



**Jersey Care  
Commission**

## **Summary Report**

**Rosevale**

**Care Home Service**

**3 Clos de Stolte  
Princess Tower Road  
St Saviour  
JE2 7UD**

**16 September 2022**

## **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.

Overall, the findings of this inspection were positive. The Registered Manager and staff team engaged fully in the inspection process and ensured that all requests for information and records were fully met.

Care receivers' family members were happy to provide feedback on the home. This evidenced positive working relationships with the staff team and a confidence in the care and support being provided.

The Regulation Officer had the opportunity to spend time with care receivers, who were happy to provide feedback which was consistently positive. There was a very relaxed atmosphere which took account of the individual needs of care receivers.

A review of care plans demonstrated a good understanding of care receivers needs. The staff team were found to be knowledgeable and motivated, providing consistent and positive approaches within their roles.

The environment of the home was noted to be very personalised and domestic in nature. Several areas for general repair and upgrade were highlighted during the inspection visit which require attention. This is an area for improvement.

The Regulation Officer undertook a review of the organisational policies and procedures in place. These were found to be reflective of the requirements of the Care Home Standards.

There were several examples of robust safe systems of working practices within the home. However, some work is required to improve processes in place for the monitoring of first aid supplies. This is an area for improvement.

Training provided to staff was found to be in line with the service's Statement of Purpose and categories of care provided. Training offered is generally consistent with the requirements set out within the Care Home Standards.

## 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.

|  |   |
|--|---|
| <p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 4.3</p> <p><b>To be completed by:</b><br/>within 1 month from the date of inspection (16 October 2022).</p>   | <p>The Registered Manager must ensure that there are systems in place which make certain that the first aid supplies within the home are checked and replaced on a regular basis.</p>   |
| <p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 18</p> <p><b>To be completed by:</b><br/>within 4 months from the date of inspection (16 January 2022).</p> | <p><b>Response by registered provider:</b></p> <p>The Registered Manager has implemented and now has a checklist in place, to ensure dates and stock will be checked every 6months and replaced when needed.</p>  |
| <p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 18</p> <p><b>To be completed by:</b><br/>within 4 months from the date of inspection (16 January 2022).</p> | <p><b>Response by registered provider:</b></p> <p>The Registered Manager has met with the internal Maintenance Manager and completed an Environmental risk assessment of the interior and exterior of the home. Interior work is in progress and the landlord has been contacted to rectify the exterior issues raised.</p> |

The full report can be accessed from [here](#).