



Jersey Care  
Commission

## **INSPECTION REPORT**

**Centrepont Child Contact Centre**

**Child Contact Centre**

**Le Hurel  
La Pouquelaye  
St Helier  
JE2 3FU**

**Inspection Dates  
12 and 22 February 2026**

**Date Published  
17 April 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 Centrepont Child Contact Centre. The child contact centre is operated by Centrepont Trust and there is an interim manager in place.

| Registration Details   | Detail                           |
|--|----------------------------------|
| Regulated Activity   | Child Contact Centre             |
| Mandatory Conditions of Registration   |                                  |
| Category of care   | Children and young people (0-18) |
| Maximum number of families who may be accommodated on the premises at any one time       | Eight                            |
| Age range of care receivers  | 0-18 years of age                |
| Discretionary Conditions of Registration   |                                  |
| None   |                                  |
| Additional information   |                                  |
| In the absence of a registered manager there is an interim manager arrangement in place. |                                  |

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory conditions of registration required under the Law. 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 People's Manager seven days before the inspection. This was to ensure that the People Manager and the Registered Manager would be available.

Throughout this report staff will be referred to as support workers and people accessing the service will be referred to as child/children/resident parent or visiting parent.

| Inspection information                               | Detail   |
|--|--|
| Dates and times of this inspection                   | 12 February 2026, 09:30-16:55<br>22 February 2026, 10:52-14:00 |
| Number of areas for improvement from this inspection | Four   |
| Date of previous inspection                          | 7 and 9 March 2025   |
| Areas for improvement noted in 2024                  | Three  |
| Link to the previous inspection report               | <a href="#">RPT_CTPCC_Inspection20250309.pdf</a>               |

#### 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 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 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 noted that insufficient progress had been made to address some of the areas for improvement.

This means that there was evidence of:

- Not all staff have completed their statutory and mandatory training and assessment of learning.
- Only one staff supervision session for each support worker employed at the time was conducted in May 2025.

The Regulation Officer was satisfied that all staff employed by the service are supported to have an annual appraisal and complete a structured induction programme, however, there needs to be evidence of a development plan.

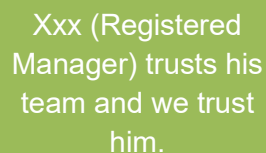
Whilst some progress has been made, further work is required to fully meet the standards and will be discussed in more detail in the main body of the report.

## 4.2 Observations and overall findings from this inspection

Centrepont Child Contact Centre is accredited by the National Association of Children Contact Centres (NACCC). The service provides supported contacts to help children and their parents maintain relationships whilst living separately. The centre ensures the physical safety and emotional well-being of children.

The service has seen the recent departure of the Registered Manager who had been in post since the inception of the Child Contact Centre three years ago. Recruitment for their replacement is underway and there is an interim manager in place.

Positive feedback was provided by the support workers regarding the Registered Manager and their leadership of the service. The support workers shared some anxiety in relation to adjusting to the interim management arrangements and subsequently a new registered manager.



Xxx (Registered Manager) trusts his team and we trust him.

This is the second consecutive inspection where support workers have not received regular supervision, and supervision remains an area for improvement. The Registered Provider must implement a plan of action to ensure compliance with the Standards. The Registered Provider must also add supervision to the Registered Managers job description as a key responsibility and ensure that sufficient time is allocated to fulfil all their duties.

A review of the training matrix identified support workers having not completed their annual mandatory and statutory training requirements. Training therefore remains an area for improvement.

Assurance that all necessary safety checks have been conducted was not provided and compliance with the organisations Health and Safety policy and Standards is therefore an area for improvement.

Safe recruitment practices were reviewed during the inspection, and whilst there was some improvement not all the necessary checks were completed prior to some staff commencing employment. Safe recruitment remains an area for improvement.

A plan was shared for obtaining regular feedback from families that will be used to evaluate and develop service provision. It is recommended that an additional section be added to the monthly provider reports to include feedback.

All the professionals and parents who contributed to the inspection process gave positive feedback regarding the Registered Manager and the support workers.



Parent feedback:

It has meant I can breathe a bit easier. I feel there is more space for my capacity to parent well. I feel it has been an absolute game changer for me and my daughter.

The Regulation Officer was informed by a professional, "*The staff are very supportive and child focussed. The parents have felt heard and protected.*" Another professional fed back the service is, "*invaluable and very much needed!*"

## 5. INSPECTION PROCESS

### 5.1 How the inspection was undertaken

The Child Contact Centre Standards were referenced throughout the inspection.<sup>1</sup>

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.

At the time of the inspection there were transitional arrangements in place as the Registered Manager was leaving their post and an interim Manager was taking over.

The Regulation Officer gathered feedback from two children and three parents. They also had discussions with the service's management and other staff. In addition, feedback was obtained from three professionals external to the service.

As part of the inspection process, records including policies, contact debrief records, daily checks record, a 'Children's Guide to the Contact Centre', job descriptions and complaints were reviewed.

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the People Manager and the Registered Manager and followed up by email on 16 February 2026 with the identified areas for improvement.

This report presents our findings from the inspection and outlines the range of observations made. Throughout the report, areas of good practice identified, along with areas where practice could be strengthened or further enhanced have been reported on. Where specific improvements are required, these are set out in detail and accompanied by a defined improvement plan at the end of the report.

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<sup>1</sup> 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   |
| <b>Supervision and annual appraisals</b>                      | Copies of documented supervision sessions and appraisals<br>Staff feedback  |
| <b>Structured induction programme with a development plan</b> | Induction paperwork<br>Staff feedback   |
| <b>Statutory and mandatory training</b>                       | Training database<br>Staff feedback   |
| New key lines of enquiry                                      |   |
| Focus   | Evidence Reviewed   |
| <b>Is the service safe</b>                                    | Induction records<br>Policies<br>Training matrix<br>Staff feedback<br>Risk assessments<br>Handover agreements<br>Service rules<br>Staff register<br>Monthly provider reports<br>Observation of practice<br>Daily checks record<br>Written agreements<br>Health and safety records |
| <b>Is the service effective and responsive</b>                | Statement of purpose<br>Staff feedback<br>Family feedback<br>Professional feedback<br>Monthly provider reports<br>Complaint process   |
| <b>Is the service caring</b>                                  | Staff wellbeing<br>Family feedback<br>Monthly provider reports  |
| <b>Is the service well-led</b>                                | Sunday supported contact debrief record<br>Employee handbook<br>Children's guide<br>Training database<br>Policies<br>Job descriptions   |

## 6. INSPECTION FINDINGS

### Is the service safe?

People are protected from abuse and avoidable harm.

Safe recruitment remained a key focus during this inspection, as it was an area for improvement last year, and the findings showed inconsistency. Three staff files were reviewed for new Child Contact Centre employees, all of whom already work elsewhere within the Trust. Two of the three staff files reviewed contained only one reference, despite the recruitment policy requiring two. No additional references were sought as the Registered Manager had approached these staff directly and there were no concerns relating to their existing roles. Following the inspection, risk assessments were completed for both support workers. The People's Manager has since been appointed and provided assurance that the organisation's recruitment policy will be complied with going forward.

Copies of original disclosure and barring service (DBS) certificates are stored electronically, and a database is maintained to track renewal dates. Staff are enrolled on an update service, and there is evidence that annual checks are conducted.

Induction processes, previously identified as requiring improvement, have strengthened. Completed induction records were available, reviewed, and signed off by the Registered Manager, and one support worker reported feeling well-prepared for their role. It was recommended that induction paperwork also include a staff development plan, with a note recorded where no development needs are identified.

The current job description for the Registered Manager does not include the requirement to complete 'Jersey Children First' training, despite this being set out in the service's Statement of Purpose.

The Statement of Purpose also states that support workers should hold a level two childcare qualification; however, as this is not a requisite of the Commission's Standards and not all staff hold or are working towards this qualification, the service removed this requirement from the Statement of Purpose.

Training records are maintained; however, it was again recommended that a column be added to indicate when training has been booked, as the current format makes it appear that some training has expired without a plan in place. The Commission agreed a proportionate approach to training, with minimum requirements including safeguarding adults and children, Jersey's Children First, and first aid. These minimum requirements have not been met and neither has the additional training expected as set out in the Standards and the Statement of Purpose. To support progress, iPads will be made available on Sunday mornings so that staff can complete online training during quieter periods. Completion of mandatory and statutory training remains an area for improvement.

The service operates a fixed rolling rota, and the small staff team work flexibly to cover any absences. It was positive that the Regulation Officer was advised that no supported contact sessions have been cancelled since the last inspection.

Weekly environmental checks of the shared rooms and grounds are required to comply with the Health and Safety Policy, and evidence was provided to show these are completed. One parent reported concerns about occasional hazards in the outside area, such as broken baubles; however, the Regulation Officer was assured that staff would address such issues promptly. Another parent shared that the Centre, *"Could do with some funding for an upgrade to the outside area."*

A member of the maintenance staff has recently left the service, and maintenance records, including Legionella water testing, were unavailable during the inspection. Arrangements were made for tests of the water to be conducted following the inspection, and the service advised that evidence of compliance with health and safety checks would be submitted; however, this had not been received at the time of writing the report.

Evidence of weekly fire alarm testing and annual servicing of the fire extinguishers was provided. It was reassuring that staff were able to describe fire evacuation procedures despite fire drills not being conducted on Sunday mornings. The Regulation Officer requested the log of monthly escape route checks, but this has not been provided. Safety checks are to be conducted in conjunction with the Health and Safety policy and is an area for improvement.

The staff at the Centre take all possible steps to ensure that the people using the service are safe. A risk assessment is conducted before a contact commences to ensure any risk can be managed and evidence of dynamic risk assessments were provided.

The Registered Manager explained that staggered arrival and departure times help to minimise the likelihood of parents meeting. An alternative entrance on the opposite side of the building is also utilised to support this arrangement. The supported handover of a child from one parent to another provides an opportunity for the child to speak privately with their keyworker about their experience of contact and to raise any worries or concerns they may wish to share.

## **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 Registered Manager completes and securely stores all required documentation and keyworkers confirmed that they are told information on a need-to-know basis. Records reviewed during the inspection included the pre-contact checklist completed with each parent to gather essential information. Both parents receive the service rules, which outline behaviours that are not in the child's best interests and may result in a contact session being suspended. To avoid any misunderstanding, the Registered Manager reads through and discusses these rules with parents, and the terms and conditions are signed by both parties.

The parents and where appropriate the children are signposted to the NACCC website for introductory information. Children also receive age-appropriate written information about the local service.

As previously agreed, by the Commission, detailed session notes are not required; however, attendance records and any incidents outside routine practice are to be documented. Results of required drug and alcohol tests are recorded and shared with the relevant authority. A failed test results in contact being declined for that session. The Registered Manager described occasions where this has caused frustration or anger from visiting parents and they and the staff demonstrated a clear understanding of the escalation policy. A professional external to the service confirmed they receive weekly attendance records that includes relevant information; however, it would be beneficial to receive additional information separate from the register.

The 'Equal Opportunities and Diversity Policy' was reviewed, and it was evident that individuals working in or visiting the service are treated with respect in accordance with the policy. The centre promotes an environment that recognises and supports differing needs, backgrounds and perspectives. There is wheelchair access and adjustments are made when English is not a person's first language.

One parent reported that communication may be enhanced if staff adopted a slower pace of speech. An example was provided where a charity was engaged to support a person with a visual impairment, and staff were advised on appropriate adjustments that could be made within the Centre. Additional rooms, including a sensory room, are available for adults and children who may benefit from a quieter space.

During the inspection, the Regulation Officer toured the facilities used by the Child Contact Centre. The building is old, and it is recognised that the charity has limited capacity to make significant improvements. A volunteer is currently repainting walls that have been marked by children.

The internal environment was noted to be cold, and portable heaters are used to heat the rooms. One adult was observed to have kept their coat on throughout the contact session, and feedback received indicated that the centre is consistently cold.

The Regulation Officer visited the gym, where a child and their parent were clearly enjoying their time together. It was positive to note that the gym is no longer used for equipment storage. A new swing has been added to one outdoor area, and another outside area is currently out of bounds while it is being converted into a skate park. The Registered Manager advised that risk assessments will be completed for any child wishing to use the skate park with their parent before access is permitted.

A range of activities are provided to support meaningful parent-child interaction. Recent activities included Valentine's Day arts and crafts. A member of staff shared that the activity unexpectedly met a child's sensory need, which the child enjoyed, and the staff member found rewarding. Weekly options of activities are provided, which the children choose to engage in, and they may request activities for future sessions. Facilities for baking with their parents are also available, and parents may bring their own activities if they wish.

The activities provided are stimulating and encourage meaningful interaction between the non-resident parent and their child/children.

During the inspection, a support worker assisted a parent and child in making playdough, an activity the child had requested the previous week, demonstrating staff responsiveness to children's preferences.

The Child Contact Centre is a vital service for many families. One parent expressed that, if the service were no longer available, they would feel, "*Very upset and would feel hopeless*".

### **Is the service caring?**

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

The Contact Centre provides a neutral, safe environment where parents can interact with their children free from external pressures, in a fun and stimulating setting.

A pre-visit is held for each family where the child meets their keyworker for a play session while the resident parent meets with the Registered Manager. It was evident that the staff team is dedicated and enthusiastic, with a clear focus on promoting the wellbeing and happiness of the child.

Children's inductions include familiarisation with the Centre and time with their keyworker, who explains how they will be supported. During the inspection, an induction was observed in which the keyworker used play to help the child feel safe and secure, and to learn their activity preferences.

The Registered Manager reported that support workers sometimes model communication and shadow play to demonstrate positive interaction techniques to parents in a reflective and supportive way.

During the supported contact session, staff were observed to treat parents with respect and kindness whilst maintaining an appropriate distance from them and their child. One parent fed back that support workers can sometimes become too involved.

This was discussed with staff on the day, and at the post contact session debrief they acknowledged the challenge of balancing support with not over-stepping.

The Regulation Officer found the team to be caring, respectful, supportive, with a strong focus on confidentiality and safeguarding.

Parent feedback reinforced these observations, with one parent stating that they felt listened to and consistently treated in a non-judgemental and professional manner.

Positive professional feedback was received regarding the Centre's support for a video contact session, which was described as high quality, with the team praised as "having so much skill."

The service is adaptable and flexible to need. For example, when a child is unwell with an infectious illness but well enough to attend the Centre, contact can be facilitated in a separate room to minimise the risk of cross infection and avoid the contact session being cancelled.

### **Is the service well led?**

|  |
|--|
| <p>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.</p> |
|--|

The newly appointed Interim Manager, who works alternate weekends, holds qualifications appropriate for the role. The Commission requires the Interim Manager arrangements to not exceed 12 weeks, and active recruitment for a permanent manager is underway.

The Registered Manager, remained in post on a zero-hour contract until 22 February to support the service handover, demonstrating their commitment to the service. They articulated the positive impact the Contact Centre has on parents and their children. They expressed regret at leaving the role and highlighted that the contracted hours for the position are insufficient to meet all the managerial responsibilities.

It is recommended that a review of the Registered Manager's job description is undertaken to ascertain whether there is adequate provision for conducting quarterly supervision and annual appraisals for staff.

Staff fed back that the outgoing Registered Manager is supportive and one staff member shared, *"Xxx has done an amazing job, they are always there for us and are good with the parents."* Another staff member said, *"Xxx has done really well developing the service and they are big boots to fill!"*

Staff expressed concerns about the changes in the registered manager role, noting that they have had to adjust to interim arrangements and will shortly need to adapt again when a new registered manager is appointed. They expressed their concern for the families, who will require support to continue to build new trusting relationships twice in a short timeframe.

A further concern was raised by a member of staff regarding the inconsistency of the staff team, as most staff work alternate weekends. The Deputy Manager is the only team member who works every week, which could result in additional responsibilities being placed on them.

The Regulation Officer was advised that senior management oversight is shared between the Interim Manager and the People Manager, who work alternate Sundays and communicate by email or telephone to exchange key information.

During the second day of the inspection, it was noted that key information had not been communicated to all members of the staff team. As a result, a staff briefing prior to contact sessions is to be introduced to ensure consistent and timely information-sharing.

A post contact session debrief was observed by the Regulation Officer, during which all staff were given the opportunity to contribute, reflect and learn.

A concern raised by one support worker was acknowledged and assurances were given that it would be addressed. Staff appeared comfortable raising issues, and information was shared openly within the group.

Accreditation with NACCC is due for renewal this year, and the incoming registered manager will be required to complete the NACCC Co-ordinator training.

Not all staff were aware of NACCC or the child-friendly resources available on its website. The Regulation Officer received assurance that the website and its materials will be promoted within the staff team.

At the pre-inspection visit, a plan was shared to obtain regular feedback on a more formal basis from the parents and children that will be used to review the quality of care within the service and support service development. The Regulation Officer recommended making the children's version more child-friendly by including illustrations allowing children to provide feedback independently. Feedback gathered by the service from children and parents leaving the service was positive.

Feedback was obtained from both resident and visiting parents as part of the inspection process. Visiting parents shared a range of views: some reported feeling comfortable and well supported, while others indicated a preference for more community-based activities or noted occasions where staff involvement felt greater than they expected. When this was discussed with a support worker, they explained that their intention had been to provide support.

A resident parent reported trusting the staff and feeling confident their child would feel secure and enjoy time with their visiting parent.

Professional feedback highlighted that the weekend-only nature of the service creates limitations, particularly due to the fixed Saturday handover times, which could be more flexible to meet some families' needs. It was suggested that offering supported contact at Centrepoint on Saturdays could improve flexibility.



A professional shared:

It would be disruptive if the service was not available and essential for child stability and parental contact.

The Commission has received one notification since the last inspection, which is proportionate to the size of the service.

It was explained if a child has an accident at the Contact Centre, both parents are provided with a copy of the accident report, and a copy is retained in the service's records.

The Regulation Officer heard how staff manage incidents and escalate concerns to the Registered Manager. If an incident occurs on a Saturday when only handovers are supported staff can still contact the Registered Manager, even though they are not required to work on Saturdays. This is an example of where the Registered Manager went above and beyond their contractual responsibilities.

At the end of each supported contact session, staff have a group supervision/debrief to share observations of parent-child interactions and discuss any incidents. This forum is used to reflect on what could have been done differently and to identify any matters requiring escalation to a social worker.

One staff member reported that supported contact debriefs do not take place every week unless there is a specific issue to discuss, despite the Regulation Officer being advised that these debriefs occur regularly and reduce the need for quarterly formal supervision.

The Standards require the Registered Manager to ensure that all support workers receive regular opportunities for regular supervision.

Although it was previously agreed that, due to the small size of the service, quarterly supervision would be acceptable, this requirement has not been met for a second consecutive year. The Registered Manager acknowledged this shortfall and highlighted that the contracted hours for the role do not currently allow time to provide regular supervision. The Provider must consider how quarterly supervision can be delivered. Supervision remains an area for improvement.

The Regulation Officer recognises that most staff are contracted for limited weekly hours, which restricts the opportunity for meaningful one-to-one supervision.

It was also noted that the recent period of lower service demand could have provided time for supervision and mandatory training.

Informal support continues to be offered through post-contact debriefs, and staff reported that the Registered Manager was accessible and supportive. However, reliance on informal arrangements risks important issues being overlooked; for example, a supervision session could have identified that a support worker's safeguarding training had expired.

Recent staff wellbeing initiatives available to Centrepoint staff have included activities such as a relaxation and meditation session. The service has invested in training mental health first aiders; however, staff feedback indicated that not all team members were aware of this resource. Whilst information is routinely shared through the Trust's newsletter, including reminders about supervision and providing updates on wellbeing initiatives, such as the mental health first aiders, it is recognised that not all staff routinely access the newsletter. To improve awareness, posters will be displayed within the centre outlining how staff can access mental health first aiders.

Several policies were requested during the inspection, all of which had been reviewed within the past year. Policies are available to staff in paper format and accessible in the Registered Manager's office.

A Safeguarding Policy is in place, and new staff are required to familiarise themselves with it as part of their induction. All staff spoken to were aware of the signs of abuse and understood the appropriate escalation procedures.

The Saturday Handover Procedure clearly outlines the process, and as requested during the inspection, the addition of medication management has since been added. Medication is the responsibility of both parents.

A copy of the complaints policy is provided to both parents during their initial meeting. The Registered Manager explained that low-level concerns are often resolved through listening and acknowledgement alone. Since the last inspection, one formal complaint was received and the complaints procedure was followed appropriately, resulting in satisfactory resolution.

In conclusion, the Regulation Officer found that the staff team consistently demonstrated a child-centred approach and a clear commitment to delivering a safe and supportive service.

Staff were observed to interact with families in a respectful and professional manner, promoting positive parent-child experiences. Feedback from families and professionals was largely positive and reflected confidence in the support provided. While areas for improvement were identified in relation to supervision, training, recruitment checks and aspects of health and safety compliance, the overall quality of engagement with children and parents was a notable strength of the service, with staff demonstrating dedication, compassion and kindness, within a fun and welcoming environment that is valued by both families and professionals.

## IMPROVEMENT PLAN

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

|  |   |
|--|---|
| <p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 3.6</p> <p>Regulation 17</p> <p><b>To be completed:</b></p> <p>With immediate effect</p>  | <p>All safe recruitment checks are completed prior to staff commencing employment.</p> <hr/> <p><b>Response by the Registered Provider:</b></p> <p><i>The Commission did not receive a response from the Provider to this area for improvement within the 28-day timeframe.</i></p>   |
| <p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 4.1</p> <p>Regulation 18</p> <p><b>To be completed:</b></p> <p>By 30 June 2026</p>        | <p>Records are to be maintained to show that regular Health and safety checks are conducted in line with the service's health and safety policy.</p> <hr/> <p><b>Response by the Registered Provider:</b></p> <p><i>The Commission did not receive a response from the Provider to this area for improvement within the 28-day timeframe.</i></p> |
| <p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 3.12</p> <p>Regulation 17</p> <p><b>To be completed:</b></p> <p>With immediate effect</p> | <p>Quarterly staff supervision is to be conducted, and time built into the Registered Managers contract to facilitate this.</p> <hr/> <p><b>Response by the Registered Provider:</b></p> <p><i>The Commission did not receive a response from the Provider to this area for improvement within the 28-day timeframe.</i></p>                      |

|                               |  |
|-------------------------------|--|
| <b>Area for Improvement 4</b> | Identified mandatory and statutory training requirements based upon the needs of the support workers and in line with the written Statement of Purpose must be completed.              |
| <b>Ref:</b> Standard 3.10     |  |
| Regulation 17                 |  |
| <b>To be completed:</b>       |  |
| By 30 July 2026               | <p><b>Response by the Registered Provider:</b></p> <p><i>The Commission did not receive a response from the Provider to this area for improvement within the 28-day timeframe.</i></p> |

To ensure there is clear evidence that the required improvements have been made, the following action has been taken:

- A formal written request for a detailed action plan specifically related to the implementation of regular staff supervision was requested following the inspection.
- The Provider must provide written confirmation to the Commission when the areas of improvement relating to training, recording of health and safety checks and improvements to the process for safer recruitment checks have been achieved

These actions will be used to track progress, confirm completion, and provide assurance that the necessary improvements have been achieved.

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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