Jersey Care Commission

INSPECTION REPORT

Highlands Care Home

Care Home

La Rue du Froid Vent
St Saviour
JE2 7LJ

Inspection Dates
1, 2 and 23 July 2026

Date Published
8 September 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 Highlands Care Home. The Care Home is operated by Bon Air Nursing Home (2019) Limited and there is a registered manager in place.

Registration Details	Detail
Type of regulated activity	Care Home
Mandatory Conditions of Registration	
Categories of care	Adult 60+, Physical Disability and/or Sensory Impairment, Learning Disability, Autism and Mental Health.
Maximum number of care receivers	50
Age range of care receivers	18 years and above
Maximum number of care receivers that can be accommodated in each room	Highlands Apartments 1, 2, 3, 4a, 4b, 5, 6a, 6b, 7, 8, 9, 10a, 10b, 11, 12, 13,14a, 14b, 15, 16, 17a, 17b, 18a, 18b, 19, 20a, 20b, 21a, 21b - One person Bon Air Court Apartments 1 – 18 - One person Girasoli Bedrooms 1, 2 and 3 – One person
Discretionary Conditions of Registration	
The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care Module by 12 September 2028.	
Additional information	

The Statement of Purpose was reviewed prior to the inspection, and several areas were identified that required updating. An updated Statement of Purpose was subsequently submitted following the inspection visits.

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 officers concluded that all requirements have been met.

3. ABOUT THE INSPECTION

3.1 Inspection Details

The first inspection visit was unannounced. Unannounced inspections provide regulation officers with the opportunity to observe the service operating under normal day-to-day conditions and to assess ongoing compliance with regulatory requirements. The second visit was announced and focused on reviewing care records and documentation, as well as obtaining additional feedback from staff. A third visit on 23 July 2026 was prompted following information received by the Commission within the inspection timeframe which warranted further follow up.

Two regulation officers were present for all visits. References to who gathered the information during the inspection may change between 'the Regulation Officer' and 'regulation officers.' The Registered Manager was available during the first two visits.

Inspection information	Detail
Dates and times of this inspection	1 and 2, 23 July 2026 07:30-15:34, 10:56-16:36 and 12:22-13:17
Number of areas for improvement from this inspection	Seven
Number of care receivers accommodated on the day of the inspection	49 – Day 1 50 – Day 2 50 – Day 3
Date of previous inspection	3 and 5 December 2025

Areas for improvement noted at the last inspection	Two
Link to the previous inspection report	RPT_HGH_Inspection_20251205.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**
- **Training and workforce development**

Although training is considered throughout several of the inspection domains, it became evident during the inspection that this area required additional scrutiny. As a result, a more detailed review of staff training, qualifications and competency arrangements was undertaken. The findings of this review are set out under the heading of Training and Workforce Development.

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 concerning to note that insufficient progress had been made in addressing one of the identified areas for improvement.

As a result, the Registered Provider has not met the Standard requiring that at least 50 per cent of care/support workers on duty at any one time who do not hold a relevant professional qualification should have completed a Regulated Qualification Framework (RQF) Level 2 Diploma in Health and Social Care. Furthermore, there is currently no clear plan in place to achieve compliance with this requirement.

In addition, the inspection identified that a number of care/support workers occupying supervisory or senior positions did not hold the required qualifications. These roles require staff to be either registered health or social care professionals or to have completed a relevant Level 2 RQF Diploma and have completed, or be working towards, a relevant Level 3 RQF qualification.

The Commission took the decision to write to the Registered Provider in advance of the inspection report being issued, to ensure that prompt action is taken to address these matters. This will, therefore, remain an area for improvement and will be discussed in more detail within the main body of the report.

While insufficient progress had been made in relation to the first area for improvement, the second area for improvement, concerning the need for policies and procedures to reflect local (Jersey) legislation, had been fully addressed and was considered met.

4.2 Observations and overall findings from this inspection

On arrival at the home, the regulation officers observed a calm and well-organised atmosphere, despite the first visit being unannounced. The environment was clean, and free from odours. Care receivers spoke positively about the service and said that they enjoyed living there.

It was noted during the inspection that sections of the external perimeter fencing had fallen, resulting in an unclear boundary around parts of the home. Consequently, this has been identified as an area requiring improvement. It is positive to note that the Registered Provider took prompt action to address this issue following a discussion during the inspection.

Feedback from care receivers and their representatives was generally positive regarding the care and support provided. However, both care receivers and relatives commented that they missed having access to the service's minibus for activities and outings. This has been identified as an area for improvement arising from this inspection.

Staff described the Registered Manager as supportive and highlighted a positive team culture, with colleagues working collaboratively and providing mutual support. However, the inspection identified weaknesses in the Provider's quality assurance and governance arrangements. Although there was evidence of regular contact between the Registered Manager and Regional Manager, the quality monitoring reports and audits had not identified or addressed a number of the issues found during the inspection. This indicates that existing oversight arrangements were not always effective in identifying areas requiring improvement.

Inspection evidence demonstrated that staff had access to mandatory training. However, improvements were required in relation to training specific to the specialist care provided by the service and its registered categories of care. This finding contributed to an area for improvement, which is discussed in more detail later in the report.

In addition to the specialist training requirements, the inspection identified that improvements were needed in relation to medication training and staff competency assessments. This has been identified as an area for improvement under medication management.

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 report, the Statement of Purpose, and notification of incidents.

The regulation officers gathered feedback from eight care receivers and five of their representatives. They also had discussions with the service's management and seven other staff members. In addition, feedback was sought from four health professionals external to the service. At the time of writing this report, no responses had been received from these professionals.

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

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and confirmed the identified areas for improvement by email on 9 July 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.

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

5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	**Evidence Reviewed**
Policies	Staffing Policy Recruitment & Selection Policy Medication Policy Health & Safety and Statement of Intent Policy
Staff qualifications	List of staff, position and qualifications Staff rota Training matrix Training certificates Staffing policy
Key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Tour of the internal and external environment of the home Feedback from staff, care receivers and relatives Maintenance records, fire records and temperature checks Recruitment files Electronic Medication Administration Record (eMAR) When required (PRN) medication records
Is the service effective and responsive	Weekly activity schedule Feedback from care receivers, staff and relatives Observation in the dining room Menus Kitchen records Website
Is the service caring	Care plans Feedback from staff, care receivers and relatives Staff handover
Is the service well-led	Monthly reports Audit and quality assurance processes Staff supervision and appraisal records Staff rota Dependency tool Feedback from staff, relatives and care receivers

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The home's internal and external environment was reviewed as part of the inspection. The internal premises were found to be clean and generally well maintained, although some areas of paintwork and carpeting showed signs of general wear and tear. The staff room and kitchen facilities located in the basement of the home appeared to need refurbishment. However, staff spoken to during the inspection advised that they did not routinely use these facilities. The regulation officers discussed this with the Registered Manager and suggested that consideration be given to undertaking a staff survey to better understand the reasons for their limited use and to identify any improvements or facilities that staff would value.

As noted previously, sections of the fencing around the external perimeter of the home had fallen. This reduced the security of the outdoor environment and made the grounds more accessible from outside the home. A clearly defined and secure perimeter is important in supporting the safety and wellbeing of care receivers, particularly those who may be vulnerable.

The Registered Manager was advised that this would be identified as an area for improvement arising from the inspection. It is encouraging to note that prompt action was taken to address the issue after it was highlighted during the inspection. In addition, the Registered Manager has escalated to senior management the option of introducing further security measures, including CCTV monitoring, to enhance the safety and security of the home's external environment.

The regulation officers met with the maintenance person during the inspection and were assured that appropriate maintenance checks for the home were being completed and documented. Associated records were clear and well organised, demonstrating effective oversight and monitoring of maintenance activities, including fire checks and drills.

These robust arrangements represent good practice and provide assurance that the home's environment and safety systems are subject to effective monitoring and maintenance.

Environmental checks identified that the kitchen freezers had been consistently recording temperatures above the expected range, despite the recent heatwave having ended. It is recommended that these units are checked to ensure they are operating effectively and maintaining appropriate temperatures.

Only two staff members had been recruited since the last inspection and, as such, their recruitment files were reviewed by the regulation officers. It was identified that one member of staff had commenced employment using a Disclosure and Barring Service (DBS) check dated 2024. The service understood that the individual was subscribed to the DBS Update Service; however, when requested, it was unable to provide evidence to support this. The home was therefore advised to obtain a new DBS check to ensure the appropriate recruitment assurances were in place. It is positive to note that this action was taken immediately, and confirmation was provided to the Regulation Officers.

The inspection also identified that the employment contract issued to staff was UK-focused and included reference to a pension scheme that is not available to employees in Jersey. In addition, interview notes for one member of staff could not be located when requested. It is recommended that the Registered Manager reviews recruitment documentation and record-keeping processes to ensure they are complete, accurate and aligned with local employment arrangements and best practice. Progress against this recommendation will be reviewed at the next inspection.

Medication management was reviewed as part of the inspection. The Registered Manager advised the regulation officers that the air conditioning unit within the medication room had broken down during the previous week but had since been repaired and was fully operational. A new fridge was also on order.

The home uses an electronic Medication Administration Record (eMAR) system known as ATLAS. The system uses a colour-coded alert system to support the safe administration of medication.

For example, medications that are due to be administered are highlighted in red. The Deputy Manager explained that the system provides immediate alerts to staff, reducing the risk of missed doses.

The regulation officers also observed that medications were stored in their original packaging, supporting safe medication management.

When required (PRN) medication management was discussed during the inspection, it was noted that PRN protocols were not available within the eMAR system. As a result, staff were required to either access care plans on mobile devices or leave the treatment room to view the information on a larger screen elsewhere in the home. The regulation officers discussed the importance of ensuring that PRN protocols are readily accessible at the point of medication administration to support safe and consistent practice. The Deputy Manager advised that an improvement could be made by printing the PRN protocols and storing them in a folder alongside the medication trolley, making them immediately available to staff when required.

Two care receivers were self-administering their medication, and appropriate risk assessments were in place for both individuals.

The inspection identified several other areas where medication management arrangements could be strengthened. These included:

- Care receivers' photographs on the ATLAS system had not been updated since 2023.
- Running balances were not being maintained for medications.
- Some medication bottles did not have opening dates recorded.
- There was no evidence that daily fridge and treatment room temperature checks had been completed since December 2025.
- A sharps bin was being stored inappropriately on the floor of the treatment room and was open, containing contents, and not labelled correctly.
- Urine testing strips were found to be out of date.

Consequently, medication management has been identified as an area for improvement arising from this inspection.

In addition, the inspection identified a need to strengthen medication training and staff competency assessments. These matters are discussed in more detail within the training section of this report.

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 employed a full-time Activity Co-ordinator, who explained that a weekly programme of activities was in place for care receivers. While some activities varied from week to week, a few regular activities were scheduled on set days. For example, Wednesdays were typically reserved for outings, and bingo sessions were held on Fridays.

The Regulation Officer spent a short period of time in the activities room, where two care receivers were participating in arts and crafts. Both individuals spoke positively about the activities provided and expressed enjoyment in taking part. They also spoke with pride about the effort made by the home to decorate for special occasions, such as Christmas and Halloween. The Activity Co-ordinator shared photographs of these decorations, which demonstrated the home's commitment to creating a welcoming and engaging environment for care receivers.

Feedback regarding activities was generally positive. However, some care receivers and their representatives commented that there could be a wider range of activities available for younger care receivers living at the home.

The Activity Co-ordinator explained that the service operates a "Resident of the Day" initiative, through which care receivers are encouraged to identify activities or outings they would like to participate in, and efforts are made to facilitate these wherever possible. Examples provided included trips to the cinema, crazy golf, shopping excursions and MENCAP discos.

Staff, care receivers and relatives also reported that they missed having access to a minibus for outings. While alternative transport could be arranged through local taxi services, wheelchair-accessible vehicles were not always readily available. This had reduced opportunities for care receivers to participate in community activities and social outings.

Consequently, the availability of suitable transport has been identified as an area for improvement arising from this inspection. It is positive to note that, prior to the conclusion of the inspection process, the Registered Provider had sourced a suitable vehicle to support future outings and community engagement opportunities.

During the first inspection visit, the regulation officers spent time in the dining room over the lunchtime period. They observed care receivers interacting positively with one another and receiving support from staff where required. The atmosphere was calm and relaxed, and staff were attentive to the needs of care receivers.

Feedback regarding the meals provided was very positive, with care receivers commenting favourably on both the quality of the food and the range of choices available. It was discussed that choice at mealtimes could be further enhanced by using a pictorial menu, helping care receivers to better understand the options available and make informed choices about their meals.

Care receivers are assessed prior to admission to the home, with assessments undertaken by either the Registered Manager or Deputy Manager using a pre-admission assessment tool. Prospective care receivers are also invited to visit the home, meet existing care receivers and join them for lunch, providing an opportunity to experience the environment and determine whether the service is suitable for their needs.

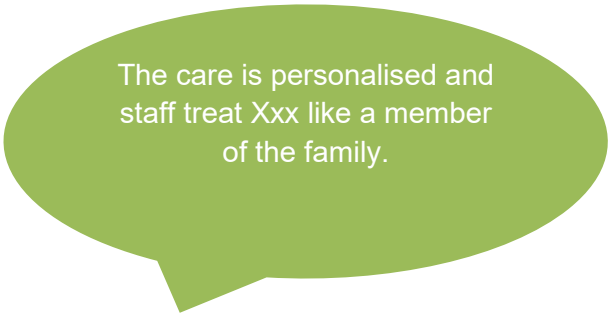
Information regarding the home's private fees is available on its website. Alternatively, some care receivers may receive funding through the Long-Term Care Scheme.

The Registered Manager explained the arrangements in place to support care receivers in accessing their personal allowance. Although this was not reviewed in detail during this inspection, it is recommended that the service continues to explore opportunities to increase the use of personal delegates, where appropriate, to promote independence, choice and control in relation to care receivers' financial affairs.

Is the service caring?

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

Feedback from care receivers and their relatives was generally positive, with many commenting on the kindness of staff and the quality of care provided. One respondent suggested that additional staff presence at mealtimes would be beneficial. Relatives praised the personalised approach to care and the communication they received following incidents.



The regulation officers reviewed a sample of five care plans. Overall, the plans were detailed, written in the first person and covered all aspects of daily living, including care needs, activities and opportunities for social engagement.

A small number of inconsistencies were identified within one care plan, where some information had not been updated despite evidence that monthly reviews had taken place. This was discussed with the Registered Manager, and it was considered that the volume of information contained within the care plans may make it more challenging to identify and update all relevant sections during the review process.

The regulation officers also noted that it was sometimes difficult to distinguish key current information from historical or repeated content. For example, some information was duplicated across multiple sections of the care plan, where documenting it once may have been sufficient. Streamlining the content could improve accessibility for staff and help ensure that important information can be identified quickly and easily.

In addition, it was noted that some of the language used within the care plans continued to reference legislation and terminology that is not specific to Jersey. The Registered Manager was advised to review this as part of the home's ongoing quality assurance processes to ensure that documentation reflects local legislative and regulatory requirements.

The regulation officers attended the morning staff handover during the first inspection visit. At the time, 49 care receivers were living at the home; however, discussion during the handover focused on three care receivers for whom there were current concerns, together with one expected admission. The Registered Manager explained that handovers are used primarily to share information about care receivers whose needs have changed or where additional communication is required, rather than reviewing all care receivers. The regulation officers discussed whether the use of a handover sheet might further support effective communication between staff. However, a staff member demonstrated how they could access detailed handover information electronically via their phone, and it was concluded that appropriate information was available to staff when required.

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 Registered Manager reported feeling well supported by the Deputy Manager, staff team and head office. They also acknowledged a number of challenges experienced during their first year in post and spoke positively about the support available to them.

The Registered Manager advised that they receive regular support from the Regional Manager through virtual meetings and telephone contact. However, it was noted that the Regional Manager had not visited the home in person since September 2025. The monthly quality monitoring reports were being completed by the Registered Manager and subsequently discussed remotely with the Regional Manager.

While there was evidence of ongoing communication between the Registered Manager and Regional Manager, the arrangements in place did not fully meet the requirements of the Standards in relation to provider oversight and quality assurance. The Standards require the Provider to arrange for an independent representative of the service to visit the home and report monthly on the quality of care provided, and on compliance with the Regulations and Standards. Effective governance includes regular provider oversight to ensure that quality monitoring processes are robust and that any concerns are identified and addressed in a timely manner.

The regulation officers also reviewed the home's audit and quality assurance processes. Whilst these audits were detailed and evidenced that a range of checks were being completed, they were often focused on recording whether tasks had been undertaken rather than evaluating the effectiveness of the service or identifying areas requiring improvement. As a result, there was limited evidence of clear outcomes, analysis or action planning arising from the audit process. A similar theme was noted within the monthly quality monitoring reports, which contained detailed information but did not consistently demonstrate how findings were used to drive improvement or address identified issues.

Consequently, this has been identified as an area for improvement. It is reasonable to conclude that more regular independent oversight may have provided an opportunity for some of the issues identified during this inspection to be recognised and addressed at an earlier stage.

Appraisals and supervision arrangements were discussed with the Registered Manager. The inspection found that staff supervision was taking place in line with the Standards and associated records were available for review.

Annual appraisals for the current year were still outstanding; however, the Registered Manager provided assurance that these would be completed by the end of 2026, with evidence of completion being shared with the Commission.

Staffing levels were reviewed against staff rotas, which evidenced that the home was meeting the minimum staffing requirements set out in the Standards. However, the regulation officers discussed the importance of ensuring that staffing levels are determined not only by minimum requirements but also by the assessed dependency needs of care receivers and the geographical layout of the home.

At the time of the inspection, seven care receivers required support from two members of staff for certain aspects of their care and one care receiver required one-to-one support. It is therefore important that workforce planning takes account of these needs to ensure that care can be delivered safely, effectively and in a timely manner. The Registered Manager discussed that the home uses a dependency tool in conjunction with staffing rotas to assess this. There was mixed feedback from staff at inspection regarding staffing within the home. Some staff expressed that an additional staff member in the afternoon would be beneficial.

Before completion of the inspection period, the Commission received information raising immediate concerns regarding staffing levels within the home on that particular day and the potential impact on the care and support being provided to care receivers. The information received indicated that staffing levels had been affected by staff absence, placing additional pressure on the service's ability to maintain safe staffing arrangements. As a result, a third visit was undertaken by two regulation officers to gather further evidence. Based on the information available, the regulation officers were concerned that there was a risk to the safe delivery of care if the situation was not promptly addressed, particularly as both the Registered Manager and Deputy Manager were not present in the home. The Registered Provider was therefore contacted and requested to take immediate action to mitigate the concerns identified.

It is positive to note that the Provider responded promptly and took appropriate steps to stabilise the situation.

However, the visit identified that established reporting and escalation procedures had not been followed, which may have delayed management oversight and intervention.

Effective leadership and governance arrangements should ensure that significant concerns are promptly identified, appropriately escalated and addressed through the correct channels. Consequently, well-led has been identified as an area for improvement.

Training and workforce development

Registered Persons must ensure that all care/support workers complete a structured induction programme and receive statutory and mandatory training appropriate to their role.

There was evidence that staff had access to both face-to-face and online training, with much of the training provision being delivered by the service's Training and Development Lead. The regulation officers sought to meet with the trainer as part of the inspection process; however, it was not possible to arrange this within the inspection timescales.

The inspection identified instances where medication was being administered by staff who had not completed the relevant RQF medication module. In addition, some staff responsible for assessing medication competencies had not themselves completed the associated training. These findings indicate that medication training and competency assessment arrangements require strengthening to ensure staff are appropriately trained, assessed and supported to undertake their roles safely. Therefore, this has been identified as an area for improvement under medication management.

Specialist training relevant to the home's registered categories of care was reviewed in greater detail. While there was evidence of training being provided, the inspection identified gaps in specialist training that are important to the needs of the care receivers supported by the service.

Opportunities were identified to strengthen training in autism, sexual health and relationships, and MAYBO (conflict management and de-escalation training). Given the complex and diverse needs of care receivers, it is important that staff receive appropriate specialist training to ensure they have the knowledge, skills and confidence to provide safe, effective and person-centred care. Consequently, this has been identified as an area for improvement arising from the inspection.

The inspection also identified that some carers working in senior positions had not completed the qualifications and training required to undertake their roles in accordance with the Standards. As outlined earlier in this report, the Commission took the decision to write to the Provider in advance of the inspection report being issued to ensure that prompt action was taken to address this matter.

Collectively, these findings demonstrate that further work is required to strengthen training, qualifications and workforce development arrangements to ensure staff possess the knowledge, skills and competencies necessary to meet the needs of care receivers and fulfil their roles in line with the Standards. Consequently, this has been identified as an area for improvement arising from the inspection.

What care receivers said:

When asked about the home relatives said:

IMPROVEMENT PLAN

There were seven areas 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 4.5 & 8.7 Regulation 7 & 18 **To be completed:** by 23/10/2026	The Registered Provider must ensure that care receivers have access to vehicles for community-based activities. All vehicles must be fit for purpose, safe and suitable for the regulated activity. **Response by the Registered Provider:** **New minibus is on site to ensure that residents have access to community based activities. We will also continue to use taxi service for group activities if the number of residents participating in activities exceeds the number of residents allowed in the minibus to allow equality opportunities for all residents.**

Area for Improvement 2 **Ref:** Standard 9.2, 8.3 & 8.4 Regulation 10 & 18 **To be completed:** by 23/10/2026	The Registered Provider must ensure that the home environment is kept safe and secure. The fencing securing and identifying the home's perimeter needs replaced. **Response by the Registered Provider:** **The fencing securing and identifying the home's perimeter has been put in place.**

Area for Improvement 3 **Ref:** Standard 7.11, & 7.12 Regulation 14 & 17 **To be completed:** 23/01/2027	Medication will be managed in compliance with legislative requirements, professional standards and best practice guidelines, including the administration of medication by staff who have completed a Level 3 Medication Administration Module and have been assessed as competent.
	Response by the Registered Provider: **Four of our seniors who do not have level 3 qualifications are booked into Care College on the 12th of November to complete the Level 3 Medication Administration Module and competencies will be assessed as part of the module. PRN protocols have been rewritten with accurate person centred information and staff know how to access them. Clinic fridge and room temperatures have been discussed with staff and the HM will monitor twice daily completion. Opening dates will be added to all appropriate medication on the next cycle. Running stock balances will be completed and resident photos will be updated on the Atlas system. A new sharps bin is in place, dated and is stored at the correct height.**

Area for Improvement 4 **Ref:** Standard 7.3 Regulation 17 **To be completed:** 23/01/2027	The Registered Provider must ensure that care/support workers are provided with opportunities for more advanced and specialised training to meet the needs of the people they are caring for.
	Response by the Registered Provider: **Training has been adjusted with the addition of: Leadership-supervision-effective communication. Neuro Diversion-Autism-Schizophrenia awareness being added. In house training for moving and handling, First Aid, Dementia and Fire Safety to be carried out on the 14th of September for all new staff and staff whose courses require updating by our Regional Trainer.**

Area for Improvement 5 **Ref:** Standard 1.6 & 1.8 Regulation 19 **To be completed:** 23/10/2026	The Registered Provider must arrange for a representative of the service to report monthly on the quality of care provided and compliance with registration requirements, standards and regulations. In addition, there will be systems in place to monitor, audit and review the quality of care within the service.
	Response by the Registered Provider: **The Regional Manager will be visiting the home every 4 weeks with a weekly teams meeting in between visits. The Regional Manager will complete an on site report during each visit which will identify any actions required. Follow up on actions completed will be evidenced. They will also oversee the completion of any actions identified during the audits completed each month.**

Area for Improvement 6 **Ref:** Standard 6.7 Regulation 17 **To be completed:** 23/10/2026	The Registered Provider will ensure that care/support workers are suitably qualified, including: • Meeting the minimum Level 2 RQF qualification requirements for care/support workers; and • Ensuring that staff undertaking senior, supervisory, assessment and care planning responsibilities hold, or are working towards, the qualifications required for their role.
	Response by the Registered Provider: **Two senior members of staff have their names down to commence their level 3 qualifications in February 2027. Two care assistants will also commence their level 2 qualification. In August 2026 one senior member who already has level 3 and two care assistants who have their level 2 were recruited. The provider is recruiting a Deputy Manager and is hopeful of appointing a candidate who already has a level 3.**

Area for Improvement 7 **Ref:** Standard 1.1 & 1.7 Regulation 5 **To be completed:** With immediate effect.	The Registered Provider will strengthen management oversight and governance arrangements to ensure there are clear lines of accountability and effective systems for identifying, escalating and managing both emerging and existing risks within the service. **Response by the Registered Provider:** **This has been actioned and will be supported by the Regional Manager. The Regional Manager will provide oversight of the weekly Clinical Risk Meeting and monthly Operations Review.**

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

- The Provider must submit written confirmation to the Commission when the areas of improvement have been achieved

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.

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