Jersey Care Commission

INSPECTION REPORT

08 Children's Home

Children's Home Service

The Office of the Minister for Children and Families
Government of Jersey
Union Street
St Helier
JE2 3DN

Inspection Date
14 & 18 September 2026

Date Published
12 November 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 08 Children's Home. This home is operated by The Office of the Minister for Children and Families and there is an interim manager in place.

Registration Details	Detail
Type of regulated activity	Children's Home Service
Mandatory Conditions of Registration	
Category of care	Children and Young People (0-18 years)
Maximum number of care receivers	four
Age range of care receivers	10-18 years
Maximum number of care receivers that can be accommodated in each room	Bedrooms 1-4 one person
Discretionary Conditions of Registration	
None	
Additional information	
The home has an interim manager who has applied to the Commission to become the Registered Manager. Their application is currently being considered.	

As part of the inspection process, the Regulation Officer evaluated the home's compliance with the mandatory conditions of registration required under the Law. The Regulation Officer concluded that all requirements have been met.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced four days in advance to ensure any children or young people living in the home were fully informed.

For the purposes of this report, the term children or young people will be used..

Inspection information	Detail
Dates and times of this inspection	14:09:2026- 11:00- 16:00 18:09:2026- 15:00- 18:00
Number of areas for improvement from this inspection	Two
Number of care receivers accommodated on the day of the inspection	Withheld
Date of previous inspection	This is the homes first inspection
Areas for improvement noted at the last inspection	Not applicable
Link to the previous inspection report	Not applicable

3.2 Focus for this inspection

This inspection included a focus on 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

This is the home's first inspection.

4.2 Observations and overall findings from this inspection

This inspection found that the home was undergoing a period of development following the appointment of a new interim manager and wider organisational change. The Interim Manager brought previous experience of managing children's homes and had begun strengthening leadership arrangements, staff communication and management oversight. Team meeting structures had been expanded to include agreed values, safeguarding, children's participation, staff wellbeing, training, operational matters and clearly identified actions. Staff consulted during the inspection spoke positively about the direction of the home and the changes being introduced.

The home provided a welcoming environment and the children's records contained comprehensive information about their backgrounds, needs, education, health, family relationships and placement arrangements. A child-friendly 'Young Person's Guide' had been co-created with a care-experienced young person. Participation records showed that children were being supported to express their views through meetings, consultation workbooks, key-worker sessions and activity planning. Medication balances checked during the inspection corresponded with the amounts recorded by staff.

The Interim Manager had taken steps to strengthen oversight of agency recruitment and demonstrated access to recruitment information during the second inspection visit. Assurance was also provided regarding the checks undertaken through the organisation's Human Resources department before staff were engaged. However, the inspection identified that further improvement was required in relation to staff training and supervision.

The available supervision records did not demonstrate that all staff had received formal, critically reflective supervision at least every four weeks. Some staff had no recorded supervision, while other records were limited to particular periods or contained supervision sessions clustered within short timescales. The information provided did not consistently demonstrate the quality, reflective content or follow-up actions arising from supervision.

Training evidence showed gaps across both the permanent and agency workforce. Although permanent staff had evidence of completing a greater proportion of the required training, some statutory and mandatory subjects were not evidenced. More extensive gaps were identified in the records for agency workers. The information reviewed therefore did not provide sufficient assurance that all staff had completed the training required for their roles. These areas will require action by the Registered Provider and Interim Manager to ensure consistent staff competence, support and management oversight.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Children's Care Home 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 Statement of Purpose, variation requests and notification of incidents

The Regulation Officer gathered feedback from some of the children and young people. They also had discussions with the service's management and other staff. Additionally, feedback was provided by one professional external to the service.

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

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

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Interim Manager and confirmed the identified areas for improvement by email on 25 September 2026. Details of the follow-up actions required to evidence that improvements have been made were also set out by the Regulation Officer.

This report presents our findings from the inspection and outlines the range of observations made. Throughout the report, we may highlight any areas of good practice identified, along with suggestions where practice could be strengthened or further enhanced. Where specific improvements are required, these are set out in detail and accompanied by a defined improvement plan at the end of the report.

5.2 Sources of evidence.

Key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Staff recruitment, induction and agency-worker records. Staff rotas, staffing information and recruitment-system evidence. Safeguarding, risk assessment, missing from care and behaviour-support records. Medication records and physical medication stock checks. Health and safety, maintenance, fire-safety and environmental records. Observation of the home, staffing arrangements and care delivery.
Is the service effective and responsive	Children's health, education, activity and contact records. Health assessments, Personal Education Plans and multidisciplinary meeting records. Children's Guide, welcome booklet and admissions checklist. Advocacy, participation and consultation records. Children's meetings, key-worker sessions and activity-planning records. Discussions with children, staff and the Interim Manager.

Is the service caring	Children's individual case files, residential personal plans and placement plans. Admission, transition and pre-placement planning records. Records of children's views, wishes, feelings and involvement in their care. Family-contact, relationship and delegated-authority records. Daily care and lived-experience records. Observation of staff interactions with the children and direct feedback from the children.
Is the service well-led	Statement of Purpose and policies and procedures. Team meeting minutes and team charter Staff training matrices and supporting training evidence. Supervision schedules, supervision analysis tables and available supervision records. Staff appraisal information. Discussions with the Interim Manager and service lead about governance, staffing, recruitment, training and supervision. Feedback from staff and professionals. Additional evidence and clarification submitted following the inspection.

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The Regulation Officer reviewed a range of evidence relating to safeguarding, risk management, recruitment, staff training, medication management, health and safety and staffing arrangements. The home was found to be well maintained, clean and suitably furnished to meet the needs of the children and young people living there.

The Interim Manager and management team demonstrated a strong commitment to safeguarding. Staff spoken to during the inspection were able to describe safeguarding procedures and understood their responsibility to report concerns and share information appropriately.

Team meetings and operational discussions included safeguarding as a standing agenda item, demonstrating ongoing oversight of safeguarding practices.

The young people's records included detailed risk assessments covering placement impact, individual risks, behaviour support, missing from care documentation and contact arrangements. These reflected each young person's needs and circumstances and included input from relevant professionals.

Medication arrangements were safe. Medication was stored appropriately, and records contained guidance on the six rights of administration. A stock check undertaken during the inspection confirmed that medication balances matched the recorded totals, providing assurance that medication was managed safely.

The service has recently experienced organisational change and there has been reliance upon agency staff to maintain staffing levels. Following discussion with the Interim Manager, assurances were obtained regarding recruitment processes for agency staff.

During the second inspection visit, the Interim Manager demonstrated the recruitment information available for agency workers. Information provided by senior management outlined the central checks undertaken before workers were engaged. While this provided assurance regarding management oversight, the service should continue to ensure that the Interim Manager can access sufficient evidence to satisfy themselves that all staff working in the home have been safely recruited.

The Regulation Officer also reviewed the training records for both permanent and agency staff. Permanent staff had evidence of completing a greater proportion of the service's statutory and mandatory training requirements.

However, there were some gaps within the records for permanent staff, including capacity and self-determination legislation. Training compliance was less consistent for agency staff, whose records showed more gaps in mandatory training. Although the Interim Manager had begun to improve oversight and address this, the available evidence did not provide sufficient assurance that all staff had completed the training required for their roles. This was therefore identified as an area for improvement.

Review of duty rotas demonstrated that staffing levels were sufficient to meet the needs of the children and young people accommodated within the home.

Throughout the inspection, interactions observed between staff and young people were positive, appropriate and supportive. Staff communicated respectfully, responded to the young people's individual needs and provided reassurance. Their approach contributed to a calm and safe environment within the home.

The Regulation Officer also reviewed the most recent independent Regulation 31 monitoring reports. These provided additional evidence of safeguarding and health and safety oversight, together with improvements to medication systems, staff competencies and management controls following earlier concerns. The independent findings were broadly consistent with the evidence gathered during the inspection.

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 service was operating in line with its Statement of Purpose, and care planning and support were centred on each child. The care and support observed, and the records reviewed were broadly consistent with the service described in the Statement of Purpose.

The Regulation Officer reviewed records and found documentation to be comprehensive, well organised and reflective of children's needs. The information within the records also provided staff with a comprehensive understanding of each child's needs, risks, relationships, education and health, which supported continuity of care and informed day-to-day decision-making.

Young people's files also contained placement planning information, personal plans, health information, education records, multidisciplinary meeting minutes, delegated authority arrangements and key-worker documentation. Evidence demonstrated that children and young people were supported through structured planning processes from admission onwards.

Children moving into the home receive a ‘Young Person's Guide’ which has been developed with input from care-experienced young people. The guide contains information about living in the home, support available, complaints processes, advocacy services and expectations. This helps ensure children and young people understand their rights and responsibilities.

Participation workbooks and other consultation resources were available within the home. The Interim Manager’s monthly management report identified that some admission, direct-work and participation records had not been completed as promptly as expected following the children’s placement. At the second inspection visit, the Interim Manager evidenced how a children’s meeting and key-worker records had been introduced. Continued management oversight will be necessary to ensure that these arrangements are sustained and that children’s views, wishes and feelings are consistently recorded.

Education was promoted within the home. Children's files contained information relating to schools, barriers to learning, homework, educational support and multidisciplinary discussions relating to educational progress.

Health needs were well documented through health assessments, health plans and liaison with external professionals.

Staff demonstrated a good understanding of the needs of the children and young people living within the home. Observations and discussions throughout the inspection indicated that staff were responsive to changing needs and actively worked with external agencies to promote positive outcomes.

The home was also able to evidence admission impact assessments and compatibility assessments to support decision making when considering future admissions. These assessments helped demonstrate consideration of risks, needs and compatibility with existing residents.

The Regulation 31 independent monitoring reports identified a continued focus on care planning, risk management, transition planning and partnership working. Records reviewed through the monitoring process demonstrated that children's views, wishes and experiences were considered within care planning arrangements and that the service worked collaboratively with families and other agencies to support positive outcomes. Independent monitoring also found evidence of comprehensive assessments being completed in preparation for admissions and detailed planning to support children through periods of change and transition. These findings were consistent with the evidence reviewed during the inspection and provided additional assurance regarding the service's ability to respond to children's individual needs.

Is the service caring?

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

The atmosphere within the home was warm, welcoming and child centred. Throughout the inspection, staff interactions with children and young people were observed to be respectful, nurturing and supportive.

Children and young people appeared comfortable within the home and staff demonstrated a detailed understanding of their individual personalities, interests and support needs. Records showed that children were encouraged and provided with opportunities to express their views about activities, house expectations, menus, celebrations, relationships, complaints and advocacy. These arrangements were intended to support children's involvement in the day-to-day life of the home.

Young people are encouraged to express their opinions regarding activities, house expectations, menu planning, celebrations, relationships, complaints and advocacy. This helps ensure that children's voices influence the day-to-day operation of the home.

The Young Person's Guide demonstrated a commitment to ensuring children understand their rights, how to access advocacy services and how to raise concerns should they wish to do so.

Positive relationships between staff and children were evident within the documentation reviewed and through discussions with staff. Feedback from staff reflected a commitment to promoting positive outcomes and supporting children through significant transitions and life experiences.

Children's bedrooms and shared living spaces were personalised and provided a comfortable and homely environment. Observations suggested that staff worked hard to create an atmosphere where children felt safe, valued and respected.

The participation workbook covered a broad range of areas relevant to children's daily lives, including feeling safe, education, activities, relationships with staff, health and wellbeing, independence, complaints and advocacy.

The independent monitoring reports consistently described the home as providing a warm, welcoming and child-centred environment. They also identified positive developments within the physical environment, including improvements designed to make the home more homely and responsive to children's individual needs.

Efforts to ensure children were listened to, involved in decisions affecting their lives and supported to maintain important relationships were also highlighted. The Regulation Officer found these themes reflected within the records reviewed and during discussions held throughout the inspection, providing further assurance that the service promotes respectful and nurturing care.

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 Interim Manager had recently taken up responsibility for the home. Discussions during the inspection showed that they had significant experience in managing children's residential services. Their experience included responsibility for several children's homes, and they showed a clear understanding of the leadership and governance requirements of the role.

The Regulation Officer reviewed the newly implemented Children's Home Procedure Manual. This document was comprehensive and covered a broad range of topics including quality and purpose of care, children's rights, education, safeguarding, health and wellbeing, leadership and management, care planning and information governance. The document provided clear guidance and expectations for staff.

Leadership arrangements were continuing to evolve following recent organisational changes. Evidence reviewed demonstrated that the Interim Manager had strengthened team meeting structures and introduced clearer governance arrangements. Team meetings now include values, accountability expectations, safeguarding discussions, operational updates, learning opportunities, children's participation, staff wellbeing and training matters.

Staff feedback was positive. Staff described the interim manager as a "breath of fresh air", highlighted good communication and reported that the home was "running smoothly". Staff also spoke positively about recent changes to training arrangements and the direction of travel for the service. The inspection identified limitations in the evidence available regarding staff supervision. Whilst supervision records had been provided, and additional information was submitted during the inspection; the evidence did not demonstrate that all staff had consistently received supervision at the required frequency. Some staff had no supervision evidenced, while others had gaps between recorded sessions. The documentation therefore did not provide full assurance that supervision arrangements were consistently meeting organisational expectations and Children's Home Services Standards.

The Interim Manager had recognised that staff supervision needed to be brought up to date and had introduced a monthly supervision tracker linked to the rota and electronic calendar. Several supervision sessions had been scheduled. While this demonstrated action to improve oversight, supervision will be an area for improvement for the service until this has been embedded.

Feedback received from a professional during the inspection was positive regarding leadership arrangements within the home. Recent changes were described as having a positive impact on the service and they commented favourably on communication, support, training and the overall direction of the home.

Staff reported feeling supported in their roles and highlighted improvements in team working, accountability and professional standards. Staff feedback also acknowledged the significant organisational changes experienced by the service and recognised the efforts being made to strengthen practice, embed consistent standards and improve outcomes for children and young people.

The independent monitoring reports described a period of significant change within the service and highlighted improvements in leadership, governance and oversight arrangements. Monitoring identified the introduction of more structured systems, strengthened accountability, improvements in recording processes, enhanced staff support and a clearer focus on practice standards. More recent reports highlighted the development of team values, governance arrangements and preparations for future admissions. The findings from the inspection were broadly consistent with the themes identified through independent monitoring, with evidence demonstrating a management team committed to strengthening systems and improving outcomes for children and young people. However, whilst the Regulation Officer acknowledged these positive developments, the inspection identified that further work remains necessary to ensure supervision and training arrangements can be consistently evidenced across the workforce.

IMPROVEMENT PLAN

There were two 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 3.10 Regulation 17 **To be completed:** by 25/01/2027	The Registered Provider must ensure that all permanent and agency staff complete the statutory and mandatory training required for their roles, and that accurate evidence of completion is available for management oversight.
	Response by the Registered Provider: A full review of staff training records has been completed and is ongoing through regular management oversight. Training records for both permanent and agency staff will be reviewed and updated routinely to ensure they accurately reflect all completed training. Any gaps in statutory or mandatory training have been identified and staff will be booked onto the relevant courses. Agency and permanent staff will be given equal opportunity to access required training, ensuring all staff possess the knowledge and skills necessary to undertake their roles safely and effectively. Accurate records of training completion will be maintained and monitored through the home's training matrix and quality assurance processes.

Area for Improvement 2 **Ref:** Standard 2.10, 3.11 Regulation 17 **To be completed:** With immediate effect	The Registered Provider must ensure that all staff are given regular opportunities to discuss their role and identify any issues through formal supervision at least every four weeks. All supervision sessions must be recorded.
	Response by the Registered Provider: Formal supervision arrangements are now being implemented in line with organisational policy and Children's Home Standards. A supervision schedule has been established and supervision sessions are underway to ensure all staff receive reflective supervision at least every four weeks.

	Supervision dates are tracked through management oversight systems, with records maintained and monitored centrally to provide evidence of compliance, professional development discussions, and any actions arising from supervision. This will support staff wellbeing, accountability, and the continued delivery of high-quality care.

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.

Jersey Care Commission

Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801
Website: www.carecommission.je
Enquiries: enquiries@carecommission.je