Jersey Care Commission

INSPECTION REPORT

Les Charrieres
Residential and Nursing Home

Care Home

La Rue Des Charrieres
St Peter
JE3 7ZQ

Inspection Dates

23, 29 June
and 3 July 2026

Date Published
20 July 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 Les Charrieres Nursing and Residential Home. This care home service is operated by LV Care Group and there is a registered manager in place.

Registration Details	Detail
Type of regulated activity	Care Home
Mandatory Conditions of Registration	
Category of care	Adult 60+
Maximum number of care receivers	50
Maximum number in receipt of nursing care	40
Age range of care receivers	60 years and above
Maximum number of care receivers that can be accommodated in each room	1 – 50 – one person
Discretionary Conditions of Registration	
None.	
Additional information	
There are two variations to the conditions of registration in place, which allows two care receivers under the age of 60 years to live in the home.	

As part of the inspection process, the Regulation Officer evaluated the home'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 was an unannounced inspection. Unannounced inspections form part of the Commission's balanced approach to regulation and are important in maintaining public trust in the regulatory process. They allow the Regulation Officer to observe the service as it operates on a normal day and to assess ongoing compliance with regulatory requirements.

Inspection information	Detail
Dates and times of this inspection	23/06/2026 – 8.30 am to 3.45 pm 29/06/2026 – 8.40 am to 3.45 pm 03/07/2026 – 8.30 am to 11.35 am
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	50
Date of previous inspection	10/11/2025 and 12/11/2025
Areas for improvement noted at the last inspection	None
Link to the previous inspection report	[RPT_LC_Inspection_20251112.pdf

3.2 Focus for this inspection

This inspection focused on the following 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, no areas for improvement were identified.

4.2 Observations and overall findings from this inspection

The Regulation Officer found that the home continues to provide a safe, effective, responsive, caring and well-led service. Staffing levels consistently exceeded the minimum requirements set out in the Standards and were adjusted in response to care receivers' changing dependency needs. Staff qualifications, training compliance and competency assessments provided assurance that care was delivered by appropriately skilled personnel.

Safeguarding arrangements were effective, with staff receiving appropriate training and policies aligned to best practice. Incident, accident and near-miss reporting was identified as a particular strength, promoting a positive no-blame culture focused on learning, improvement and effective risk management. Appropriate systems were in place for the reporting and management of notifiable events, and concerns raised by care receivers and relatives were acted upon appropriately by the Registered Manager.

The home maintained a safe environment, with effective arrangements for fire safety, infection prevention and control, equipment maintenance, food hygiene and medicines management. Some concerns relating to medication storage temperatures during an extreme weather event and medication fridge temperature recording were identified and promptly addressed by the Registered Manager.

Care delivery was person-centred and responsive to individual needs. Comprehensive assessments, risk management plans and care plans were in place and reviewed regularly. Care receivers had access to a wide range of healthcare professionals and specialist services, while nutritional needs, communication requirements and significant restrictions on liberty were managed appropriately. A varied activity programme and regular community outings promoted social wellbeing and meaningful engagement.

The Regulation Officer observed positive interactions between staff and care receivers, with dignity, privacy, choice and independence consistently promoted. Feedback mechanisms enabled care receivers and relatives to influence service development, and staff demonstrated the skills and knowledge required to meet complex care needs.

Feedback from care receivers and/or their representatives was generally positive. Any negative comments received were shared with the Registered Manager, who responded proactively by providing additional context where appropriate and/or taking action to address the concerns raised.

The service benefited from effective leadership and governance. Comprehensive policies, a clear Business Plan, well-established quality assurance systems and high levels of audit compliance supported continuous improvement. The management team demonstrated a clear commitment to staff wellbeing, open communication and learning, creating a positive culture focused on delivering safe, high-quality care and support.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care and Support Services with Accommodation 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 six care receivers and five of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by two professionals external to the service.

As part of the inspection process, 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 Deputy Manager and followed up with written feedback on 7 July 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.

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

5.2 Sources of evidence.

Key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Staff rotas and dependency tool Review of notifiable events Review of complaints Review of safeguarding adults' policy and practice Health and safety (incident, accident and near miss) Fire, water and electrical safety General maintenance and servicing Infection prevention and control measures Medications administration Staff training Environmental safety
Is the service effective and responsive	Statement of purpose Initial assessment process Information sharing Care records Significant Restriction on Liberty management Communication needs of care receivers Activity programme and social well-being of care receivers Nutrition and Dysphagia assessments Collaborative working with external professionals and agencies Feedback mechanisms for professionals and staff
Is the service caring	Observations of care delivery Person-centred care planning (including advance care planning) Assessment of choice, control and consent for care receivers Feedback mechanisms for care receivers and relatives Staff skills to meet individual need
Is the service well-led	Business Plan Business continuity plan Organisational structure Policies and procedures Quality assurance activity Monthly reports Whistleblowing policy Diversity, equality and inclusion policy and practice Supervision and wellbeing of care staff

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The Regulation Officer reviewed a sample of staffing rotas alongside the dependency tool used to determine additional care hours required to meet the evolving needs of care receivers. This exercise provided assurance that the home consistently operates above the minimum requirements set out in the Standards and can respond effectively to increased staffing demands as dependency levels change.

A review of the skill mix in the staff team assured the Regulation Officer that there was consistently more than 50 per cent of staff on duty at any one time with a minimum of a Regulated Qualifications Framework (RQF) Level 2 Diploma in Adult Social Care (or equivalent).

It was noted that no new staff had joined the service since the previous inspection in November 2025. As a result, safe recruitment practices and staff induction processes could not be fully assessed during this inspection. However, the Regulation Officer reviewed the home's induction policy and induction workbook and found these to be comprehensive. Records also evidenced that criminal record checks for existing staff were being completed consistently and in line with the Standards.

A review of notifiable events with the Registered and Deputy Managers provided context for an increase in pressure trauma notifications since the previous inspection in November 2025. The Regulation Officer was assured that notifications were being submitted appropriately and that the actions taken by the home were timely, proportionate, and effective in safeguarding the health and wellbeing of care receivers.

The safeguarding adults' policy was reviewed and found to align with best practice principles and local guidance. While there had been no direct referrals to the Adult Safeguarding Team, the Registered Manager provided an example of appropriately seeking advice from the team. Safeguarding training for care staff is clearly prioritised within the home and is compliant with the requirements set out in the Standards.

No formal written complaints have been made to the Registered Manager since the last inspection in November 2025. The Registered Manager advised that any concerns or complaints raised are typically communicated verbally and are responded to promptly and proactively to ensure satisfactory resolution. During the inspection, the Regulation Officer received some negative feedback regarding the home and the delivery of care from care receivers and relatives. This feedback was shared with the Registered Manager, who responded appropriately and provided information regarding the actions taken to address the concerns raised.

Incident, accident, and near-miss reporting is a strength within the home and demonstrates a positive, no-blame culture that promotes continuous learning and improvement. Care staff complete an electronic reporting form for all incidents, accidents, and near misses, which is then subject to management oversight to ensure appropriate action is taken. This process helps to ensure that the health, safety, and wellbeing of those involved are prioritised, that lessons are identified and learned, and that staff receive debriefing and support where required. Reported events are collated and analysed by the management team to identify trends, recurring themes, and any areas where additional training or support may be beneficial. Furthermore, incidents, accidents, and near misses are reviewed as part of the monthly governance and reporting processes to support ongoing quality assurance and service improvement.

The Regulation Officer undertook a comprehensive review of fire, water and electrical safety, alongside other essential maintenance and safety measures, including infection prevention and control, the servicing of essential equipment, and food hygiene. The Regulation Officer was satisfied that the home is operating safely, with appropriate protective measures in place to safeguard the health, safety and wellbeing of care receivers, staff, and visitors.

The Regulation Officer completed a dip sample audit of care receivers' medication administration records across the home and was satisfied that these were completed to an appropriate standard. Some advice regarding the recording of 'when required' medication was provided to ensure full compliance with the Standards. Where required, self-administration and covert medication assessments were in place and had been completed appropriately.

This inspection was undertaken during an extreme weather event, which had a significant impact on the safe storage of medication. Two of the three clinical rooms were fully air-conditioned and met best practice guidance in relation to maximum recommended storage temperatures for medicines. However, temperatures within the third clinical room, including those recorded for the medication trolley, consistently exceeded the recommended limits.

In response, the Registered Manager agreed that, in the event of similar conditions in the future, the medication trolley would be relocated to one of the air-conditioned clinical rooms when not in use. The Registered Manager has since confirmed that the portable air-conditioning unit in the affected clinical room required repair, which has now been completed, and that temperatures are now consistently maintained below the recommended maximum.

It is recommended that the Registered Provider consider implementing increased oversight during extreme weather events to ensure that the temperatures in this clinical area are consistently maintained within safe limits for the storage of medicines.

The Regulation Officer identified that record keeping in relation to maximum and minimum temperatures of medication storage fridges was not being completed correctly. The fridges were not consistently reset on a daily basis, resulting in records that were inaccurate and not reflective of temperature trends over time. As a result, these records did not provide a reliable audit trail of storage conditions, which could impact on the effectiveness of the medication being stored.

The Registered Manager acknowledged this issue and implemented an improved monitoring processes to ensure that fridge temperatures are checked and reset daily, and that records are accurate and representative. The Regulation Officer was satisfied that care staff now understand how to reset the medication fridges and that monitoring had improved.

Only staff who have completed the requisite RQF training in the administration of medication are permitted to manage medicines. Where these staff also undertake delegated tasks, they have received appropriate training from a registered nurse, and their competency is assessed on an annual basis.

The care staff training matrix was reviewed and demonstrated compliance with the home's mandatory training requirements. Records showed that staff had completed training relevant to their roles and responsibilities, supporting the safe delivery of care.

Appropriate training had been provided to staff on the safe management of oxygen within the home, with designated Oxygen Champions supporting and promoting good practice. The Regulation Officer observed that oxygen cylinders and equipment were stored safely, appropriate warning signage was displayed, and individualised care plans were in place for care receivers requiring oxygen therapy. Records also demonstrated that arrangements for the maintenance, servicing, and cleaning of oxygen equipment were being carried out appropriately, helping to ensure the safe delivery of care.

The home also identified several training priorities for the year to further enhance staff knowledge and skills. These included vital signs monitoring for senior carers, palliative and end-of-life care, procedures relating to unexpected deaths and the coroner’s process, and dementia care. This demonstrated the home's commitment to ongoing staff development and meeting the evolving needs of care receivers.

The environment of the home is consistently well maintained, with a good standard of décor observed throughout. Communal areas are welcoming, comfortable and spacious, providing a pleasant setting for care receivers. Consideration has been given to creating a dementia-friendly environment, with appropriate use of lighting, signage, flooring and colour of walls to support orientation and independence. The inclusion of local pictures, photographs and age-appropriate memorabilia promotes familiarity and contributes positively to the overall wellbeing of care receivers.

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 Regulation Officer reviewed the Statement of Purpose and found it to be clear and reflective of the service provided, demonstrating that the home is appropriately designed to meet the needs of older adults requiring residential and nursing care, with effective arrangements in place to deliver person-centred care in line with the Commission's Standards.

When the home receives a new referral, an initial assessment is undertaken in all cases to determine whether the service can meet the individual's needs. This assessment is informed by information from relevant professionals where applicable. All care receivers and their families are provided with an information booklet that offers a comprehensive overview of the home, including its environment, facilities, activities, care services and ethos of care delivery. This information supports the initial assessment process and enables individuals and their families to make informed decisions about whether the home can meet their individual needs.

The management of care receivers subject to a Significant Restriction on Liberty was found to be well managed, with robust record-keeping systems in place to ensure compliance with reassessment requirements for individuals who lack capacity.

The Registered Manager reported that they will reach out for advice to the capacity team when required. Information relating to Lasting Powers of Attorney and delegates was readily accessible, regularly reviewed and consistently documented within care records.

The Regulation Officer conducted enquiries regarding provision for those care receivers with communication needs, such as hearing or vision loss. Communication aids were in place such as whiteboards, written information and specialist audio equipment, which amplifies sounds.

The Regulation Officer found that care receivers' nutritional needs were assessed and monitored through the effective use of recognised screening tools. Where swallowing difficulties had been identified, the home utilised the International Dysphagia Diet Standardisation Initiative framework to ensure that care receivers received food and fluids of the appropriate texture and consistency, thereby reducing the risk of choking, aspiration and malnutrition. These assessed needs and associated interventions were clearly documented within person-centred care plans, providing staff with the guidance required to deliver safe and effective care.

The home has a dedicated Activity Co-ordinator who provides a varied programme of activities and events to promote the social wellbeing of care receivers. Discussions with the Activity Co-ordinator and through records sampled by the Regulation Officer evidenced a wide range of opportunities available to care receivers, including themed events, visiting entertainers, arts and crafts, games, exercise sessions, cultural celebrations, and religious services. Community-based activities were also organised once or twice each week, including visits to local garden centres, Acorn café, places of interest, and special outings such as Wetwheels trips. This demonstrated that care receivers were provided with regular opportunities for social engagement, recreation, and participation in the local community.

Communication between shifts was well organised, with clear handover processes in place to ensure continuity of care between day and night staff included the sharing of key information and the allocation of responsibilities for the upcoming shift. Daily flash meetings were also held between the Registered Manager and the senior team, providing an opportunity to discuss care receivers' current needs, changes in health and wellbeing, and any concerns or complaints raised. Matters relating to health and safety and the safe delivery of care were also routinely reviewed at this meeting. Records of these meetings were detailed and demonstrated active oversight by the Registered Manager, who provided direction, guidance, and follow-up actions where required.

The Regulation Officer reviewed the home's arrangements for collaborative working with external healthcare professionals and specialist services. Evidence demonstrated that care receivers had access to a range of specialist support, including end-of-life care, pressure ulcer prevention and management, diabetes care, hearing services, speech and language therapy, and oxygen therapy. The Registered Manager also ensured that staff received appropriate guidance and training to support the delivery of specialist care where required. Regular visits from a dedicated dental practitioner promoted good oral health, while other healthcare professionals, including chiropodists and physiotherapists, provided ongoing assessment and treatment to support the health, wellbeing, and independence of care receivers.

One professional commented:

This is a lovely home, and the residents are well-looked after in my opinion. Staff are welcoming and accommodating and always have the resident ready for my visit. If I needed a home, I would easily choose this one.

Additional feedback from professionals:

"This home is brilliant and one of the better ones I visit."

"The care staff know there residents. I can ask them anything and they will know the answer. I have no concerns and the communication with staff is always excellent."

Is the service caring?

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

The Regulation Officer observed care delivery across both the residential and nursing units. Care staff interacted positively with care receivers and demonstrated a good understanding of their individual needs and preferences. Care was delivered in a respectful, person-centred manner, with dignity, privacy, and independence was promoted. Nursing and care staff worked effectively together to meet assessed needs, and care receivers appeared comfortable, well supported, and at ease within the home.

One care receiver commented:

The staff are marvellous, it is lovely living here and I would not want to live anywhere else.

The Regulation Officer noted that all care receivers' records sampled contained a completed 'This is Me' profile, providing staff with person-centred information to support the delivery of care that reflects each individual's preferences, life history and assessed needs. Records demonstrated that comprehensive person-centred risk assessments and care plans were in place for care receivers and these were reviewed monthly, or more frequently where needs changed.

One relative commented:

My Xxx used to be more mobile, so it has been hard for Xxx to get out on community visits. However, recently We got a new wheelchair, which is has improved things.

Key health information, including advance care planning decisions, allergies, falls risks and capacity considerations, were clearly documented. Care plans provided detailed and task-specific guidance to support the safe and consistent delivery of care. In addition, monitoring tools, including repositioning charts, fluid intake records and weight management assessments, were effectively maintained to ensure care remained responsive to changing needs.

The Regulation Officer found that choice, control, and consent were actively promoted within the home. Care receivers were supported to make decisions about their daily routines, meals, activities, and involvement in community and fundraising events. Food menus promoted choice, with alternative meal options available at request to meet individual preferences. Participation in activities was based on personal choice. Consent was sought and recorded for care interventions, including night-time checks, vaccinations and other matters such as photographs and data privacy. These arrangements demonstrated that care receivers were supported to maintain independence, exercise choice, and remain central to decisions affecting their lives.

The Regulation Officer found that a range of feedback mechanisms were available to care receivers and their relatives. Regular residents' meetings and food consultation meetings provided opportunities to share views and make suggestions about the service. The home's 'You Said – We Did' approach demonstrated that feedback was listened to and resulted in changes and improvements, supporting meaningful involvement for care receivers and relatives in the running of the home. The Registered Manager reported that they have suggestions boxes on each floor and they are very much front of house, physically in terms of the office being next to the main entrance and making themselves available to speak with relatives and care receivers as they enter and leave the building.

The Regulation Officer examined the skills, knowledge, and training of staff in meeting the individual needs of care receivers. Evidence showed that staff had received appropriate specialist training in areas such as diabetes management, oxygen therapy, and palliative and end-of-life care. The home had identified champions in these areas who worked closely with specialist nurses, GPs, and other healthcare professionals to promote best practice. The home was also working within the Gold Standards Framework (GSF), demonstrating a whole-team approach to delivering high-quality end-of-life care. Records confirmed that staff had completed competency assessments for delegated tasks, providing assurance that care receivers' individual needs were being met by suitably trained and competent staff.

Additional feedback from care receivers:

"Sometimes I could do with getting my personal support earlier in the morning, but I understand this is not always possible." The Regulation Officer discussed these comments with the Registered Manager who agreed to look into the matter.

"The staff are amazing, so attentive and nothing is too much bother."

"I wish staff would sometimes just wait until I have finished my sentence. I get a mixed experience in terms of my personal care, but I have no complaints." The Regulation Officer updated the Registered Manager with these comments, which prompted a review of care delivery.

"The staff are so lovely. If I need them, they cannot do enough for me. The food is always good, however if I want something else like beans on toast I can have it."

"The home is a great place to live. The staff are always there if I want them."

"I cannot fault the care staff. They are fabulous, kind and respectful and I want for nothing. One negative is air-conditioning or the lack of it."

Additional feedback from relatives:

"My Xxx is cared for very well and I visit the home every day."

"My Xxx gets good care, and they would say so if this was not the case or something was wrong. I have seen nothing of concern, on the contrary my Xxx is treated with dignity and respect."

"My Xxx moved here a few months ago and the home is a lovely place. However, it is very hot and there is a lack of fans." The Regulation Officer reported these comments to the Registered Manager who confirmed more fans had been ordered and were to be delivered soon.

"I visit Xxx at least three times per week. I can honestly say this is the very best home you can imagine. The staff are fabulous, always happy and cannot do enough for you. It is very much like a large family in this home."

"The home is lovely and the staff are kind. However, my Xxx hydration needs are not always met in my opinion. It takes time to support Xxx and staff do not always have the time to offer this support. I am worried about the heat and Xxx getting a urinary tract infection." The Regulation Officer ensured that these comments were fed back to the Registered Manager, who provided context to the situation.

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 Business Plan provided a review of the home's performance and achievements over the previous year, including progress against identified objectives. It also set out the key priorities and areas for development for the coming year, demonstrating a structured approach to service planning and continuous improvement.

The Business Continuity Plan outlined the arrangements in place to maintain the safe operation of the home during periods of disruption. This included contingency measures for reduced staffing levels, such as staff illness, as well as plans to manage events that could interrupt the safe running of the service, including the loss of essential utilities or other critical services. The plan provided a framework to help ensure continuity of care and minimise the impact of unforeseen circumstances on care receivers.

The Regulation Officer sampled several key policies and found that these had been reviewed and updated during 2026. Policies now appropriately reference relevant local and national legislation, regulatory requirements, and recognised best practice guidance. The policies reviewed were comprehensive, up to date, and met the relevant standards, providing staff with clear guidance to support safe and effective care delivery.

The Regulation Officer reviewed the Anti-Discrimination, Equality, Diversity and Inclusion Policy and found it to be consistent with the Commission's Standards and relevant legislation. The policy clearly promotes equality, diversity, inclusion, dignity, and respect, and supports the delivery of person-centred care. It sets out clear responsibilities and expectations for staff, alongside governance arrangements designed to ensure the policy is effectively implemented and monitored.

Quality assurance processes within the home were well established and comprehensive, with 18 separate audit activities undertaken at varying frequencies throughout the year. The Regulation Officer noted that compliance levels were consistently high, regularly exceeding 90%. In addition, weekly medication audits were completed routinely to provide ongoing assurance regarding medicines management. Where significant areas of non-compliance were identified, action plans were developed, implemented, and monitored to support continuous improvement and ensure that identified issues were addressed in a timely manner.

Monthly quality assurance reports were completed to a high standard and provided effective oversight of the service. These reports incorporated real-time feedback gathered from care receivers, relatives, staff, and external professionals, enabling the management team to monitor performance, identify areas for development, and respond proactively to emerging issues.

The home places a strong emphasis on creating a culture in which staff feel able and encouraged to speak up. The Whistleblowing Policy is introduced and discussed on the first day of induction for all new staff, reinforcing the importance of raising concerns and promoting openness and transparency.

The home demonstrated a strong commitment to staff wellbeing and engagement through a range of recognition and support initiatives, including an Employee of the Month scheme, wellbeing activities, team-building events, staff feedback opportunities, quarterly staff meetings, and performance bonuses. Supervision arrangements were compliant with the Standards and effective, with staff having access to both individual and group supervision. Annual appraisals were routinely completed and evidenced effective staff engagement, with clear objective setting, and consideration of ongoing learning and development needs.

Overall, the management team were effective in ensuring the safe operation of the home, providing strong support to staff and maintaining a clear focus on the needs and wellbeing of care receivers. The Regulation Officer also observed a genuinely warm and welcoming approach from the management team, contributing to a positive atmosphere for visitors, care receivers, and staff alike.

One staff member commented:

I love working here. The care staff are fantastic, and we are supportive of each other. I have not noticed any difference in the management approach since the new Registered Manager started, albeit they were the deputy manager before.

Additional feedback from care staff:

"I get great support from the management team, and Les Charrieres is a great place to work. The transition to the new Registered Manager has been extremely smooth."

"My job is to put a smile on the face of everybody I provide care for."

"We make sure we all work across floors to ensure we get to know all the residents, but also to mix up the work where there are more dependency needs of care receivers."

"I feel I am part of a team who are all pulling together in the same direction."

"The Registered Manager is very supportive to staff."

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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