Jersey Care Commission

Summary 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

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

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.

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.

The full report can be accessed from here