



Jersey Care
Commission

INSPECTION REPORT

Le Geyt Adult Day Centre

Adult Day Care Service

**La Grande Route de St Martin
Five Oaks
St Saviour
JE2 7GS**

**Inspection Dates
7 November & 27 November**

**Date Published
12 January 2026**

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 Le Geyt Adult Day Centre. The Day Centre is operated by Health and Care Jersey and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Day Centre Services
Mandatory Conditions of Registration	
Type of care	Personal care and personal support
Categories of care	Learning Disability, Autism
Maximum number of care receivers	30
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
The Registered Manager must complete a Level 5 Diploma in Health and Social Care by 12 October 2026.	
Additional information	
None	

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory conditions of registration and discretionary condition required under the Law. The Registered Manager reports to be progressing well with the completion of the Level 5 Health and Social Care Diploma. 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 15 days prior to the inspection. This was to ensure that the Registered Manager would be available during the visit.

Inspection information	Detail
Dates and times of this inspection	7 November & 27 November 9:00 - 13:15 & 12:30 - 14:00
Number of areas for improvement from this inspection	Two
Number of care receivers accommodated on the day of the inspection	18
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	23 September & 7, 18 October 2024 Three IRLeGeytAdultDayCare2024.10.18Final.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for development identified at the previous inspection, 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 development identified at the last inspection

At the last inspection, three of areas for development were identified, and a development plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed.

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

- care/support workers having completed Capacity and Self Determination (Jersey) Law 2016 training.
- policies and procedures based on current best practice and evidence are now available and accessible to people receiving care and others.
- care/support workers having completed statutory and mandatory training.

Areas for development will now be referred to as areas for improvement.

4.2 Observations and overall findings from this inspection

The inspection found that the service's recruitment and staffing practices promote safe, fair, and compliant employment procedures. The Safer Recruitment Policy was well-developed but could be improved by involving people who use the service in the recruitment process. The Registered Manager reported a stable team of twenty-two staff, with new recruits joining and interviews planned for remaining vacancies. Job descriptions were clear and aligned with care standards, and recruitment processes included structured interviews. Training, induction, and supervision arrangements were thorough, promoting professionalism and consistency. The Regulation Officer also noted that disciplinary and safeguarding policies reflected best practice, with recommendations to improve accessibility for staff and service users.

A strong focus on person-centred care and continuous improvement was noted. Feedback mechanisms were accessible, using tools such as visual symbols, mood boards, and family surveys. Staff were responsive to behavioural cues and engaged with advocacy services when necessary.

The service's induction, training, and leadership development programs met requirements, with many staff holding or working toward care qualifications. A constructive staff feedback process had helped foster openness and inclusivity between staff. The Regulation Officer encouraged greater involvement of service users in staff induction and feedback collection, supporting a culture of participation and respect for people's views.

Documentation and care planning systems were comprehensive, with care plans and risk assessments regularly reviewed and easily accessible through the internal Information Technology (IT) system. The "All About Me" assessments effectively captured personal preferences and communication needs. The Regulation Officer recommended that the Statement of Purpose and safeguarding procedures be made available in accessible formats. Work was underway to introduce written agreements for all service users, outlining care arrangements, responsibilities, and review processes, this was identified as an area for improvement. An Activities Coordinator had been appointed to enhance meaningful engagement and community participation, supporting the service's commitment to inclusion and independence.

The inspection concluded that leadership, governance, and the environment were generally effective, though several improvements were identified. The management structure provided clear accountability, and incident reporting was appropriate and well-monitored. No restrictive practices were in use, and staff were trained in de-escalation techniques. However, the existing premises were dated and required refurbishment to better meet sensory and accessibility needs.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Day Care 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, and notification of incidents.

The Regulation Officer was unable to gain direct feedback from care receivers during the inspection and therefore observed an activity to understand their experiences. Feedback was gathered from two representatives of care receivers, and discussions were held 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, incidents were examined.

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and confirmed the identified areas for improvement by email on 7 November 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 development	
Focus	Evidence Reviewed
Capacity and Self-Determination Law (Jersey) 2016	Training matrix Care receivers' files
Policies and Procedures	Sample of policies: Safe recruitment Disciplinary and Grievance Complaints Safeguarding
Statutory and Mandatory Training	Training matrix Certificates
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 care staff trained to RQF 2/3 Complaints policy
Is the service caring	Supervision spreadsheet Safeguarding policy Up-to-date Statement of Purpose
Is the service well-led	Organisational chart/management structure Monthly reports Staff rotas

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The service's Safer Recruitment policy was discussed with the Registered Manager during the inspection. This policy had been provided to the Regulation Officer prior to the visit as part of the pre-inspection information request. A review of the document found that it promotes safe, fair, and compliant recruitment practices. The Regulation Officer recommended that the policy could be further strengthened by including the explicit involvement of people who use the service in the recruitment process.

The Registered Manager advised that the current staff team consists of twenty-two members, with several vacancies. Two new care assistants have recently been recruited, and one senior staff member is currently seconded into a deputy role. Interviews for the remaining vacant post were scheduled to take place shortly after the inspection. The Registered Manager confirmed that shifts have been maintained using the existing team and, when necessary, a small group of regular bank staff familiar with the service. There have been no occasions where agency or unfamiliar staff have been required.

Job descriptions were reviewed and found to align with care standards, particularly in relation to safety, professionalism, and clarity of role. Recruitment processes include a structured scoring system, and interviews are conducted by a panel of two experienced staff members, such as senior healthcare assistants, deputies, or the Registered Manager. The service provided good examples of supporting staff returning from extended absences, utilising supervision and mentorship provided by senior colleagues.

A review of the organisation's disciplinary policy found it to be consistent with recognised best practice. The Regulation Officer recommended that the policy should explicitly reference accessibility provisions, including reasonable adjustments for staff with disabilities.

The Registered Manager described a more positive workplace culture, which was attributed to recent organisational changes and improvements in communication processes within the senior management structure.

During the inspection, the Regulation Officer raised staff feedback collected as part of this process. The service acknowledged the importance of continuing to support staff in raising concerns and working collaboratively as a whole team to find solutions. In addition, the service had previously participated in the Government's staff feedback survey and undertook an internal review to explore responses in greater detail, including feedback about leadership within the service. The Registered Manager described this as a constructive exercise that promoted openness and transparency. Although some discussions were challenging, the process was reported to have supported a more positive and inclusive culture within the team.

The induction and probation process was reviewed and found to be well structured, comprehensive, and compliant with day service standards. The documentation emphasised safety, professionalism, and person-centred practice. The Regulation Officer recommended that the service consider ways to involve people who use the service in the induction process, for example, by gathering their views on new staff or identifying what is important to them in the provision of care. All care staff receive the Code of Practice for Health and Social Care Support Workers in Jersey as part of their induction.

The service's training matrix showed compliance with statutory and mandatory training requirements, meeting the expected completion rate. Additional face-to-face training is provided in areas such as SPELL which is based on the National Autistic Society's SPELL framework, a set of principles for supporting individuals on the autism spectrum, and also safeguarding, and effective record keeping. Several staff have completed "train-the-trainer" courses, enabling in-house delivery of certain training sessions. The Registered Manager and Deputy Manager have undertaken leadership training, which was described as particularly beneficial. Managers also attend relevant professional development events and conferences. The majority of staff hold recognised care qualifications, with the remaining few currently working towards completion.

During the inspection, the Regulation Officer discussed how people receiving care can raise concerns about staff. The Registered Manager explained that feedback is most often received through family members or advocates. Staff are attuned to changes in behaviour that might suggest dissatisfaction and respond by engaging with the individual to explore any concerns. The service also utilises a feedback tool featuring visual symbols (happy, neutral, and unhappy faces) that individuals can use after activities, as well as mood boards to help them express their views. Surveys have also been distributed to families to gather additional feedback, with plans to expand participation by using printed copies. The Registered Manager provided examples of positive engagement with advocacy services to support people when required.

Supervision arrangements were reviewed and found to be consistent and well-maintained. All staff receive monthly supervision. Supervision records are stored electronically and include discussion of staff well-being, annual leave, training needs, and matters related to people receiving care. Managers also have access to a human resources advice clinic, which enables timely discussion and resolution of employment matters. This was viewed as a positive initiative that supports good management oversight and staff welfare.

The Safeguarding policy was reviewed and found to be current and consistent with day service standards. It provides clear guidance on protecting people from harm and supporting staff in fulfilling their responsibilities under safeguarding. The Regulation Officer recommended that the service ensure that safeguarding information is presented in accessible formats for people with different communication needs. Staff raise safeguarding concerns through an end-of-day handover process, as well as during team meetings or supervision. Learning from incidents is shared across the team to promote reflective practice. Staff have well-established links with the Safeguarding Team and seek advice when determining whether a concern meets the threshold for a formal safeguarding investigation.

A sample of risk assessments was reviewed during the inspection. These followed a structured format outlining activities, potential hazards, people affected, and existing control measures. Risk assessments reviewed included those relating to areas such as medication, personal care, community access, transport, and general safety.

The Registered Manager confirmed that all risk assessments are reviewed at least every three months or sooner if there is a change in circumstances.

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 service's Statement of Purpose was received as part of the pre-inspection information. This document was reviewed by the Regulation Officer and found to align with the Jersey Commission's Day Service Standards. It reflects a commitment to person-centred care, safety, inclusion, and continuous improvement. The Regulation Officer recommended that the Statement of Purpose be made available in accessible formats to ensure that all individuals who use the service and their representatives can understand the information provided. The service lead reported that plans are underway to develop a dedicated web page for the service, through which information will be presented in formats accessible to individuals receiving care.

Written agreements were discussed with the Registered Manager during the inspection. The service does not currently have written agreements in place for people attending the day service. The day service lead acknowledged that this is an area requiring development and confirmed that work is underway to introduce such agreements at the point of approval for new service users. The Regulation Officer highlighted that the Day Service Standards require written agreements to set out how care will be provided to meet individual needs, along with the terms and conditions under which the service operates. Although payment information is not required for services that are government-funded and provided at no charge, agreements should still specify arrangements for changing or terminating the service.

People who receive care, or their representatives, should be fully involved in developing the agreement, which should include the start date of the service, the nature and frequency of support provided, and information on how to review, change, or end the arrangement. Each person receiving care should receive a copy of their agreement and be able to request a review at any time. The day service lead advised that work to implement these agreements is in its early stages, therefore this is an identified area for improvement for this inspection.

The Regulation Officer reviewed a sample of initial assessments for people using the service. These assessments take the form of an 'All About Me' document, designed to capture personal preferences, communication styles, and support needs. Copies are shared with families to gather further information and may also be sent to other settings involved in the person's care, such as educational or community services, to support continuity during transitions. The service also draws on information from its internal IT system, which links to wider care coordination records. The sample reviewed was easy to understand and presented in a format suitable for users of the service.

The service provides a range of accessible information materials designed to support understanding and participation. These include social stories to explain changes in care arrangements or daily activities, easy-to-read information about making choices, and guidance on how to give feedback, offer compliments, or express complaints. During the inspection, the Registered Manager discussed plans to make further documents, such as the Statement of Purpose and feedback information, available in more accessible formats as part of the planned website development.

A discussion took place about how the rights of people receiving care are supported and protected. The Registered Manager provided examples of how care receivers have been referred to independent advocacy services when needed, ensuring that people's autonomy and decision-making are respected. These referrals were reported to have had positive outcomes for the individuals concerned.

In June 2025, the service appointed an Activities Coordinator whose role is to plan and coordinate meaningful activities across a range of community projects and venues. This includes collaboration with local organisations and community facilities to provide opportunities for social participation and engagement beyond the day service setting.

The Regulation Officer reviewed a sample of care plans for people attending the service. These were found to be clear, person-centred, and regularly updated. Each care plan provided staff with detailed guidance on how to meet individual needs. The service has computers available throughout the premises, enabling staff to record daily notes in real-time. A review of a sample of these notes revealed that the records were detailed, reflective, and accurately represented the care and support provided to each individual.

Feedback from a professional external to the day service indicated that the service maintains a consistently welcoming and accommodating environment, with staff demonstrating a strong understanding of the individuals they support. Team members employ a broad range of skills and approaches, including varied communication methods, person-centred planning and considered decision-making processes. The service has shown a proactive and collaborative attitude in relation to referrals, seeking appropriate guidance when needed and developing a constructive working relationship with external partners. Staff provide sensitive and informed support when individuals are introduced to advocacy services, ensuring communication needs and personal preferences are well understood. Effective collaboration has also contributed to improved methods for enabling individuals to express their views, which has been integrated into care planning. The leadership team of the service were able to demonstrate appropriate use of legal frameworks relating to capacity and decision-making, encouraging open dialogue, reflective practice and timely consideration of advocacy involvement.

Is the service caring?

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

During the inspection, the Regulation Officer discussed with the Registered Manager how staff demonstrate respect for people's wishes, privacy, and dignity. The Registered Manager provided examples of how care receivers are supported to have private conversations with staff in designated areas, ensuring confidentiality and comfort. The Registered Manager explained that when staff provide feedback to relatives or representatives, this is done in a private area of the service to maintain confidentiality and respect for the individual's privacy. Staff were described as consistently promoting people's preferences and choices, including involving them in their own support planning and in the selection of weekly activities. Care receivers are presented with a range of activities for the following week and are supported in choosing which ones they prefer to participate in.

The environment of the day service was reviewed as part of the inspection. At the previous inspection, the service had indicated plans to relocate to a new venue; however, the Registered Manager reported that funding for the move is not currently available. Instead, funding has been allocated to update the existing premises to ensure they remain suitable to meet the needs of care receivers for at least the next three years.

The current building is dated, with several areas requiring improvement. For example, there is an area of replaced flooring that differs from the rest of the room following earlier structural work, which can be disorientating for some care receivers. The noise from rain on the roof has also been noted to cause distress for certain individuals, and accessibility issues such as sink height in toilet areas have been identified. Staff expressed that the overall environment would benefit from refurbishment to create a more comfortable and sensory-friendly setting for those accessing the service.

The Day Service Lead advised that a consultation process is underway to determine the scope of the required refurbishment, with an initial site assessment expected to take place in November 2025. Given that this work remains in the planning stage, and the impacts that the current environment can have on care receivers, this is an area for improvement.

An observational visit was carried out at the day service on the day of a planned pyjama party. The Regulation Officer attended the session and observed the activities taking place.

A large number of care receivers attended the session, supported by a corresponding number of staff members. The activity took place in a spacious area of the day service, which had been arranged to accommodate everyone comfortably.

During the visit, care receivers were engaged in watching a movie and enjoying popcorn. Some were supported to lie on cushions on the floor, while others sat in their own wheelchairs or in comfortable chairs positioned around the room.

The Regulation Officer observed staff providing care and support throughout the session. Staff demonstrated patience, kindness, and a caring approach in their interactions. Communication was appropriate and tailored to the needs of each individual, ensuring everyone was included and supported effectively.

Care receivers displayed varying levels of engagement; some were animated and visibly enjoying the movie, while others preferred to observe quietly. Staff respected these differences, demonstrating an understanding of individual preferences and needs.

A relative of a service user, who had only recently begun attending Le Geyt Day Centre, reported a positive experience of the service. They described staff as “*absolutely lovely*” and “*well-trained*”, and felt that communication, including handovers at drop-offs and pick-ups, was effective. Care plans had been shared and discussed with the family. The relative noted that their relative enjoys attending the centre and looks forward to the days they attend.

A family member of someone who has attended the day service for several years praised the provision highly. They highlighted the quality of staff, smooth handover processes, and the additional training some staff have received to manage specific medical needs. Overall, they expressed complete satisfaction with the service and the care provided.

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 Regulation Officer met with the Registered Manager to discuss how the service is managed and how leadership supports safe, effective, and consistent practice. During the inspection, it was confirmed that no restrictive physical interventions are currently used within the service. All staff are trained to MAYBO Level 2, which focuses on de-escalation techniques and guiding care receivers safely, rather than using physical restraint. At the time of inspection, no individuals accessing the service had significant restrictions on liberty in place. However, the Registered Manager demonstrated a clear understanding of the process for referral and assessment should any such restrictions become necessary, including how these would be incorporated into care planning arrangements.

A discussion took place regarding incident reporting. The service had recorded a number of incidents since the previous inspection, with two of these reported to the Jersey Commission as notifiable events. The Regulation Officer reviewed a sample of 10 incident records to ensure appropriate thresholds for notification were being applied. All reviewed incidents were found to have been appropriately managed internally and did not meet the reporting criteria for the Commission. The Regulation Officer was assured that incidents are recorded accurately and that notifications are submitted in accordance with regulatory requirements. Decisions about whether an incident should be reported are discussed between the Registered Manager and the Service Lead, ensuring shared accountability and consistency in reporting.

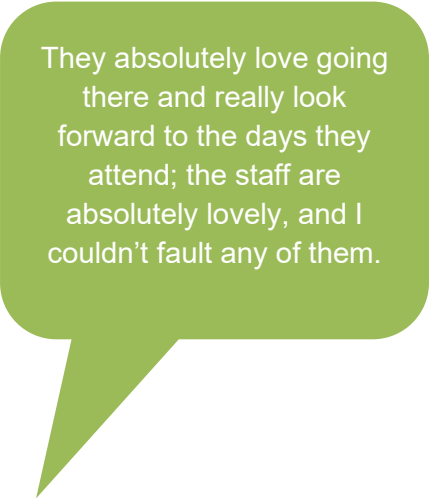
As part of the pre-inspection process, a selection of policies and procedures was reviewed, including the service's Safe Recruitment, Disciplinary and Grievance, Complaints, and Safeguarding policies. These were found to be up to date and aligned with the Jersey Commission's Day Service Standards. The Registered Manager also provided a copy of the service's management structure, which clearly sets out lines of accountability and oversight. Staff have access to this information via the internal IT system, allowing them to view reporting structures and management responsibilities at any time.

The Regulation Officer discussed the service's approach to audit and quality assurance. Currently, the Deputy Manager (who is seconded to their role) oversees updates to care receivers' files. The Regulation Officer recommended introducing a more structured audit process to ensure regular and consistent review of care plans, risk assessments, and related documentation.


Although the service operates within a broader government framework that oversees health and safety auditing, it also conducts internal checks. These include weekly fire alarm testing and biannual fire drills, some of which involve simulated scenarios to test staff responses and preparedness.

The inspection found that the service demonstrates effective leadership and governance arrangements. Recommendations were made to strengthen internal audit systems, further supporting the ongoing quality and safety of care provided.

When asked, relatives said:



They absolutely love going there and really look forward to the days they attend; the staff are absolutely lovely, and I couldn't fault any of them.



The staff are absolutely amazing, and I cannot fault the service – it's brilliant.

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 1.5</p> <p>Regulation 6 and 8</p> <p>To be completed: 27 May 2026</p>	<p>The service should have written agreements in place for people who use the service.</p>
	<p>Response by the Registered Provider:</p> <p>The Statement of Purpose will be revised to more accurately reflect the complexity of care needs which are supported by the service and which conventional written agreements will not always fit within the confines and restrictions imposed by Capacity and Self-determination (Jersey) Law 2016, and crucially the lack of available alternative and suitable options to support complex needs. A written agreement that accounts for the anomalies arising with reference to the generic standards being applied to such specialist services will be undertaken by Social Workers and Case Co-ordinators. Evidence of Capacity and agreement will be identified through assessments and care plans completed as part of plans for new admissions or annual reviews.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 7</p> <p>Regulation 10 and 18</p> <p>To be completed: 27 Nov 2026</p>	<p>The day service should provide a safe and pleasant environment.</p>
	<p>Response by the Registered Provider:</p> <p>As noted by the Regulation Officer, consultation with HCJ to establish scope for required refurbishment is in process and once completed it is intended that a schedule of works will be identified to meet the funding that is available. This to support the identified and required refurbishment of key areas to promote the expected sensory-friendly setting for our service users. Once this has been confirmed the RM will update JCC and with any schedule of works planned.</p>

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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