INSPECTION REPORT

Clairvale Road Recovery Unit

Care Home Service

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

Inspection Dates
1, 7 and 8 September 2026

Date Published
17 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 Clairvale Road Recovery Unit. The Care Home is operated by The Office of the Minister of Health, Government of Jersey and there is a registered manager in place.

Registration Details	Detail
Type of regulated activity	Care Home Service
Mandatory Conditions of Registration	
Category of care	Mental Health
Maximum number of care receivers	10
Age range of care receivers	18 years and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1-10 one person
Discretionary Conditions of Registration	
The registered manager, must complete a Level 5 Diploma in Leadership in Health and Social Care by 3 September 2027.	
Additional information	
The Commission was notified that the Registered Manager was absent from 19 December 2025 and 2 February 2026 and that arrangement for service oversight had been made.	

As part of the inspection process, the Regulation Officer evaluated the home's compliance with the mandatory conditions of registration and additional discretionary condition 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 and notice of the inspection visit was given to the Registered Manager three days prior to the planned first inspection visit. However, as the Regulation Officer was informed the Registered Manager was not available, the schedule was adjusted, to ensure that the Registered Manager would be available during the inspection. The first inspection visit was undertaken seven days after the initial announcement and the Registered Manager was present for the second and third inspection visits.

Inspection information	Detail
Dates and times of this inspection	1 September 2026, 17:30 to 19:25 7 September 2026, 13:00 to 17:00 8 September 2026, 12:35 to 14:55
Number of areas for improvement from this inspection	Five
Number of care receivers accommodated on the day of the inspection	10
Date of previous inspection	25 June 2026
Areas for improvement noted at the last inspection	five
Link to the previous inspection report	RPT_CLR_Inspection_20250625.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection, as well as these specific lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for improvement identified at the last inspection

At the last inspection, five areas for improvement were identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that the improvement related to policies and procedures had been made. This means that there was evidence of updated policies and procedures.

There was also evidence that some work had been undertaken to address areas of improvement regarding, risk assessments, written agreements and personal plans. However further work is required in each area. Additionally, the requirement for the Registered Provider to arrange for a representative of the service to report monthly on the quality of care provided and compliance with registration requirements, standards and regulations was not evidenced. The four areas for improvement will be discussed in more detail within the main body of the report.

4.2 Observations and overall findings from this inspection

The environment and facilities promoted the home's ethos of supporting care receivers to develop skills to live independently. Care receivers were responsible for keeping their rooms, flats and communal areas clean, as well as undertaking shopping and cooking tasks, which supported this ethos.

There was a sensory room, and care receivers explained that the lighting and objects within the space could be particularly helpful for people with neurodiversity. Feedback from care receivers indicated that they had worked with staff to design and create the space.

The referral and admission process mirrored that outlined in the home's Statement of Purpose. A change to the initial assessment tools had been implemented to strengthen the assessment process and provide a more effective means of measuring outcomes for care receivers.

Since the last inspection, all care receivers who had left the home had successfully moved to independent living, providing clear evidence of positive outcomes and the effectiveness of the support provided.

Feedback from professionals external to the service was consistently positive. Observations of staff interactions demonstrated a professional, respectful and supportive approach. It was explained that staff work collaboratively within the multidisciplinary team.

There was an organisational and management structure with clear lines of accountability. Staff appraisals and supervision sessions were being undertaken regularly. Staff had also completed statutory and mandatory training relevant to local legislation and the home's Category of Care.

There were five areas for improvement from the previous inspection. The area relating to policies and procedures had been addressed, and progress had been made in three other areas; however, further work was required. The requirement for the Registered Provider to report monthly on the quality of care provided was not met. A further area for improvement was identified to ensure staff weekly working hours did not exceed the requirements of the Standards.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care and Support Services with Accommodation Standards were referenced throughout the inspection.[1]

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

The Regulation Officer gathered feedback from five care receivers. They also had discussions with the service's management and a staff member. The Regulation Officer requested that other staff contact them to provide feedback, however contact was not made. Additionally, four professionals external to the service were contacted for feedback and this was provided by three professionals within the inspection period.

As part of the inspection process, documents including policies, monthly provider reports, care records, training records and staff rotas were examined.

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and followed up confirming the areas for improvement by email on 15 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.

[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	Policies
Risk assessments	Care records and discussions with the Registered Manager
Personal plans	Care records and discussions with the Registered Manager
Written agreements	Written agreements and discussions with the Registered and Deputy Managers
Monthly reports	Monthly provider reports and discussions with the Registered and Deputy Managers
Key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Training records Staff rotas Fire logs Discussions with the Registered and Deputy Managers
Is the service effective and responsive	Observations from walking around the inside and outside of the care home Statement of Purpose Initial assessment documentation Feedback from care receivers and professionals external to the service Discussions with the Registered and Deputy Managers
Is the service caring	Feedback from care receivers and professionals external to the service Care records, including, care plans, risk assessments, and daily care records Written agreements Observation Discussions with the Registered and Deputy Managers
Is the service well-led	Meeting notes and presentation Notifications to the Commission Appraisal and supervision records Monthly provider reports Discussions with the Registered and Deputy Managers and a staff member

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Training was reviewed and it was found that statutory and mandatory training requirements for staff were related to local legislation and the home's Category of Care. The training matrix demonstrated that all staff had completed a number of the required training modules.

Where compliance had not yet fully achieved, the Registered Manager was able to provide evidence of plans and arrangements in place to ensure completion by all staff.

The Registered Manager explained that staff are required to undertake core mental health service training, which includes updates on the mental health plan, policy and strategy, trauma-informed care, assessment and mental state examinations, and care planning scenarios and recovery pathways. The Registered Manager explained that there had been challenges in releasing staff to attend the three-day training programme. However, the Registered Manager was able to demonstrate that arrangements were in place to ensure staff attendance.

The Registered and Deputy Managers highlighted staffing as an issue and explained that staff were working more than 48 hours per week. Records demonstrated that on more than 40 occasions during the first seven months of 2026, four of the nine staff members worked in excess of 50 hours per week. On 12 occasions, staff worked more than 60 hours per week.

The managers explained that staffing levels had been impacted by a pause in recruitment for two vacant positions earlier in 2026. As a result, staff were not currently being recruited into support roles within the home. To maintain continuity of staff and the home's aim of having two appropriately skilled and experienced staff on each shift, shift patterns were adjusted and the Deputy Manager worked additional shifts.

Six staff are regularly used from other areas including to cover unfilled shifts, however; the number of shifts these staff can pick up is limited and staff from the home have worked over their 37 hours to cover unfilled shifts. As a result, some staff repeatedly worked more than 48 hours per week over a prolonged period.

Although there was a clear rationale for the adjustments, the working hours exceeded those detailed in the Standards and therefore is an area for improvement.

There was evidence of fire training and fire safety checks including fire alarms, emergency lighting self-close door checks had been undertaken.

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.

As part of the inspection a care receiver kindly agreed to provide the Regulation Officer with a tour of the environment. There were seven individual bedrooms with en-suite bathrooms and three individual flats. The care receiver showed the Regulation Officer their room which was well furnished and it was positive that they had been able to personalise it; as is the case for all care receivers.

The home had a communal lounge, kitchenette, kitchen-diner and laundry facilities. These facilities promote the homes ethos of support care receivers to develop skills to live independently. Care receivers were responsible for keeping their rooms, flats and communal areas clean, as well as shopping and cooking, which further supported the ethos.

There was also an outdoor space with two grassy areas with planted borders, which had chairs and tables and were being used during the inspection. There was also a barbecue which could be utilised. The space supported and encouraged social activities.

There was a sensory room, and care receivers explained that the lighting and objects within the space could be particularly helpful for people with neurodiversity and that the mural on the wall had been painted by a member of staff.

Feedback from care receivers was that the room had been developed following discussions at a Community Meeting with staff, and that staff had worked collaboratively with them to design and create the space. This illustrated the home had a system for care receivers to feedback and that their voices had been heard and responded to. Additionally, it was positive that a care receiver who explained they did not attend the Community Meeting still felt able to share their views with staff.

Care receivers gave feedback that they felt it would be beneficial for all staff to receive training on supporting people with neurodiversity. This was discussed with the Registered Manager, who demonstrated that they had undertaken a review of staff training needs and were working with senior leadership staff to explore whether resources could be allocated to provide this training.

The process and experience of referral through to admission were described to the Regulation Officer by a care receiver. It was positive that the process mirrored that outlined in the home's Statement of Purpose. Also, that the care receiver had time to undertake their own independent research on the home prior to accepting the offer of admission, including reviewing previous Commission inspection reports about the home. This demonstrated that care receivers were supported to make informed decisions about whether the service was suitable for their needs. The service is free.

The Registered Manager explained there had been a change from a strength and needs based initial assessment to using 'The Model of Human Occupation Screening' and 'Occupational Circumstances Analysis Interview Rating Scale' tools and that this would enable outcomes to be measured. Care records and feedback from care receivers and professionals evidenced that multi-disciplinary and multi-agency working was embedded in practice.

Feedback from professional external to the service was consistently positive. It was stated that *“the team were open to professional advice and willing to adapt their approach when required”* and that staff were *“prompt in seeking advice or escalate concerns when they feel further clinical input is required.”*

The feedback demonstrated a culture of collaborative working and a willingness to seek external expertise when required.

The Registered Manager explained that since the last inspection all care receivers who have left the home have moved to independent living. This includes five care receivers who have moved from the home between July 2025 and January 2026. It was highlighted that the positive working relationship with a colleague in housing services had supported these outcomes. Additionally, the Registered Manager believed that the service's work helped to prevent admissions to acute mental health hospitals, although it was acknowledged that it is challenging to evidence outcomes that have been avoided.

This collaborative working was highlighted in feedback from a professional in the housing service. They gave an example of how the team had worked with them to support a care receiver to view a social housing property whilst they were considering if the wished to apply to join the waiting list. The team’s organisation, speed and individualised approach were praised which provided further evidence of effective partnership working to support positive outcomes for care receivers.

Is the service caring?

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

The Regulation Officer observed that staff had a warm encouraging manner when speaking with care receivers. Care receivers said:



Feedback from care receivers was that staff gave them practical help with budgeting and health appointments and that activities were available. These included visits to cafes, going out for drives, movie nights, and on occasion, birthdays had been celebrated with a BBQ.

Professionals external to the service described the team as caring and supportive. With a strength of the team being stated as *"the passion they put into bespoke, empathetic and person-centred care", and "they have a compassionate and tailored approach", and "committed and caring".*

Care records contained health histories and current issues and daily records of the support offered and delivered were kept. Personal plans related to the health issues identified and care receivers' voices were represented in the plans. There were risk assessments.

However, the personal plans were not regularly updated. One plan had a review date of ten months, and another had a review date of seven months. The rationale for these timeframes was unclear, and both review dates had passed.

Therefore, there was insufficient evidence that personal plans were being reviewed regularly in partnership with care receivers. Consequently, the requirement to regularly seek the views of care receivers regarding the content, implementation and review of their personal plans remains an area for improvement.

In one care record there was evidence of a risk assessment undertaken by a Care Co-Ordinator. It is acknowledged that it is appropriate to work from this assessment as the Care Co-Ordinator is part of the multi-disciplinary team support for the care receiver and it avoids duplication for the care receiver. However, the assessment had been undertaken four months earlier and there was no evidence a review was planned or had been undertaken by the homes staff.

Additionally, there was no evidence of wider, service-level risk assessments had been undertaken. Therefore, the requirement for the Registered Provider to ensure that appropriate risk assessments are carried out remains an area for improvement.

At the previous inspection, it was noted that there were no formal written agreements in place and this was therefore identified as an area for improvement. This was discussed with the Registered and Deputy Managers, who provided evidence that written agreements were in place for four care receivers, setting out the terms and conditions of the service.

The managers confirmed that agreements were not yet in place for the remaining six care receivers. Therefore, although it was clear that work had been undertaken to meet the requirement, further work is required to fully achieve this, and it remains an area for improvement.

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.

There was an organisational and governance framework in place and a management structure with clear lines of accountability. There was a system to report and review incidents and accidents including those related to safeguarding. The Statement of Purpose was reviewed, and the homes vision and objectives were found to be clear and align with service delivery.

The Registered and Deputy Managers highlighted team working and good team communication as an area of the home that is working well. The Registered Manager acknowledged the regularity of team meeting with recorded minutes needed improving. The Regulation Officer was informed that plans were in place to address this. Feedback from a staff member was *"We have a good team".* Additionally, a professional external to the service voiced that *"The principal strengths of the service, in my view, are that it is well led, cohesive and collaborative."*

The availability and occurrence of appraisal and supervision arrangements were explored. Appraisals were delivered annually, with a review of objectives six months later. Supervision schedules were appropriate to the requirements set in the Standards, and it was positive to note that a template was used as a framework for discussions.

There was one staff member who had not received a six-month review and had only received one supervision session in 2026. However, the Regulation Officer was satisfied that this was being addressed by the Registered Manager to ensure appropriate support was available to them.

A sample of four monthly provider reports was reviewed. Three of the reports did not include an author, date, or details of the method of review. Feedback from care receivers, or their representatives, was not detailed in any of the reports. The reports for April and June 2026 highlighted that complaints had been received regarding noise; however, no outcomes or actions taken were documented.

The report for June 2026 stated, “Recruitment policies followed throughout recruitment process.” As the Regulation Officer had been informed that there had been no new staff recruitment since the previous inspection; it was unclear what this comment referred to. Additionally, though staff working hours had been identified as a key area of concern by the Registered and Deputy Managers, the reports did not indicate that staff working hours had been reviewed.

The Regulation Officer concluded that the reports did not evidence that arrangements were in place for a representative of the service to provide a monthly report on the quality of care delivered and compliance with registration requirements, standards, and regulations. Consequently, this remains an area requiring improvement.

IMPROVEMENT PLAN

There were five 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 7.2 Regulation 17 (4) (a) and 10 **To be completed:** With immediate effect	The Registered Provider must ensure that care/support workers do not work more than 48 hours per week unless under extraordinary circumstances and on a short-term basis only.
	Response by the Registered Provider: The Registered manager is committed to delivering safe, high-quality care whilst ensuring the health, safety, and wellbeing of our workforce. Staff wellbeing is reviewed with the staff members working over 48 hours and staff have sufficient rest breaks and are not exhibiting signs of burnout. The registered provider will monitor & keep a record of any member of staff that is working in excess of 48 hours per week and will ensure that this does not occur other than in exceptional circumstances. This will be escalated to the service manager and reviewed in the governance meeting.

Area for Improvement 2 **Ref:** Standard 3.5 Regulation 9 **To be completed:** 01/12/2026	The Registered Provider will regularly seek the views of the care receiver on the content, implementation and review of the personal plan.
	Response by the Registered Provider: Care plans are reviewed weekly during one to ones and progress with achieving care plan goals reviewed in handover to ensure care delivery is person centred and recovery focussed. As observed by the inspector some care plans were reviewed every 3 months and some longer. All care plans now have a 3-month review date to ensure that they regularly reviewed at a minimum 4 times a year. The Registered Manager will complete a care plan audit every 3 months to ensure this area for improvement is met.

Area for Improvement 3 **Ref:** Standard 8.3 Regulation 8 (4) (5) **To be completed:** 01/12/2026	The Registered Provider must ensure that appropriate risk assessments are carried out.
	Response by the Registered Provider: Risk Assessment and Management Framework assessments will be completed for all the service users by the Registered Manager and Deputy Manager to reflect the risks observed and managed by the Rehab team, which will support discharge planning from Rehab into community settings.

Area for Improvement 4 **Ref:** Standard 2.3 Regulation 6 (1) **To be completed:** by 01/12/2026	The Registered Provider must ensure there will be a written agreement which states how the service will be provided to meet the needs of the person receiving care.
	Response by the Registered Provider: Written agreements are now in place for all service users residing at Clairvale. Service users also sign an agreement on admission. These documents are now in a folder in the office available for JCC to view going forwards and are updated as required at every admission.

Area for Improvement 5 **Ref:** Standard 1.6 Regulation 19 **To be completed:** 01/12/2026	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.
	Response by the Registered Provider: Monthly standards reports are completed by the Registered Manager for review with the designated representative, however these have not been reviewed consistently. Regular monthly reviews will now be re-established to ensure the quality of the care we deliver meets the JCC standards.

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.

This action will be used to confirm completion and provide assurance that the necessary improvements have been achieved.

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

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