



**Jersey Care
Commission**

INSPECTION REPORT

Hollies

Day Care Service

**La Rue Hilgrove
Gorey Village
Grouville
JE3 9EZ**

**Inspection Dates
13,15 & 28 May 2026**

**Date Published
5 June 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 Hollies Day Centre. The day centre is operated by Government of Jersey – Health and Care Jersey and there is a registered manager in place.

Registration Details	Detail
Type of regulated activity	Day Care Service
Mandatory Conditions of Registration	
Category of care	Adult 60+
Maximum number of care receivers	21
Age range of care receivers	60 years and above
Discretionary Conditions of Registration	
None	
Additional information	
None	

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 Registered Manager one day prior to the first inspection visit. This was to ensure that the Registered Manager would be available during the visit.

In line with the service's Statement of Purpose the people who use this service will be referred to in this report as individuals.

Inspection information	Detail
Dates and times of this inspection	13 May 2026 10.10am - 4.10pm 15 May 2026 10.10am - 12.25pm 28 May 2026 11.05am - 12.15pm
Number of areas for improvement from this inspection	None
Number of individuals accommodated on the day of the inspection	13 May – 16 15 May – 12 28 May – 11
Date of previous inspection	2 April 2025
Areas for improvement noted at the last inspection	2
Link to the previous inspection report	RPT_HL_Inspection_20250402.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement 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 improvement identified at the last inspection

At the last inspection, two 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 improvements had been made. This means that there was evidence of policy management and medication competency checks.

4.2 Observations and overall findings from this inspection

The service continues to develop an integrated approach with Sandybrook Day Centre, where staff work flexibly across both locations to maintain safe staffing levels and appropriate skill mix.

Good progress had been made since the previous inspection, with both previously identified areas for improvement addressed. This included strengthened policy management and the completion of medication competency checks.

Overall, Hollies Day Centre was found to be safe. Recruitment processes were robust, staff received comprehensive induction and training, and safeguarding procedures were well understood.

The environment was clean, well maintained, and supported individuals' wellbeing, including safe access to outdoor space. Catering staff supply a nutritious two course lunch each day for a small cost or individuals can bring their own packed lunch.

The service was also effective and responsive, providing person-centred care that promotes independence, reduces social isolation, and supports carers. Individuals and professionals gave positive feedback, particularly about staff, activities, and communication. Activities are planned collaboratively with attendees, with risks assessed and reviewed after each event.

Care was observed to be compassionate and respectful. Each individual has a key worker and personalised care plan, which is reviewed regularly. Staff demonstrated strong relationships with attendees and supported their dignity, choices, and nutritional needs.

Leadership and governance were strong, with clear structures, updated policies, regular supervision, and effective team communication. The management team was described as professional and approachable.

In conclusion, the inspection highlighted a well-led, safe, and high-quality service delivering positive outcomes for individuals, with no areas for improvement at this time.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Day Care Services for Adults 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 reports, the Statement of Purpose, and notification of incidents.

The Regulation Officer gathered feedback from 15 care receivers and three of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by three professionals external to the service.

As part of the inspection process, documents including policies, care records, incidents and monthly provider reports were examined.

¹ All Care Standards can be accessed on the Commission's website at <https://carecommission.je/>

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and followed up by email on 19 May 2026.

This report presents our findings from the inspection and outlines the range of observations made. Throughout the report, we may highlight any areas of good practice identified, along with suggestions where practice could be strengthened or further enhanced.

5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	Evidence Reviewed
Policies	A sample of GOJ/H CJ policies viewed
Medication competencies	Training and competencies completed
Key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Recruitment files Induction booklet Staffing Health & Safety Safeguarding policy and training Walk round the building Observation Feedback
Is the service effective and responsive	Statement of Purpose Standard Operating Procedure Leaflet Activities Feedback
Is the service caring	Care plans Strengths and needs assessment Written contracts/ 6-week placement review Observation Nutrition and hydration Staff skill mix
Is the service well-led	Selection of policies Connect objectives and supervisions Organisational structure Monthly quality reports Hub meetings Observation Feedback

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Since the last inspection, two care staff have been recruited to work across both day centres. Recruitment is undertaken via the Government of Jersey's online system; however, the Registered Manager retains full oversight and access to all documentation throughout the process. The Regulation Officer was satisfied that safe recruitment procedures had been followed. Both appointments were internal transfers; therefore, additional references were not required.

A comprehensive induction programme includes a booklet to complete, working at both sites for two weeks at a time, mandatory training and regular supervisions to check progress. This was confirmed during the inspection process with staff feeling well supported throughout their induction period.

Each day a staff team consisting of one senior healthcare assistant and three healthcare assistants facilitate the days programme. The majority of the care team have completed a Regulated Framework Qualification at either Level 2 or Level 3 with one staff member about to start Level 2. This meets the standards and ensures a good skill mix.

The service has two away days each year where staff complete their training. All staff have completed mandatory training, they have onsite train the trainers providing annual moving and handling training, they have completed a bespoke dementia workshop and are awaiting dates later this year for MAYBO conflict management training. A registered nurse will be completing the annual medication competencies imminently.

The staff team have access to a safeguarding policy and have completed the relevant safeguarding training. Staff are aware of safeguarding procedures.

All health and safety checks are completed through the Government of Jersey's online system; fire drills are completed with an external company and staff practice evacuation with the ski-pad device. All individuals who attend the day centre have a Personal Emergency Evacuation Plan which is reviewed monthly.


The Regulation Officer found the environment to be clean, well maintained, with appropriate décor. The individuals have access to an outside patio with several planters where they can grow fruit and vegetables. The Regulation Officer observed this area being used during the inspection.

Appropriate risk assessments are in place identifying potential hazards in relation to the facility and vehicles. These help protect the health and wellbeing of vulnerable individuals attending the day centre.

Feedback from professionals was positive:



We have weekly meetings.
Communication is good.
The team are responsive.



Hollies Day Centre demonstrate a commitment to support the attendees living with dementia and having up to date training and materials to support them.

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.

An updated Statement of Purpose was submitted during the inspection. The Regulation Officer confirmed that the service's aims are being effectively met by the staff team. These aims are to:

- provide a person-centred service
- prevent social isolation
- encourage independence for as long as possible
- offer essential respite for caregivers

Individuals attending the service spoke very positively about their experiences, including the staff, activities, food, and environment. One individual commented, *"I can't wait to wake up on a Monday as I know I'm going to the Hollies. I don't like the weekends as I stay in the house and have no one to talk to."*

The service operates in accordance with an Adult Day Services Standard Operating Policy, which aligns with both the Statement of Purpose and an information leaflet produced by the management team. This documentation clearly outlines the referral process and specifies the requirement for a strengths and needs assessment. It also details the need for a risk assessment where an individual requires the Patient Transport Service.

Individuals attending the day centre are consulted monthly about the activities they would like to participate in, and staff use this feedback to plan the programme for the following month. Activities that take place outside of the centre are carefully planned, with consideration given to required resources, potential risks, and appropriate control measures to minimise those risks. Following each external activity, staff meet to review the experience, discussing what went well, any challenges encountered, and identifying areas for improvement for future activities.

Staff attend a hub meeting twice daily, which follows a structured format, is documented, and is chaired by the Senior Healthcare Assistant on duty. The format covers a comprehensive range of topics to ensure that no key issues are overlooked.

During the 3:30pm meeting, the Regulation Officer was in attendance to listen to a debrief following a minor incident, in addition to the standard agenda. The Registered Manager facilitated a discussion on lessons learned and worked with the team to identify measures to prevent a recurrence.

These meetings are constructive, well-organised, and provide valuable opportunities for communication, reflection, and continuous improvement for all involved.

It was noted by the Regulation Officer during feedback sessions that many individuals were unaware of the service until it had been recommended by a social worker or healthcare professional. This highlights the need to raise greater awareness of the day centre, as it is a highly valuable resource. Attending the day centre offers significant benefits, particularly in reducing isolation and improving social inclusion. It provides individuals with opportunities to build relationships, engage in meaningful activities, and develop a sense of belonging within their community, all of which contribute positively to overall wellbeing.

Is the service caring?

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

Every individual attending the day centre is allocated a key worker. The key worker is responsible for updating care plans and ensuring effective communication with the individual and/or their representative. During the initial six-week period, individuals attend one day per week to assess whether the day centre meets their needs and preferences. Following this introductory period, a six-week review is conducted. A written agreement is then completed and signed by both the individual and the Registered Manager. This agreement outlines the terms of attendance, including the monthly cost of meals provided.

The Regulation Officer reviewed a sample of personal plans and was satisfied that they are person-centred and reviewed on a monthly basis with each individual. Each plan includes a comprehensive initial assessment, a photo consent form, “This Is Me” information, a Personal Emergency Evacuation Plan (PEEP), relevant risk assessments, and a detailed support plan. The support plan addresses key areas such as mobility, nutritional needs, personal care, medication management, social skills and communication needs, as well as the roles of family members or other representatives.

Individuals were regularly offered a choice of hot and cold drinks throughout the day, alongside biscuits, cakes, and a nutritious two-course lunch. Special occasions were celebrated with both staff and individuals taking part in baking activities, enhancing the social and inclusive atmosphere. Dietary needs were well catered for, with appropriate adjustments made where required, which was clearly demonstrated during the inspection.

The staff team appeared to have developed strong, positive relationships with the individuals attending the day centre. Interactions were respectful and person-centred, with staff using appropriate humour to create a relaxed and enjoyable environment while always maintaining dignity and treating individuals as adults.

The staff said:



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.

A clear organisational structure is established and documented within the Statement of Purpose. This provides the staff team with well-defined lines of responsibility, accountability, and leadership.

Since the last inspection, a Government of Jersey team has been reviewing and updating policies. A sample of 11 policies relevant to this service was examined. The majority have been updated and are aligned with current legislation. The medicines policy is currently under review, and one policy viewed is due for review. This is no longer an area for improvement.

All staff undergo formal supervision every two months which exceeds the standards, however staff commented that they feel this is beneficial and can discuss what's going well, what could be improved, staff training, wellbeing and goals. Annual appraisals are completed in line with the Government of Jersey online smart objectives.

Provider monthly reports are completed by the Assistant Manager. These review the quality of care provided, follow a structured format and look at one of the standards each month to ensure compliance. A sample of these were found to be well written and gave a good overview of the previous month.

Care staff demonstrated a strong, person-centred approach, clearly knowing the individuals who attended the day centre well. They showed an understanding of each person's preferences, routines, and support needs, which enabled them to provide meaningful engagement throughout the day. Interactions were warm, respectful, and often included appropriate humour, helping to create a relaxed and welcoming environment. Staff actively encouraged individuals to participate in activities they enjoyed, while remaining attentive to those who preferred quieter or more independent time. This personalised approach ensured that individuals were not only supported safely but were also able to enjoy their time at the centre, maintain social connections, and feel valued and understood.

What individuals said:

It's very nice here. All the staff are very kind and special to me.

I love it here. Gets me out of the house and lets me meet people and do things.

We need more places like this on the island, its fabulous.

Staff are wonderful, we are so lucky to have this place.

Brilliant atmosphere. The staff are very good to us, if we have any problems they will help.

The food is lovely, especially the puddings.

We have choices: we can do the activities, sit and read a book, chat to friends, it's up to us.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection, therefore; 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.



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