



**Jersey Care
Commission**

Summary 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

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.

4.1 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.

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>

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