Jersey Care Commission

INSPECTION REPORT

The Care Hub

Home Care Service

First Floor Office Suite
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Inspection Dates:
24 and 25 September 2026

Date Published
21 October 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 The Care Hub Home Care service. This Home Care service is operated by The Care Hub Jersey Limited and there is a registered manager in place.

Registration Details	Detail
Type of regulated activity	Home Care
Mandatory Conditions of Registration	
Categories of care	Adult 60+; dementia care; physical disability and/or sensory impairment; mental health; learning disability; children 0-18
Maximum number of care hours each week	2250+ per week
Maximum number of hours for nursing care	40 per week
Age range of care receivers	0 and above
Discretionary Conditions of Registration	
The registered manager must complete a Level 5 Diploma in Leadership and management in Adult Social Care Module by 5 May 2029.	
Additional information	
The Commission received an advanced application for a new registered manager on 27 February 2026, which was approved on 5 May 2026. A revised Statement of Purpose was provided to the Commission on the 20 July 2027 which reflected changes in the services provided by The Care Hub.	

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory conditions of registration and any additional discretionary conditions required under the Law. The Regulation Officer concluded that all requirements have been met. An update was provided by the Registered Manager regarding progress on the discretionary condition that provided assurance the Registered Manager had started their Level 5 Diploma.

3. ABOUT THE INSPECTION

3.1 Inspection Details

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

Inspection information	Detail
Dates and times of this inspection	24/09/2026 – 8.35am to 4.40pm 25/09/2026 – 9am to 10.40am, 12:50pm to 2.15pm & 3.10pm to 5.10pm
Number of areas for improvement from this inspection	None
Number of care hours on the week of inspection	1929
Date of previous inspection	20/11/2025, 21/11/2025, 26/11/2025 and 4/12/2025
Areas for improvement noted at the last inspection	None
Link to the previous inspection report	RPT_TCH_Inspection_20251204.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 inspection found that the service was safe, effective, responsive, caring and well led. Staffing capacity was sufficient to meet commissioned care needs, with additional resilience provided through access to bank staff.

Safe recruitment practices were consistently followed, including robust risk assessments where criminal record disclosures were identified and the routine renewal of criminal record checks.

Induction, training and competency arrangements were comprehensive, with staff either achieving or working towards relevant qualifications. Specialist training pathways demonstrated a strong commitment to workforce development for the categories of care this service is registered for and was identified as an area of good practice.

Systems for managing incidents, complaints, safeguarding concerns and medication errors were effective. The service promoted a positive learning culture, supported by root cause analysis, structured review processes and clear governance arrangements.

Innovative approaches, including the trial of a medication dispensing robot, demonstrated a commitment to improving safety and independence for care receivers.

Care delivery reflected person-centred principles throughout. Care plans, risk assessments and reviews were comprehensive, tailored to individual needs and regularly updated. Activities, social wellbeing, communication needs, nutrition and falls prevention were effectively addressed within care planning. The service promoted meaningful engagement through social events and supported care receivers to maintain choice, control and independence.

Positive observations and feedback from care receivers and relatives indicated that care was delivered in a respectful, compassionate and dignified manner.

The service demonstrated effective practice in advance care planning, consent and delegated tasks. Arrangements were in place to ensure restrictions on liberty were reviewed appropriately and legal documentation, including Lasting Power of Attorney information, was readily accessible.

Leadership and governance were effective. Comprehensive development, business continuity and audit plans supported continuous improvement, while policies reflected legislation, regulatory requirements and best practice.

Staff wellbeing was prioritised through dedicated support, regular wellbeing initiatives and reflective supervision. Staff feedback was largely positive, indicating a supportive culture, effective leadership and a workforce committed to delivering high-quality, person-centred care.

Feedback from care receivers, a relative and professionals were consistently positive regarding their experience of The Care Hub.

Overall, the service demonstrated a strong commitment to safety, quality improvement and positive outcomes for care receivers.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Home Care and Support in the Community Standards were referenced throughout the inspection.[1]

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection reports, the Statement of Purpose, variation requests and notification of incidents.

The Regulation Officer gathered feedback from two care receivers and one of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by five 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 Provider and Registered Manager and followed up on the findings of the inspection by email on 7 October 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	Analysis of staffing v contracted packages of care Safe recruitment practice Induction policy and practice Training matrix Review of notifiable events, complaints and safeguarding incidents Health and safety management (fire safety, environments, incident accident and near miss management) Medications administration
Is the service effective and responsive	Statement of Purpose Information sharing with care receivers Written agreement (contracts) Use of Island wide and national best practice Activities and social wellbeing Collaborate and multi-agency working Meeting individual care receivers Feedback from professionals
Is the service caring	Interactions between carers and care receivers Fundamentals of care Initial assessment process Person-centred care plans and risk assessments Advance care planning Lasting Power of Attorney and delegate records Assessment of use of consent and care receivers exercising choice and control Care receiver survey and service feedback Delegated tasks and competency assessments Feedback from care receivers and relatives
Is the service well-led	Service development plan Business continuity plan Quality assurance and audit Line of sight of management team Policies Approach to discrimination Supervision and appraisal documents Wellbeing offer for staff Staff feedback Inspection survey conducted with staff Assessment of leadership and workplace culture

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

An analysis of contracted care hours against available staffing capacity demonstrated that the service had sufficient resources to meet commissioned care needs. Further resilience was provided through access to bank staff when additional cover was required. The Registered Provider gave appropriate context regarding an exceptional instance when one package of care could not be fully staffed and confirmed that this had since been rectified. Overall, the evidence demonstrated that staffing resources were effectively monitored and managed.

The service is registered to provide 40 hours of nursing care; however, this allocation is not currently utilised in full. Qualified nurses contribute to the out-of-hours rota for Jersey Doctors on Call, providing nursing consultations and practical nursing visits where required. To support this nursing service a competency, training and assessment framework has been developed that defines the core capabilities and baseline standards expected of practitioners working within unscheduled care. The framework includes 20 competencies that must be achieved to provide evidence of competence, knowledge, clinical skills and governance.

A review of five recently recruited staff files demonstrated that safe recruitment procedures were consistently followed. Where disclosures were recorded on criminal record checks, the associated risks had been thoroughly assessed before an offer of employment was made. The service also supported the ongoing assessment of care staff's suitability by renewing criminal record checks every three years.

The induction policy was reflected in practice and supported by comprehensive induction booklets and checklists. Completed induction records were evident in the personnel files sampled, evidencing that the service's induction process was consistently implemented.

The training matrix reviewed demonstrated that mandatory training requirements were consistently monitored and maintained across the service. All care staff, with the exception of newly recruited employees, had either achieved or were actively working towards the Regulated Qualifications Framework (RQF) Level 2 Diploma in Adult Social Care, with over half of the staff having completed a Level 3 Diploma.

In addition, the service had developed dedicated specialist training programmes aligned with each category of care for which it was registered. These included RQF Level 3 diplomas relevant to each care category, supplemented by optional RQF units where required. This structured approach ensured that care staff developed the specialist knowledge and skills necessary to respond effectively to care receivers' individual and complex needs. The service's investment in learning extended beyond routine mandatory training and demonstrated a strong commitment to workforce competence and the delivery of safe, person-centred care. This was identified as an area of good practice.

A review of notifiable events with the management team provided assurance that incidents were appropriately investigated and responded to. Actions included a root cause analysis following medication errors, demonstrating a commitment to identifying contributory factors and supporting learning. Complaints were managed effectively, with clear records of the circumstances, the matters raised and the service's response.

No safeguarding referrals had been formally reported to the Commission since the previous inspection. However, the Registered Manager proactively informed the Regulation Officer that a recent referral had been made and provided appropriate context regarding the circumstances. The Regulation Officer was satisfied that the decision to refer was appropriate and demonstrated that safeguarding responsibilities were understood and acted upon in accordance with safe practice.

Incident, accident and near-miss management was embedded across the service. Care staff understood their reporting responsibilities, while team leaders and the management team provided robust oversight of alerts, incident reports and subsequent actions.

The service promoted a no-blame culture, enabling staff to report concerns openly and recognising that accurate reporting supports data analysis, the identification of trends, organisational learning and continuous improvement.

Care receiver environments were routinely assessed during the initial assessment process and through subsequent spot-check visit audits. Where changes could improve safety or support daily living, particularly for care receivers with cognitive impairment or dementia, appropriate recommendations were made to them and their families. Each care receiver also had a personal emergency evacuation plan, which reflected their specific needs and the support required in the event of a fire.

Medication management arrangements were effective. Staff responsible for transcribing medication prescriptions had received comprehensive training, and an internal checking process was in place to reduce the risk of errors.

The service demonstrated a strong commitment to learning from medication errors. Reported errors were categorised into three levels, with each level linked to clear requirements for immediate action, recording, management review and, where necessary, additional staff training or supervision. The service's structured approach to medication error reporting was identified as an area of good practice.

The service has been trialling a medicine dispensing robot to support safe and independent medication management at home. The system provides automated dispensing, reminders and alerts for missed doses, reducing medication-related risks whilst promoting independence for care receivers. This demonstrates a commitment to using innovative technology to enhance safety and improve outcomes.

Is the service effective and responsive?

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

The Statement of Purpose updated July 2026 was reflective of the care delivered and the governance arrangements evidenced during the inspection. The service's commitments to person-centred care, specialist staff training, regular care reviews, management oversight, audit, incident monitoring and learning were demonstrated consistently in practice, providing assurance that the service operated in accordance with its stated aims and objectives.

As the service includes a community nursing provision, it actively participates in a range of government-led multi-agency partnership forums, such as the strategy group for palliative and end-of-life care. This enables the service to contribute to the development of island-wide initiatives, strategies and policies, whilst ensuring that the needs, experiences and perspectives of people receiving care in their own homes are represented and advocated for.

The welcome booklet and carer agreement are comprehensive and accessible documents that provide an overview of the service, people's rights, safeguarding, complaints processes and key policies. The documents reflect the service's commitment to person-centred care, transparency and accountability, and supports care receivers to understand, participate in and raise concerns about their care. Regular newsletters also kept care receivers and relatives informed of staffing changes and positive service developments. These arrangements demonstrated that the service communicated openly and supported people to remain informed and involved in their care.

Care receivers are provided with 'Meet Your Carer' profiles containing information about carers' experience, interests and motivations for working in care. This promotes familiarity, supports relationship-building and helps care receivers feel more at ease with the staff providing their care.

The service demonstrated a clear commitment to embedding island-wide and national best practice within care delivery. Discussions with the Registered Provider and Manager evidenced how relevant strategies, policies and frameworks, for example the Island-wide Pressure Ulcer Prevention and Management Framework 2025, had been translated into practice. These discussions provided evidence that the service understood its responsibilities in promoting best practice, ensuring staff received appropriate training and effective multi-agency relationships were maintained where specialist advice and support was required to achieve positive outcomes for care receivers.

Activities and social wellbeing were consistently reflected within care plans and risk assessments, demonstrating that care receivers' individual preferences, interests and social needs were understood and supported. These plans were noted to be comprehensive, particularly where care receivers had additional or complex needs, ensuring that appropriate strategies and interventions were in place to promote meaningful engagement, maintain wellbeing and reduce the risk of social isolation. Documentation evidenced a person-centred approach, with care tailored to individual circumstances and regularly reviewed to ensure it remained responsive to changing needs and preferences.

One care receiver commented:

I felt listened to and have choice regards who my carers are. I am supported to do things I like, for example dancing. I have choice over the food I eat and get support with shopping, preparing and cooking my meals.

The service further promoted social inclusion through bi-monthly events involving care receivers and care staff, which were reported to be well attended and valued. These arrangements demonstrated a person-centred approach that supported community participation, social engagement and individual wellbeing.

Individual care receiver needs, including falls prevention, communication and nutrition, were reviewed. This provided assurance that care practice was aligned with policy and that responses to identified risks were appropriate. The service utilised the 'iStumble' post-fall assessment tool to guide decision-making following falls, while choking assessments and dysphagia training supported the safe management of nutritional risks.

One professional commented:

My experience of the service has been very positive. The staff supporting this care receiver have received excellent training and demonstrate a strong understanding of their complex physical, cognitive and communication needs.

Care plans also reflected personalised approaches to communication, including Makaton signing and the use of communication boards to identify distress, mood and preferences, with care receivers involved in their development where appropriate. These arrangements demonstrated a person-centred approach that promoted safety, independence, wellbeing and meaningful involvement in care.

The management of care receivers subject to restrictions on their liberty was effective, with appropriate arrangements in place to ensure restrictions were regularly reviewed and remained necessary and proportionate to individual needs.

Additional comments from professionals:

"Carers have welcomed and really got involved in the reflective practice sessions I have conducted. The depth of understanding of care receivers need and social history has been really impressive."

"I value the regular face-to-face meetings I have with managers and care staff and we work really well together. Care staff also reach out and ask for support when necessary and consult with family members where necessary."

“I can only praise the Registered Manager for their exceptional professionalism and commitment to achieving positive outcomes for the service user. Throughout our work together, the Registered Manager has maintained excellent communication, keeping me consistently informed and updated.”

“Staff use an enabling approach, providing appropriate prompting and graded support while promoting choice, independence and participation in activities of daily living.”

“The Care Hub communicates effectively with the wider Multi-disciplinary Team and has managed this complex package extremely well. Its support has made a significant contribution to the care receiver’s functional progress, stability and quality of life.”

“I have repeatedly seen senior management and leadership work to rota staff on, to enable them to attend the meetings and staff consultations. I believe this support staff wellbeing, which has a positive influence on the client’s wellbeing.”

“We have a strong working partnership, which allows them to share when they are uncertain about something and for us to support them through this. This is also a real strength.”

Is the service caring?

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

While care delivery could not be directly observed, the inspection included observation of two interactions between care staff and care receivers during home visits, together with feedback from two care receivers and one relative. Both the interactions observed and the feedback received were consistently positive, and that the care was delivered in a compassionate, respectful and person-centred manner, with due regard for dignity, privacy and individual needs.

The initial assessment documentation was detailed and provided a comprehensive, holistic understanding of each care receiver's needs, preferences, goals and social history. Core care plans, individual care plans and associated risk assessments were in place for the care receivers sampled and were clearly tailored to their assessed needs. Records evidenced that care plans and risk assessments were reviewed regularly to ensure they remained accurate and responsive to changing circumstances. These arrangements demonstrated a person-centred approach to care planning, providing staff with clear guidance to deliver safe, consistent and outcome-focused care while promoting individual choice, independence and wellbeing.

The first visit following the development of care plans and risk assessments is undertaken by a team leader to ensure assessed needs accurately translate into the care delivered. This enables care plans and risk assessments to be reviewed and updated where necessary, recognising that care receiver needs may initially be under or over-estimated and ensures care remains person-centred and responsive.

A review of sampled care plans demonstrated that the fundamentals of care were consistently reflected in care delivery. Daily care records completed by staff provided a clear account of the care and support delivered, care receivers' presentation, and any actions taken in response to changing needs. This evidenced that care was delivered in accordance with assessed needs.

A review of the service's Advance Care Planning document that was co-produced with care receivers demonstrated a comprehensive approach to advance care planning. The plan supported meaningful conversations about future care, including treatment preferences, communication and decision-making, preferred place of care, emotional and spiritual support, and end-of-life wishes. The document also included arrangements for review and information sharing, and that care receivers' wishes and preferences could be clearly recorded, communicated and respected.

The service also demonstrated effective practice in the management of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). Visual prompts, including fridge magnets and stickers, were used to alert emergency responders to the presence of DNACPR information and where to find it. Copies of DNACPR documents were also maintained electronically and recorded within key care receiver information, evidencing that important end-of-life decisions were accessible when required.

Lasting Power of Attorney, delegate and advocacy information was appropriately managed and readily accessible within care records, with relevant legal documentation available to support decision-making. This provided assurance that the service understood and respected the legal rights of care receivers and those acting on their behalf, ensuring that decisions were informed by the appropriate authority and made in accordance with individual wishes, best interests and legislative requirements.

A new consent form had been introduced, bringing all required consents together within a single document and providing greater clarity for care receivers, representatives and staff. Choice and control were promoted through care planning and were reflected in feedback from both care receivers and staff. Care receivers were actively involved in decisions about their diet and, where appropriate, were supported to prepare and cook their own meals, promoting independence and wellbeing.

One care receiver commented:

My carers support me to access my daily living activities and are very flexible in this respect.

A food information card was observed in one home visited, providing accessible information to support a care receiver with a learning disability. These arrangements demonstrated a person-centred approach that promoted informed consent, individual choice, independence and meaningful involvement in day-to-day care.

Care receiver feedback surveys were completed annually, although levels of engagement varied. Findings were reviewed by the management team and used to inform action plans, which were subsequently shared with care staff to support service improvement. In addition, all care receivers received a three-monthly spot-check visit from a team leader, providing further opportunities to share feedback about the care and support they received. These arrangements demonstrated a commitment to seeking and responding to the views of care receivers through a range of engagement methods, with feedback informing continuous improvement and quality assurance activity.

The process for delegated tasks was reviewed and found to be comprehensive, supported by newly introduced workbooks and competency assessment checklists. The training matrix demonstrated that staff undertaking delegated tasks had completed the required specialist training and remained compliant with annual competency assessments. These arrangements demonstrated that delegated tasks were subject to robust governance, enabling staff to undertake additional responsibilities safely and competently while maintaining oversight of skills, knowledge and ongoing proficiency. This was identified as an area of good practice.

Reflective practice and trauma-informed training were embedded within the service, supporting care staff to develop both a broad understanding of the impact of trauma and a person-centred appreciation of individual care receivers' experiences and needs. This has enabled staff to adapt their approach to care delivery, promoting compassionate, responsive care, strengthening professional decision-making and contributing to improved outcomes and wellbeing for care receivers.

Additional comments from care receivers:

“I have been with The Care Hub for many years now. They are reliable and I have good communication with the management team and see them regularly.”

“My carers know my preferences in terms of food and drink and I am involved in menu planning.”

“I like my carers, but there was one carer that used to speak for me and not let me speak. I spoke up and they were moved.”

Additional comments from relatives:

“The care staff are wonderful. They arrive on time and carry out their support duties efficiently and with kindness. The team leader is lovely and I see them regularly, either covering for a carer or visiting to ask if everything is okay. I am very happy with The Care Hub.”

Is the service well led?

The leadership, management and governance of the organisation assures delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

A comprehensive service development plan was in place, identifying five key priorities to support the ongoing development and improvement of the service. Management demonstrated a clear understanding of current priorities and the actions required to achieve them, providing assurance that service improvement activity was planned and monitored effectively.

The service also maintained a comprehensive business continuity plan, detailing the actions to be taken in response to events that could disrupt service delivery, including pandemics, severe weather, fire and other significant incidents. The plan had been implemented previously, with management reporting that it had operated effectively in maintaining continuity of care. These arrangements demonstrated that the service had considered foreseeable risks to service delivery and had robust contingency measures in place to protect care receivers and maintain safe care during periods of disruption.

Monthly reports were completed consistently and provided effective oversight of the service. A structured audit programme was in place, covering areas such as infection prevention and control, medication management, food hygiene and professional appearance at defined frequencies. Audit findings, outcomes and associated action plans were shared with care staff to support continuous improvement. These arrangements demonstrated robust governance and management oversight, with clear processes for identifying, monitoring and responding to areas requiring improvement.

The service demonstrated a strong commitment to safeguarding by undertaking a review of publicly reported cases involving the financial abuse of care receivers. This analysis enabled the service to identify potential risks and implement additional safeguards to reduce the likelihood of similar incidents occurring in this service. The findings were communicated to all care staff through a dedicated briefing, strengthening awareness of financial abuse, promoting professional curiosity and reinforcing a culture of safeguarding.

Several policies and procedures were reviewed and found to be comprehensive, reflecting relevant legislation, regulatory requirements, local strategies and recognised best practice. They included clear responsibilities, reporting and escalation arrangements, and governance controls to support safe and consistent care delivery. This evidenced that care staff had appropriate guidance and that the service's policies supported effective practice, accountability and regulatory compliance.

The service's approach to equality, diversity and inclusion was supported by a comprehensive anti-discrimination policy that protected the rights of both care receivers and staff. The policy reflected the principles of dignity, respect, fairness and person-centred care, providing clear expectations regarding unacceptable behaviour and discrimination. While there had been no requirement to formally implement the policy, its presence provided assurance that appropriate arrangements were in place to promote an inclusive culture and respond effectively should concerns arise.

Supervision was undertaken in accordance with the Commission's Standards and formed an integral part of the service's approach to staff development and governance. A range of supervision models were utilised, including one-to-one, group and specialist supervision, tailored to the needs of staff and the people they supported. This included reflective discussions, trauma-informed practice and supervision focused on specific care needs and complex situations. These arrangements demonstrated that staff received regular support, opportunities for professional development and oversight of their practice, helping to promote safe, effective and person-centred care.

Staff wellbeing was identified as a priority within the service. This was evidenced through supervision records, where wellbeing was routinely discussed, and through a range of wellbeing initiatives available to staff. A dedicated wellbeing team coordinated regular monthly events, including activities such as bowling and paintballing, alongside access to mindfulness sessions and additional psychological support. These arrangements demonstrated a proactive approach to promoting staff wellbeing, recognising the link between a supported workforce, staff retention, positive workplace culture and the delivery of safe, compassionate and effective care.

An annual employee survey is undertaken, with the 2025 survey reviewed during the inspection. The survey was comprehensive, with findings analysed and communicated to staff alongside an action plan to support service improvement. The 2026 survey had been intentionally delayed allowing the newly appointed Registered Manager sufficient time to embed into the role and enable staff to provide meaningful feedback based on their experience of the new leadership arrangements. In addition, care staff were provided with regular opportunities to share feedback through supervision sessions and spot-check visits. These arrangements demonstrated a commitment to engaging with staff, valuing their views and using feedback to inform service development, workforce wellbeing and continuous improvement.

Feedback from the staff survey conducted by the Regulation Officer was predominantly positive and showed that most staff felt supported by management, had access to regular supervision, and were able to contribute to developments within the service. Staff consistently demonstrated a strong commitment to delivering person-centred care and achieving positive outcomes for care receivers. Most respondents reported receiving sufficient training to undertake their roles safely and confidently. While a minority of staff raised concerns regarding staffing levels, communication and the responsiveness of management to issues raised, these views were not reflective of the majority feedback received. Overall, the feedback indicates a positive workplace culture, effective leadership and a workforce committed to delivering high-quality care.

Leadership within the service was found to be effective and well established. The Registered Provider and Registered Manager demonstrated a clear understanding of the service, its strengths, areas for development and the needs of the people receiving care. The leadership team promoted a positive culture of learning, accountability and continuous improvement, with a strong focus on person-centred care, staff wellbeing and achieving positive outcomes for care receivers. Overall, the service was well led, appropriately governed and committed to maintaining and improving the quality and safety of care.



Additional comments from staff members:

"The new manager has made a real difference, has lots of ideas and plan to further improve our service, but they are careful not to overwhelm us with too much change."

"My induction has been great thus far and I feel well supported by my line manager."

"I support Xxx to be as independent as possible, for example supporting them to choose healthy meals and help the do the shopping."

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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