external professionals. Mealtimes were flexible, with food, drinks, and food donations supporting nutritious meals throughout the day.

Two incidents that met the reporting threshold were not reported to the Commission, which was discussed with the Project Manager. This will be further discussed under the 'well led' section in the body of this report. Policies and procedures were accessible, though it was recommended that they include review or expiry dates.

The service operated within its Statement of Purpose, with governance arrangements supporting safe, effective, and person-centred outcomes.

IMPROVEMENT PLAN

There were two areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 6.7 Appendix 9 Regulation 14</p> <p>To be completed: 22/01/2026</p>	<p>Medication management should be strengthened to ensure safe and consistent practice. This includes clear PRN protocols, regular temperature checks, improved medication audits, accurate record keeping (including variable dosages) proper maintenance of clinical equipment, effective management of delegated tasks, and consistent recording of medication-related incidents.</p>
	<p>Response by the Registered Provider:</p> <p>Medication management is central to our work with service users, both in terms of ensuring their wellbeing and safety and through the delivery of high standards across all our services.</p> <p>We support the findings of the inspection process and look forward to implementing the changes required to deliver consistency.</p>

Area for Improvement 2 Ref: Standard 4.3 Appendix 8 Regulation 21 To be completed: With immediate effect	The Registered Provider must notify the Commission of any incidents, accidents, or potential risks to care receivers, as outlined in the Care Home Standards.
	<p>Response by the Registered Provider:</p> <p>We acknowledge the necessity for the timely submission of incidents, accidents or potential risks to the Jersey Care Commission.</p> <p>Whilst records are maintained internally, the need for external reporting is essential to meet our obligations to the Jersey Care Commission.</p>

The full report can be accessed from [here](#).