



**Jersey Care
Commission**

INSPECTION REPORT

L'Hermitage Care Home

Care Home Service

**La Route de Beaumont
St Peter
JE3 7HH**

**Inspection Dates
25, 26 and 30 March 2026**

**Date Published
15 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 L'Hermitage Care Home. This care home is operated by Aria Healthcare Group Limited and there is an interim manager in place.

Registration Details	Detail
Type of regulated activity	Care Home Service
Mandatory Conditions of Registration	
Categories of care	Adult 60+
Maximum number of care receivers	42
Maximum number in receipt of nursing care	26
Age range of care receivers	60 years and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1 to 42: one person
Discretionary Conditions of Registration	
Admissions to the home will be phased and contingent upon staffing levels meeting the minimum requirements set by the Care Home (adults) Standards at all times.	
Additional information	
On the 29 October 2025 the Commission received a request to remove a registered director and change the main contact partner. This was completed on the 5 February 2026.	
On the 18 November 2025 the Commission was advised of absence of the Registered Manager from the 3 December 2025 and the proposed interim management arrangements.	

On the 29 January 2026 the Commission received an application for a new director and contact partner. This was completed on the 23 February 2026.

The Commission received a new Registered Manager application on 13 March 2026. This application is being processed at the time of this inspection.

As part of the inspection process, the Regulation Officer evaluated the home's compliance with the mandatory conditions of registration and any additional discretionary conditions required under the Law. The Regulation Officer concluded that all requirements have been met and the discretionary condition of registration detailed above should remain in place.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager seven days prior to the first inspection visit. This was to ensure that the Interim Manager would be available during the visit.

Inspection information	Detail
Dates and times of this inspection	25 March 2026 – 11.30 am to 5 pm 26 March 2026 – 8.20 am to 1.40 pm 30 March 2026 – 10.30 am to 2 pm
Number of areas for improvement from this inspection	Six
Number of care receivers accommodated on the day of the inspection	38
Date of previous inspection	15, 16, 19 May & and 3 June 2025
Areas for improvement noted at the last inspection	Seven
Link to the previous inspection report	RPT_HMT_Inspection_20250603.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, seven 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 concerning to note that insufficient progress had been made to address two of the areas for improvement. This means that the home has not met the Standards in relation to controlled drugs administration and the supervision and appraisal of staff. The Interim Manager does have a plan to resolve this; however, practice will need to be embedded before the Standards can be met. This will be discussed in more detail within the main body of the report, alongside four new areas for improvement that were identified during this inspection.

It was positive to note that there was improvement in five areas of practice. This means that there was evidence of:

- Staffing levels meeting the required Standards
- At least 50 per cent of staff on duty had a Level 2 Diploma in Adult Social Care (or equivalent)
- Medication transcribing practice met the required Standards

- Communication systems are embedded and improving care receiver outcomes
- Care staff training meets the required Standards.

4.2 Observations and overall findings from this inspection

Staffing levels meet the minimum staffing levels as set out in the Standards, albeit with the use of agency staff. In addition, systems are in place to increase staffing to respond to the changing dependency needs of care receivers. Electronic rostering provides staff with rotas six weeks in advance, and regular reporting to the Regional Manager ensures oversight of staffing sufficiency.

Minimum qualified staffing thresholds are now met, and safe recruitment practices, including appropriate Disclosure and Barring Service (DBS) checks and ongoing monitoring, were found to be satisfactory. Complaints relating to staffing had significantly reduced following stabilisation of staffing arrangements.

Induction arrangements for care staff were effective, supported by supernumerary periods and buddy systems. Core training compliance stood at 86 per cent, with planned training expected to increase this to above 90 per cent, meaning this is no longer an area for improvement.

Safeguarding arrangements were effective in practice, although safeguarding and recruitment policies require a review to ensure alignment with Jersey law and local arrangements.

Incident and accident reporting systems lacked adequate management oversight and formal sign-off, which is an area for improvement. Health and safety systems, environmental safety, and dementia-friendly design were found to be effective overall. However, the management of the disposal of controlled drugs remains an area for improvement.

Internal communication systems have improved and support safer operations within the home; however, engagement with care receivers and relatives was insufficient, particularly during the change of ownership, and requires improvement.

Care planning, falls management, nutritional support (including dysphagia management), restriction of liberty arrangements, and access to activities were all effective, with nutritional support identified as an area of good practice. The publication of the full scale of fees requires improvement.

Care was delivered with dignity, compassion, and respect. Care receivers were supported to exercise choice and independence, with person-centred assessments and regularly reviewed care plans in place. Advance care planning and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documentation was effectively managed.

Governance arrangements were in place and supported by audits and reporting systems, however, policy frameworks require updating to reflect Jersey legislation and the Commission's Standards. Supervision and appraisal arrangements remained an area for improvement, despite recent system changes.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Home Care and Support in the Community 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, variation requests and notification of incidents.

The Regulation Officer gathered feedback from four care receivers. Three relatives were contacted to provide feedback for this inspection; however, no responses were received. They also had discussions with the service's management and other staff. Additionally, feedback was provided by two professionals external to the service.

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

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

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and the Regional Manager. Written feedback confirming the identified areas for improvement was subsequently sent by email on 1 April 2026. Details of the follow-up actions required to evidence that improvements have been made were also set out by the Regulation Officer.

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. Where specific improvements are required, these are set out in detail and accompanied by a defined improvement plan at the end of the report.

5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	Evidence Reviewed
Staffing levels	Staff rotas Management reporting Dependency tool
Staff training (level 2 Diploma)	Analysis of staff training
Medication administration	Review of medications management Controlled drugs register and medications returns book
Transcribing practice	Review of transcribing policy and practice
Communication	Observing staff meetings Review of records of meetings
Supervision and Appraisal of staff	Supervision and appraisal records
Mandatory staff training	Training matrix and reporting Discussion with Interim Manager and Regional Manager
Key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Staffing levels and recruitment Staffing training (mandatory, specialist and Diploma) Induction procedure Safeguarding policy and practice

	Notifiable incidents Health and safety policy and practice Environmental needs of care receivers Medications policy and management
Is the service effective and responsive	Statement of Purpose Communication and information for care receivers and their relatives Meeting individual needs of care receivers Social wellbeing needs of care receivers Activities Nutritional needs of care receivers Feedback from professionals
Is the service caring	Care plans and risk assessments Observations of care delivery Care receiver choice, consent and influence on their care plans Staff skills to meet individual needs
Is the service well-led	Quality assurance and audit Monthly reports Organisational chart Business development plan Business continuity plan Approaches to discrimination Supervision and appraisal of staff

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Staffing levels meet the minimum staffing levels as set out in the Standards, albeit with the use of agency staff. In addition, a dependency assessment tool identifies additional care needs, which are appropriately used to inform and allocate supplementary staffing on each shift. Rostering is electronic with care staff knowing their rotas six weeks in advance. Weekly reporting to the Regional Manager is in place to ensure that the staffing needs of the home are met. In addition, it was demonstrated to the Regulation Officer that at least 50 per cent of staff on duty at any time had a Level 2 Diploma in Adult Social Care (or equivalent). These matters are no longer areas for improvement.

Safe recruitment practice was assessed as meeting expectations, with Disclosure and Barring Service (DBS) checks routinely completed for all staff. The recruitment policy clearly defines the recruitment process and sets out arrangements for governance and oversight. However, the recruitment policy is based on United Kingdom (UK) law and practice and does not reference local legislation and the Commission's Standards. As a result, the policy requires a full review to ensure it is Jersey-specific and in line with local legislation and best practice requirements. This policy forms part of a wider area of improvement identified in relation to the home's policies overall.

Induction programmes for both nursing and care staff were found to be well-structured, comprehensive, and thoughtfully designed. These programmes provide clear learning pathways, appropriate supervision and mentoring arrangements, and a thorough introduction to roles, responsibilities, and core standards of practice. Newly appointed staff are supported through the allocation of a designated 'buddy' and are given a minimum of two weeks working on a supernumerary basis, enabling effective shadowing, supported learning, and safe familiarisation with the home's practices.

The Regulation Officer reviewed staff training records and was satisfied that the home was meeting the required Standards in relation to core staff training, with compliance recorded at 86 per cent at the time of inspection. Planned face-to-face training was expected to increase compliance to more than 90 per cent by the end of April 2026, and as a result this is no longer an area for improvement.

The Regulation Officer reviewed safeguarding practice with the Interim Manager and was satisfied that care receivers are being appropriately safeguarded, with the Interim Manager demonstrating a clear understanding of their role and responsibilities in this regard. While the safeguarding policy contains elements of good practice, it is based on a UK regulatory framework and requires revision to ensure it is Jersey-specific, including reference to the multi-agency safeguarding arrangements operated through Safeguarding Partnership Jersey, duty of candour, and clear guidance on thresholds and timescales for notification to the Commission.

Notifiable events were reviewed by the Regulation Officer and assessed as appropriate, with resulting actions completed satisfactorily and in compliance with the Commission's notification requirements.

Internal incident and accident reporting arrangements were identified as requiring improvement, as timely management oversight and formal sign-off were not consistently evidenced, increasing the risk that resulting actions are not completed and that learning is not effectively embedded within wider health and safety management arrangements.

Additionally, the associated policy requires revision, as it reflects UK legislation rather than Jersey law, current best practice, and the Commission's notification requirements.

Health and safety measures, including infection control, food hygiene, fire safety, water safety, general maintenance, and environmental risk assessments, were found to be effective in protecting care receivers from harm. The Regulation Officer noted that comprehensive procedures and robust systems are in place, overseen by a dedicated maintenance officer, which provide further assurance that risks are identified, managed, and mitigated appropriately to support the safety and wellbeing of care receivers.

The Regulation Officer assessed the environment with specific regard to the additional needs of care receivers living with a cognitive impairment or dementia. Communal areas and corridors were found to be well maintained, appropriately decorated, and thoughtfully designed to meet these needs, supporting safer movement, improved orientation, and a reduction in environmental stressors commonly associated with dementia. While some bedrooms have benefitted from dementia-friendly refurbishment, this programme has not yet been fully progressed; however, assurances were provided to the Regulation Officer that refurbishment works would resume in the near future.

Controlled drugs administration remains a cause for concern and continues to require further improvement to ensure that the disposal of controlled medicines is carried out in line with best practice, with clear and auditable records to evidence their safe and appropriate disposal. The disposal of controlled medicines remains an area for improvement.

In relation to general medicines management, practice was found to align with best practice; however, it is recommended the date labelling of opened liquid medications be more consistent.

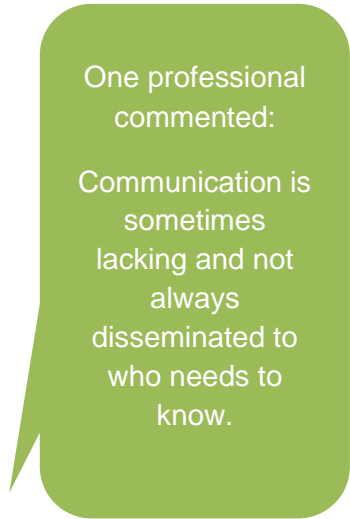
Is the service effective and responsive?

Care, treatment, and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

The Statement of Purpose was reviewed and found to be fit for purpose and compliant with the requirements set out within the Standards. It clearly articulates the home's aims and objectives, provides a comprehensive description of assessment and care planning arrangements, and includes detailed information regarding staffing and facilities. Governance and audit processes are also appropriately documented, providing assurance of effective oversight and accountability.

The Regulation Officer was assured that communication systems within the home have improved since the previous inspection in May and June 2025 and are now more effective in supporting the safe operation of the home and in responding to the evolving needs of care receivers. These systems include structured morning handovers, a daily flash meeting at 11am, two at two sessions, and midnight catch-ups, all of which were reported to occur routinely. The Regulation Officer observed a flash meeting during the inspection and gained assurance that a clear and comprehensive agenda was used to support effective information sharing, appropriate oversight, and the timely recording of directive actions by the Interim Manager.

However, communication with care receivers and their relatives or representatives does not occur frequently enough; for example, care-receiver and relatives' meetings are not being held on a quarterly basis as expected. This gap in communication is of particular concern given the current change of ownership, during which it is especially important that people are kept informed about developments and any potential changes that may affect their care or the operation of the home. This is identified as an area for improvement.



One professional commented:
Communication is sometimes lacking and not always disseminated to who needs to know.

The Regulation Officer reviewed complaints with the Interim Manager and the Regional Manager, including those raised directly with the Commission and those received by the care home. Complaints primarily related to staffing pressures, including concerns that staff were overworked and allegations of poor care delivery. The Regional Manager acknowledged that staffing instability had previously been a significant constraint, impacting the availability of experienced staff and the quality of care provided. However, the Regional Manager confirmed that staffing arrangements have since stabilised, with staff rotas now routinely covered with reduced reliance on staff working excessive hours. The Regulation Officer noted that complaints to the Commission in relation to these matters have reduced significantly, with one recorded in the six months preceding this inspection.

The Regulation Officer noted that the home does not fully publish its scale of fees for care receivers, with fees presented only from a minimum figure. This does not fully meet the requirements of the Standards and has been identified as an area for improvement.


The communication and needs of care receivers were appropriately considered within care plans. Evidence was seen of personalised communication support in practice, including the use of a communication board to support one care receiver's individual needs.

The management of care receivers who were subject to a restriction of liberty was effective and appropriately recorded. Information relating to Lasting Powers of Attorney and delegated decision-makers was clearly documented and readily accessible, providing assurance that staff were able to identify and consult the appropriate individuals when decisions were required or when communicating on behalf of care receivers.

The home's policy, practice, and response in relation to care receiver falls, including associated audit and risk assessment processes, met expected standards. The Regulation Officer reviewed a sample of care plans for care receivers at increased risk of falls, which confirmed that risk management measures were in place and operating effectively, providing assurance that the home was taking proactive steps to reduce falls-related risk.

The home demonstrated a clear understanding of, and commitment to, meeting the specific nutritional needs of care receivers. All care receivers had appropriate dysphagia assessments in place, which were effectively reflected in care plans through clear dietary instructions, mealtime support guidance, risk control measures, and review arrangements to support safe and consistent care. In addition, care staff had undertaken relevant dysphagia training, providing assurance that care was delivered safely and in line with assessed needs. This was identified as an area of good practice.

The Regulation Officer noted that care receivers had access to daily on-site activities; however, provision was limited due to the absence of an activity coordinator, a post that was vacant at the time of inspection. In addition, the home's minibus was unavailable due to on-going maintenance requirements. The Regional Manager provided assurance that during this 'period the minibus has not been available we have continued to use wheelchair accessible taxis when needed, and people carriers/taxis to continue outings and take people to appointments. It is imperative that the provider addresses these issues promptly to promote increased opportunities for meaningful social engagement.



One care receiver commented:

My carers are amazing. If I ask for anything they are more than happy to help me.

In addition, care receivers were encouraged to remain actively involved in meaningful roles within the home, such as contributing to menu planning and participating in activities like flower arranging, supporting individual purpose, independence, and choice. Well-being audits are undertaken monthly, which is a structured review of how well the home supports the physical, mental, emotional and social wellbeing of care receivers.

One professional provided feedback that included concerns regarding communication with staff and the management team, as well as inconsistent involvement in care planning. This feedback was shared with the Interim Manager and Regional Manager, who acknowledged the need to improve communication and engagement with all professionals.

Is the service caring?

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

Observations of care were consistently positive, demonstrating that care was delivered with dignity. Care receivers were supported to exercise choice, and interactions between staff and individuals was warm, compassionate, and respectful, reflecting genuine fondness and a person-centred approach to care.

One professional commented:

Care receivers with Diabetes are well cared for in terms of their foot care.

Initial assessments, including a 'Who am I' assessment and professionals' assessments, are completed to identify the needs of care receivers. These informed the development of a range of person-centred care plans and risk assessments for those care receivers sampled. Reviews were undertaken monthly, prompted by the electronic care planning system, or in response to identified changes in care needs through established daily handover, monitoring, and escalation processes, or the resident of the day review process.

Care plans are task-led, making it easy to identify whether care tasks have been completed or not recorded. The Regulation Officer reviewed care receiver records, which appeared comprehensive and were accessible to care receivers and their relatives or representatives upon request. Advance care planning was in place for those care receivers requiring it and DNACPR documentation is effectively managed and easily accessible.

One care receiver commented:

The care staff do their best and work hard, I cannot ask for much more.

One professional commented:

I have seen some improvement in care plans and have no concerns about the attentiveness of care staff.

Care receivers were supported to live as independently as possible and to exercise meaningful choice and control over their daily lives. This included being actively involved in decisions about activities and expressing individual preferences, developing friendships, their likes, and dislikes. Their views are also routinely sought in relation to meals, with the head chef regularly gathering feedback to ensure food choices reflect personal preferences.

Additional feedback from care receivers:

One care receiver commented, *“The service is a bit slow sometimes and can be sloppy, however I do live in a lovely home.”* The Regulation Officer followed up with this care receiver to clarify these comments, which related to delays in the serving of breakfast and Sellotape being left on the ceiling. These matters were reported to the Regional Manager for review and appropriate action.

“The food is okay, but the staff are wonderful.”

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 organisational structure provides assurance that the home recognises the need for appropriate governance. This will be strengthened when a deputy manager/clinical lead is appointed.


The care home has clear plans through its business continuity plan to make sure residents continue to receive safe care if unexpected events occur. These plans focus on care receivers' safety and wellbeing, with staff knowing how to respond and ensure essential care, including medicines, is maintained. This showed the home is prepared to manage emergencies while putting care receivers first.

The Regulation Officer reviewed several policies during the inspection. While these were generally suitable for use within a UK context, they did not fully reflect local legislation and best practice or the Commission's Standards. It is recommended that the provider carries out a full review and update of policies and procedures to ensure they are current and compliant. This has been identified as an area for improvement.

There are systems in place to monitor and oversee care delivery and governance, including internal audits, external audit arrangements through the wider organisation, and regular monthly reporting. These systems support ongoing quality assurance and improvement. The Regulation Officer reviewed an internal audit completed in February 2026, which identified significant shortcomings in areas such as responsive and effective care, safety management and leadership. The Regulation Officer was satisfied that recommendations arising from this review had either been addressed or were included within active development and improvement plans for the home.

Arrangements for the supervision and appraisal of care staff were not meeting the required Standards at the time of inspection. This was a repeat finding from the previous inspection in May and June 2025. The Regulation Officer acknowledged that the Interim Manager has introduced a revised system to address this shortfall, with evidence indicating compliance in the first quarter of 2026. However, as these arrangements are not yet embedded at the time of inspection, this remains an area for improvement.

The Interim Manager has been in post for a relatively short period at the time of inspection and was therefore still becoming established in the role and developing a full understanding of their responsibilities. The Regulation Officer noted positively that additional support arrangements were in place, including strengthened governance oversight and accessible, supportive line management, which provided some assurance during this transition period.



One staff member commented:

Management is approachable and I can raise an issue easily.

Additional feedback from care staff:

“I enjoy working here and like to keep busy.”

“I feel supported by the management team and my colleagues.”

“In regard to the new owners of this home, I am not sure how this will impact me or the home.”

Additional feedback from a professional:

“There has been an improved atmosphere within the home, with evidence to indicate that the service has made positive changes and is continuing to turn its performance around.”

IMPROVEMENT PLAN

There were six 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 7.12</p> <p>Regulation 14</p> <p>To be completed:</p> <p>By 7/06/2026</p>	<p>The Registered Manager must ensure that record-keeping regarding the disposal of controlled drugs is compliant and aligned with best practice.</p>
	<p>Response by the Registered Provider:</p> <p>The improvement area related to disposal of a controlled drug in the preceding months, and whilst the record of returning the medication had been signed internally, the record requires signature from the receiving pharmacy, and this is detailed within the “carbon copy” sheet within the book and there were no clear signatures. Having identified this issue a review of the returns procedure was completed and there is now a Home Manager monthly check of the Controlled Drugs Returns book to check the detail is clear, compliant and reviewed/signed off as such by all parties involved in the returns.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 7.5</p> <p>Regulation 17</p> <p>To be completed:</p> <p>By 7/12/2026</p>	<p>The Registered Manager must ensure that all care staff receive regular supervision in line with care home standards, with a minimum of four sessions per year.</p>
	<p>Response by the Registered Provider:</p> <p>As noted in the inspection report, there has been an improvement in the planning and implementation of one-to-one meetings since the beginning of the year, and this is being maintained. The Home Manager provides a matrix of meetings planned and those that have taken place and this is tracked monthly.</p>

Area for Improvement 3 Ref: Standard 2.7 Regulation 5 To be completed: by 25/09/2026	The Registered provider must undertake a full review of all policies and procedures to ensure that they are Jersey specific in terms of legislation references, best practice procedures and the requirements of the Standards.
	Response by the Registered Provider: A full review of all policies and procedures will be undertaken to reflect Jersey specific legislation and the requirements within the Care Home Standards when L'Hermitage transfers to Care UK and will be completed before 25/09/20026.

Area for Improvement 4 Ref: Standard 8.2 Regulation 10 To be completed: Effective immediately	The Registered Provider must ensure that internal incident and accident reporting arrangements have appropriate management oversight and formal sign-off from the Registered Manager.
	Response by the Registered Provider: Formal sign off of accident and incident reports by the Home Manager is routinely completed on a weekly basis (or sooner if appropriate). A review of all accidents and incident oversight with the Home Manager by the Regional Director will continue on a monthly basis to make sure this is embedded until September 2026.

Area for Improvement 5 Ref: Standard 11.1 Regulation 6 To be completed: By 25/06/2026	The Registered Provider must ensure that communication arrangements with care receivers and their relatives/representatives improves and must occur on a regular basis.
	Response by the Registered Provider: Relative meetings have increased and now are monthly until the transfer of L'Hermitage to Care UK has been completed. Thereafter this will revert bi-monthly.

<p>Area for Improvement 6</p> <p>Ref: Standard 1.2</p>	<p>The Registered Provider must ensure they publish a full scale of the fees, including additional charges.</p>
<p>Regulation 25</p> <p>To be completed:</p> <p>By 25/06/2026</p>	<p>Response by the Registered Provider:</p> <p>The fee details published on the website and in the Statement of Purpose now highlight the fee range (from-to). The information around additional charges relates to the service area where arranged by the home, e.g. chiropody, hairdressing, optician.</p> <p>Additional charges are detailed in individual contract documentation, and these are annually reviewed, or where there is a change in the service provider.</p>

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

- The Registered Provider must submit written confirmation to the Commission when the areas of improvement have been achieved
- The Registered Provider must provide a root cause analysis within one month of the publication of this report regarding the failure to adhere to best practice in the disposal of controlled drugs. This must include confirmation that the drugs were returned to the pharmacy, why this process went wrong and what has been done to prevent recurrence.

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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