INSPECTION REPORT

HCS 102

Care Home Service

The Office of the Minister of Health
Government of Jersey
Union Street
St Helier
JE2 3DN

Inspection Date
8 July 2026

Date Published
20 August 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 HCS 102. The care home is operated by the Office of the Minster of Health and there is a registered manager in place.

Registration Details	Detail
Type of regulated activity	Care Home
Mandatory Conditions of Registration	
Categories of care	Learning disability; autism
Maximum number of care receivers	one
Age range of care receivers	18 and above
Maximum number of care receivers that can be accommodated in each room	one
Discretionary Condition of Registration	
The Registered Manager must complete Level 5 in Leadership in Health and Social Care by 17 January 2027.	

As part of the inspection process, the Regulation Officer evaluated the home's compliance with the mandatory conditions and discretionary condition of registration required under the Law. The Regulation Officer concluded that all mandatory conditions are met. The Registered Manager confirmed they were on track to complete the Level 5 in Leadership in Health and Social Care within the required timeframe.

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 inspection visit. This was to avoid disturbance to the care receiver's routine and ensure that the Registered Manager would be available during the visit.

Inspection information	Detail
Date and time of this inspection	8 July 2026 09:20 – 16:15
Number of areas for improvement from this inspection	one
Number of care receivers accommodated on the day of the inspection	one
Date of previous inspection	1 May 2025
Areas for improvement noted at the last inspection	two
Link to the previous inspection report	RPT_102HCS_Inspection_20250501.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 one of the improvements had been made. This means that there was evidence that organisational policies had been updated to meet the Standards. Therefore, this is no longer an area for improvement.

Also, a draft written agreement template had been devised, and the Registered Manager was considering amendments to the template. However, as there is no written agreement in place further work is required to achieve this. This remains an area for improvement.

4.2 Observations and overall findings from this inspection

The inspection found this to be a well-led home with a supported staff team. The governance and management structure reflects the size and complexity of the home, and there are clear lines of accountability from care staff to senior staff in the wider Learning Disability Team. There was a system in place to report monthly on the quality of care provided and there was evidence of a learning culture.

Care and support in the home, and activities outside the home, were meticulously planned and undertaken to meet the care receiver's needs and holistically enhance their quality of life. Staff demonstrated an in-depth knowledge of the care receiver's needs and had a compassionate and professional approach. Food and activity choices were provided that fitted with their documented likes and dislikes and were presented to meet their communication style.

The Regulation Officer received positive feedback from the care receiver's representative and two professionals external to the home.

The professionals praised staff's effective and responsive practices and their empathic and compassionate approach.

There were sufficient appropriately qualified, trained, and supported staff available to meet the care receivers' needs safely and effectively. There were human resource policies in place to support safe recruitment, and fire safety practices were evident.

The requirement for a written agreement remains an area for improvement.

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 the inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection reports and the Statement of Purpose.

It was not appropriate for the Regulation Officer to gather feedback from the care receiver. Feedback was gained from their representative. The Regulation Officer also had discussions with the service's manager and staff. In addition, feedback was provided by two professionals external to the service.

As part of the inspection process, documents including policies, care records, incident reports and training records, were examined.

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager. This was followed up with written feedback by email on 15 July 2026 which provided an overview of the inspection findings and confirmed the remaining area for improvement.

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

This report presents the findings from the inspection and outlines the range of observations made. The report highlights any areas of good practice identified, along with suggestions where practice could be strengthened or further enhanced. Where a specific improvement is required, it is 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**
Policies and procedures	Whistleblowing, Grievance, Freedom to Speak Up Safe Recruitment and Medication Policies
Written agreement	A draft written agreement template
Key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Staff training matrix Staff rotas Medication Administration Charts Care records Reporting systems Observations from walking around the environment. Fire certificate, log, equipment and evaluation plans Discussion with the Registered Manager and staff Observing staff handover.
Is the service effective and responsive	Review of homes' van Care records Notifications to the Commission Feedback Reporting system Discussion with the Registered Manager and staff
Is the service caring	Observing staff handover Care records including assessments, care plans, risk assessments, and daily care records Feedback Observation of care and support Communication board
Is the service well-led	Whistleblowing, Grievance, Freedom to Speak Up Safe Recruitment and Medication and Policies Staff files Appraisal and supervision records Monthly Provider Reports Staff meeting minutes Discussion with the Registered Manager and staff

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The home has nine care staff. Staff have achieved either a Level 3 or Level 2 Regulation Qualification Framework (RQF) award. There are always two care staff on shift, and shift patterns enable time for handover. Additional support is available from the Registered Manager who is based in the home and from a nurse within the wider Learning Disability Team, who is available on call via telephone to provide advice and guidance. Training has been undertaken in a wide range of topics, including topics specific to the care receiver's needs and health conditions. Training schedules were up to date.

Staff qualifications, staffing levels, shift patterns, the on-call system and training promote safe practice. Therefore, the Regulation Officer was satisfied there were sufficiently appropriately qualified, trained and supported staff available to meet the care receiver's needs safely and effectively.

Medication management was reviewed. Medication Administration Records (MARs) were cross-referenced with care records and were accurate in all areas except the recorded General Practitioner details. The Registered Manager was aware of this issue and confirmed that they had liaised with the pharmacy to update the information.

No regular medications are prescribed. Where a short course of medications was needed, care records clearly demonstrated assessments, medication prescribing and administration. It was also positive to note that the home had a protocol for considering the administration of 'when required' (PRN) medications. There were records that demonstrated this was followed and aligned with the MAR, though on one occasion this was not clearly recorded. In addition, post administration assessments to measure the impact of the medication were not routinely documented.

It was reported that all staff administrating medications have undertaken Level 3 RQF medication training. While evidence of the qualification was not available at the time of inspection, records confirmed that staff had undertaken annual competency assessments.

Initial medication counts are completed by a nurse from the Learning Disability team. Arrangements for ongoing stock counts were unclear at the time of inspection; however, this has since been reviewed and a regular audit process implemented. Nurses also provide support with decision making related to PRN medication administration, offering an additional level of oversight.

The Registered Manager acknowledged that some work was required to strengthen medication management practices and provided evidence of a proactive approach to improvement. Therefore, the Regulation Officer was satisfied that the current practices were acceptable, and that actions were in place to continue to review and further strengthen practices regarding stock checks, record-keeping, and retention of evidence of Level 3 medication training.

There was an in-date Fire certificate from the Jersey Fire and Rescue Service. The fire plan showed the locations of smoke and heat alarms and fire extinguishers. There was evidence of weekly alarm testing and that a fire extinguisher had undergone a recent check. There was a personal emergency evacuation emergency plan which staff were able to clearly describe and there was evidence that fire training had been undertaken and updates booked.

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 home has a vehicle that is designed specifically to meet the needs of the care receiver. This enables the care receiver to access activities outside the home. There was evidence of how these activities are meticulously planned and undertaken to meet the care receiver's needs and holistically enhance their quality of life. The team had liaised with staff from community services to enable this. This was an area of good practice.

The effective and responsive practices of the team were highlighted by a professional external to the home. They stated:

"They [the staff team] have a thorough understanding of the individual's highly complex needs and tailor support around their preferences, routines, and communication style." They gave an example of this, stating that the shift patterns had been adjusted to better meet the care receiver's needs.

The professional further praised the staff's approach by stating, *"Staff consistently show warmth, patience, and respect, and are committed to promoting the individual's wellbeing and quality of life."*

The Registered Manager explained that the Provider leases the home from a private owner. The majority of maintenance is the responsibility of the Provider, which is managed by a third party. There was evidence of a system to report issues, and examples, of these being responded to in a timely manner. This met the Standards.

The team expressed a longer-term aim for a purpose-built property. It was explained to the Regulation Officer that this may further enhance safety and, if owned directly by the Provider, would offer reassurance that there would not be a need to find a new home in the future.

However, the team explained that the property is acceptable at present, supporting the care receiver's needs, and that they are able to thrive there.

Is the service caring?

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

The Regulation Officer observed staff handover. Events of the previous 24 hours were described. The team discussed a possible change in the care receiver's likes and dislikes and the impact this may have on their wellbeing and support needs. Staff demonstrated an in-depth knowledge of the care receiver's needs, alongside a compassionate and professional approach to managing the situation. This included forward planning to address any consequences arising from the change. The discussion was open and collaborative, with each staff member given the opportunity to contribute. The language used was throughout professional, and the care receiver's needs remained central to the discussion at all times.

Care records detailed appropriate demographics and health information. There was a 'What You Need to Know About Me' document, care plans, risk assessments, and positive behaviour support plans. There was a 'How to Respond to an Emergency' document which highlighted actions to be undertaken and actions to avoid, to maintain safety. There was evidence of assessments undertaken by health and social care professionals external to the home. It was positive to see that these included annual health checks.

Central to the records was how care and support were planned and delivered to meet the care receiver's communication needs. The records demonstrated the person-centred approach observed in handover.

There was evidence that food and activity choices were provided and that these fitted with the care receiver's documented likes and dislikes and were presented to meet their communication style.

Additionally, it was positive to note that the principles underpinning care and support, set out in the Statement of Purpose, were reflected in care planning, delivery, and communication with the care receiver.

Furthermore, this approach was also highlighted in the feedback provided to the Regulation Officer.

Feedback from the care receiver's representative noted that their loved one was always clean and tidy and highlighted that the team support their visits.

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 Statement of Purpose was reviewed. It aligned with the home's conditions of registration. Minor amendments were required to fully reflect the service delivery. The Registered Manager addressed these promptly and resubmitted the document.

The governance and management structure reflects the size and complexity of the home. There is oversight of the home from the Service Lead and Team Leader of the Learning Disability Service, and clear lines of accountability from care and support staff to senior service managers.

There is an established and accessible reporting system. Incidents are reported through the organisation's electronic portal and are viewed by the Team Leader, who assigns them to the Registered Manager for review.

There was evidence of learning from incidents. An incident reported earlier this year had been reviewed by the Registered Manager and subsequently openly discussed with the staff team, and the review was linked to the Positive Behavioural Support Plan in the care receiver's care records. This demonstrated a learning culture.

There is a system in place to report monthly on the quality of care provided and compliance with registration requirements, Standards, and Regulations. The monthly reviews and subsequent reports sampled by the Regulation Officer were undertaken by an appropriate individual. The reports were provided to the Registered Manager in a timely manner, who signed to acknowledge that they had read them and were satisfied with the details and content. The Commission template was used, and there was comprehensive information in each section, with clear links between each report and the follow-up actions that were reviewed.

There is an established appraisal and supervision system. The Registered Manager expressed that they felt supported by their Team Leader. All care staff spoke positively about the support the Registered Manager provides to them and about the support and collaborative working they experience with peers.

Staff said:

The Regulation Officer was informed that there is a stable staff team, there are no job vacancies and no staff have been recruited since the last inspection. As there were no new staff files through which recruitment practices could be reviewed, the Regulation Officer reviewed four policies relating to human resources. All had been updated within the past 18 months. The documents were comprehensive, with terminology defined and principles and practical guidance detailed. The practices described aligned with the Standards.

Furthermore, the policies could be easily accessed by staff and there were processes in place to communicate updates and reinforce key changes to the staff team.

Overall, the Regulation Officer was satisfied the home is a well-led home and staff are supported.

IMPROVEMENT PLAN

There was one area for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

Area for Improvement 1 **Ref:** Standard 2.3, Regulation 8 **To be completed:** by 08/10/2026	The Registered Provider will ensure there is a written agreement which states how the service will be provided to meet the needs of the person receiving care. **Response by the Registered Provider:** The Registered Provider will introduce a clear written agreement outlining how the service will meet each person's assessed needs. The agreement records care arrangements, capacity and best-interest considerations, involvement of relatives or representatives, funding arrangements, review processes, and the provision of key information about the service. It also includes a dedicated compliance section to evidence that individuals and/or their representatives have received information in an accessible format and understand the care being provided.

To ensure there is clear evidence that the required improvement has been made, the Provider must submit written confirmation to the Commission when the areas of improvement have been achieved.

This action will be used to 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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