



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Rosemary Cottage**

**Care Home Service**

**La Rue De La Vallee  
St Mary  
JE3 3DL**

**Date of inspection:**

**5 September 2024**

## THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, 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 (as amended) to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity, and to encourage improvement.

## ABOUT THE SERVICE

This is a report of the inspection of Rosemary Cottage Care Home, located in a peaceful and quiet area in St Mary. The home is domestic in appearance and features seven bedrooms, some of which have en-suite facilities, two shared lounge areas, a main bathroom, and a kitchen. There is an outdoor courtyard and a garden with a range of seating areas, and in addition, a car is available for staff to assist residents as needed. According to the Statement of Purpose, the service aims to *“provide quality, person centred care for all its residents, and treat them with the utmost dignity, respect, promote and encourage independence, offer freedom of choice, and safeguard the well-being of all residents”*.

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	Type of care: Personal care and personal support Category of care: Mental health, substance misuse Maximum number of care receivers in receipt of combined personal care and support: 7 Age range of residents: 40 years and above

	Maximum number of care receivers that can be accommodated in the following rooms: 1 – 7, one person
Discretionary Condition of Registration	There are none
Date of Inspection	5 September 2024
Time of Inspection	1:30pm – 5:30pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of residents using the service on the day of the inspection	Seven

Rosemary Cottage Care Limited operates the Care Home service, and a Registered Manager is in place. Since the last inspection was completed on 19 May 2023, the Commission met with the Registered Manager and new Provider on 21 September 2023. An application to register the new Provider, Rosemary Cottage Care Limited, was submitted and processed, with registration completed on 11 November 2023. Other than the Provider change, the Registered Manager and other mandatory conditions on registration have remained unchanged.

The Registered Manager had completed the required Level 5 Diploma last year, fulfilling the discretionary condition on the service's registration, which no longer applies. An updated Statement of Purpose was submitted to the Commission to reflect the change in the Provider status.

While the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 defines individuals receiving care as "service users," the home's Statement of Purpose refers to them as residents, aligning with the home's ethos. Therefore, the term "resident" will be used throughout this inspection report.

## 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 findings from this inspection show that the home meets all of the Standards reviewed as part of the key lines of enquiry, demonstrating that it is safe, effective, responsive, caring, and well-led. Residents and their families benefit from responsive care and support built on strong relationships with the staff team and other health professionals.

Residents are treated with respect, and staff have a clear understanding of their needs and what is important to them and their families. There is a motivated, compassionate, and skilled team that supports residents to lead fulfilling lives and achieve their personal goals. This approach shows that care and support are tailored to individualised needs, choices, and preferences. Residents are supported to have regular health checks and attend appointments, and staff promptly address any changes in their health and follow guidance given by other health professionals.

The home's ethos promotes and enhances independence as far as possible, with adequate support provided. Residents live their lives based on their choices, and positive risk management strategies are implemented when potential risks are identified. The management team takes pride in the service, and staff feel valued and respected by them. Ongoing training, supervision, team meetings, and regular, open communication ensure staff are well-equipped and skilled to perform their roles.

A consistent staff team maintains staffing levels. The management team regularly oversees the service and is actively involved in providing hands-on support. The home is comfortable and well-maintained, with improvements in the fire safety and water supply systems completed this year.

No areas for improvement were identified during this inspection.

## INSPECTION PROCESS

This inspection was announced and was completed on 5 September 2024. Notice of the inspection was given to the Registered Manager five days in advance, as the Regulation Officer wanted the residents to be informed so they could offer their views during the visit if they wished.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

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

Prior to our inspection all of the information held by the Commission about this service was reviewed, including the previous inspection report.

The Regulation Officer spoke with six residents and obtained feedback from two of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by two stakeholders external to the service.

As part of the inspection process, records including policies, care records, risk assessments, audit records, fire and service records, written agreements, resident and staff meeting notes, medication records and staffing rosters were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager and Director.

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<sup>1</sup> The Care Home Standards and all other Care Standards can be accessed on the Commission's website at <https://carecommission.ie/Standards/>

This report outlines our findings and includes areas of good practice identified during the inspection.

## INSPECTION FINDINGS

At the last inspection, no areas for improvement were identified.

### **Is the Service Safe?**

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

The Statement of Purpose section 'How the service is provided' describes the assessment and admission process, which the Registered Manager further explained. The records supporting this approach showed that the home considers health professional assessments and information from prospective residents and their families to ensure it can adequately meet their needs.

A sample of completed records showed that the home's assessment document included a thorough evaluation covering relevant standards and specific resident details. The assessment emphasised the residents' strengths and positive qualities rather than focusing solely on the mental health challenges that led to their need for care, which was positive.

Feedback from family members confirmed they were fully consulted during the assessment process and felt included and involved in their relative's admission into the home. They said they had sufficient information about the home and had the opportunity to visit and meet with the Registered Manager before their relative's move.

Residents are provided with written agreements outlining the requirements as specified by the Standards. Additional information about the home's ethos and expectations regarding alcohol and drug use is also provided. A copy of the home's drug and alcohol policy is also offered to residents for reference, which meant residents could have a clear understanding of expectations and responsibilities.

The home's staffing levels are flexible and adjusted to meet residents' needs while always maintaining the minimum required. This allows residents to receive support both at home and when they are in the community. During the inspection, staff were available to assist a resident who requested support while in town. This demonstrated a natural, responsive approach to meeting residents' needs.

The staff team has been stable and consistent for some years, with minimal turnover. The home has a supply of bank staff who are familiar to the residents, ensuring all staff supporting the residents are well-known. The consistency of staffing in the home is a significant strength, especially considering the home's registration category and small domestic setting.

Samples of staffing rosters showed that staff work various shift patterns, and the Standards are maintained so that no staff member exceeds the recommended weekly hours. Staff spoke positively of the shift patterns and rosters and described them as providing a healthy balance between work and personal life. During the inspection visit, the staff-to-resident ratio was sufficient, allowing for natural interactions and conversations, an essential aspect of their role.

Samples of risk management plans were seen, which showed that residents are actively involved in discussions about how they want to live their lives, reflecting a positive approach to risk-taking. The assessments demonstrate that the home sees helping residents manage risks as a key part of their responsibility, highlighting respect and consideration in supporting residents in making informed risk-related decisions.

The home has robust medication management systems in place; staff are provided with relevant training and their competency is regularly assessed as the Standards require. The medication systems were discussed with the Registered Manager, and the medication policy, samples of medication administration records, and audit outcomes were reviewed.

This review demonstrated that the home adopts safe medication management practices in line with the Standards, and records show residents are fully involved in this aspect of their care.

The home has a range of policies addressing the safety of residents and has made substantial investments this year in upgrading the fire sprinkler and water supply systems. The Registered Manager liaised with relevant authorities and completed risk assessments before the upgrades. The home's fire certificate remains valid until January 2027, and the fire service inspected on August 7, 2024. A review of the fire safety logbook evidenced that all safety checks, including fire drills, are completed routinely. Six staff have been booked to attend fire marshal training in October 2024. Service records also showed that water safety and electrical equipment were checked to ensure their safety.

Residents and their families are made aware of the home's complaints policy, as confirmed by two representatives who knew how to raise concerns formally and informally. Both expressed confidence in being able to approach the management team at any time should they need to. However, they expressed intense satisfaction with the quality of care and support provided to their relatives. Residents said that they felt comfortable speaking freely to the staff team and communicate any concerns to them. No complaints had been raised since the last inspection.

Feedback from two external stakeholders and two representatives indicated that the home provides a secure and supportive environment and ensures residents' well-being and safety. Stakeholders commented on the team's strengths in promoting emotional and mental stability.



## Is the Service Effective and Responsive?

Assessing the organisation of the service so that care receiver's needs are respected and met.
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Samples of care plans reviewed showed how residents' needs, preferences and choices are addressed. They contained many relevant, person-centred details, showing that they are fully involved in the initial development and ongoing reviews that follow. The support plans showed that the residents are included in their care and support and that staff listen to their views, which confirms that they have a sense of ownership and control as is described in the Statement of Purpose.

The records also describe their interests, and there is evidence that they are supported to spend time doing things they like. They also describe the level of support needed to partake in activities. There were some excellent examples where residents developed their confidence through activities such as using public transport, attending community events, shopping, and attending health appointments. Based on the content of the care records, it was clear that the staff team understood residents' needs and what was important to them, and they knew them well.

The management team provided a comprehensive overview of resident needs, demonstrating a deep understanding of their emotional, physical, and mental health care requirements. They had a clear understanding of the home's registration limitations and ensured that the support provided aligned with the skills of the staff team. Where health conditions deteriorate or change, the staff team responds quickly and takes action as necessary. A very good example of this was provided during the inspection.

Staff were observed talking with the residents in 1-1 conversations acknowledging their individuality, which highlighted the strong professional relationships in place. One staff member was seen providing support to a resident per their care plan, which was also described by the management team, showing that they knew the exact approach to support changes in health. The staff member was calm and confident during their interactions, resulting in a noticeable improvement in the resident's demeanour.

The Registered Manager had informed the residents in advance that the inspection visit was taking place. The Regulation Officer spent time in the lounge chatting with the residents, and overall, their feedback was positive about the staff team and the environment. Observations showed that residents appeared relaxed, comfortable and at ease, reflecting a sense of security in their homes. Residents were seen coming and going as they preferred, demonstrating that the home environment empowers residents to choose how they spend their time.

Two representatives also shared their views with the Regulation Officer, and both expressed immense satisfaction with the care support provided to their relatives. They expressed confidence in the open communication with the staff team and praised the quality of care provided to their relatives and the inclusive support provided to wider families. They felt the home offers a supportive, respectful, nurturing environment without being overly protective or restrictive.

The minutes of resident meetings were reviewed, which showed that relevant issues concerning the home are openly discussed. The records showed that daily activities, food, and money were discussed, and that everyone's voice was heard and respected.

## Is the Service Caring?

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

The management and support staff spoke with respect and consideration of residents' histories, family relationships, and how their mental health challenges impacted their daily lives. Feedback from residents, their families, external stakeholders, observations during the inspection, and a review of records all confirmed the home provides fundamental care and support by a compassionate and caring staff team.

Relatives commented on the team's welcoming and open communication, which, along with the nurturing, homely atmosphere, reflected the home's caring approach. The management team described improvements in some residents' lives and overall progress. This demonstrated the staff team's commitment to believing in residents' potential to lead better lives, enhance their well-being, build confidence, and develop their life skills.

The management team maintain a hands on presence in the home, regularly reviewing care practices to ensure they are appropriate and in line with residents' care plans, and focus on continuous improvement in the quality of care provided. The home places a strong emphasis on providing individualised care and support accounting for residents' differing needs.

Feedback from two external stakeholders complimented the staff's caring and professional approach in supporting the residents. They described that the home works effectively with them, has built good relationships, and is clearly committed to achieving the best outcomes for the residents. Their comments included;

*"The staff have been consistently of a very high quality in their approach and support, the well-being and choices of residents are always of paramount importance in the approach of the staff and management of the Cottage. I have always felt that their best interests and health are put first. It is very much a collaborative approach, and we are given as much information as is permissible and appropriate."*

*“I have always found the staff extremely professional, and they have always made me feel very welcome at the home. It is clear they take pride in the care given to each residents and highlight the importance in supporting the resident’s rehabilitation. They take time to explain the complexities and level of care the residents need in a sensitive manner, which is respectful to the residents. The setting feels very homely and calm, and they are always hospitable.”*

Residents are encouraged to eat healthily and are involved in the planning, cooking and shopping for food. Menus are displayed in the kitchen, and all residents contribute to the evening meal choices. During the inspection, one resident was preparing the evening meal, tasks which residents typically take turns doing. If residents don't like the option chosen for that night, or if they'd prefer something else, alternative food options are provided.

Foods are healthy, purchased from a high-quality supermarket, and no convenience foods are provided. One relative expressed satisfaction with the home's approach to cooking and nutrition, and residents also told the Regulation Officer about the foods provided. On the inspection day, residents said that they had gone out for lunch as part of a social outing.

The atmosphere in the home during the inspection was warm, homely and welcoming, reflecting a supportive, relaxed environment. It was comfortably furnished, and residents were making use of all of the indoor and outdoor communal areas. Several improvements to the environment have been made, including new bathroom flooring, redecoration of the lounge, a new front door, the addition of garden furniture, and updates to residents' bedrooms.

## Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.

The Registered Manager and Director maintain a daily presence in the home, providing hands-on support, and are well-known to residents, families, health professionals and other stakeholders. The staff team is experienced, knowledgeable, and highly motivated to deliver appropriate support per person-centred principles adhering to the home's policies, aims and objectives.

Staff spoke of a transparent and open culture and described feeling comfortable discussing a range of matters with colleagues and the management team. They said they were happy in their workplace, considered themselves fortunate to work in the home, and reported high morale, feeling respected and valued. Staff turnover is low. The results of a staff survey completed in March was positive.

The whole staff team involve residents in all parts of their care and support, and they are asked to provide feedback on their experiences so that the home can improve where necessary. The results of the resident survey completed in March assessed their views on the environment, safety, privacy, and care, which highlighted a high level of satisfaction in these areas. Along with resident meetings, this approach demonstrates the home provides residents with opportunities to share their views to influence change and improvements.

The service audits itself and samples of their monthly reviews showed a good approach to quality monitoring, ensuring that the service operates effectively in accordance with its policies and the Commission's Standards.

Staff receive regular, recorded supervision in timescales that meet the Standards. Supervision discussions are planned and scheduled, covering a wide range of matters such as performance, training, resident support requirements, and personal development goals, with action plans developed as needed. The responsibility for staff supervision is shared between the management team, who also provide an on-call response out of hours.

Appraisals are carried out annually, and samples of records show that both staff and the Registered Manager express their views on their progress and report on their practices. Evidence shows that staff competency in personal care, adherence to infection control protocols, and food safety practices are routinely assessed. The home's protocols state that staff are not considered safe to work unsupervised until they have been assessed as competent and have completed all mandatory training. Team meetings are held regularly, and there was evidence these most recently occurred during May and August.

All staff, except for two bank staff members have completed the required Level 2 vocational qualification in health and social care, with one staff member nearing completion. Three staff members hold Level 3 qualifications. The skill mix is considered when planning staffing rosters and meets the Standards, ensuring that at least 50% of staff on duty who hold a Level 2 qualification or higher.

The home has engaged with a local training provider to develop more face-to-face training next year. The Registered Manager provided a training and development plan that shows that mandatory training, in addition to other training relevant to the home's categories of registration, is provided to staff. Staff administering medications have completed a Level 3 qualification as the Standards require.

Notifiable events are reported, and the management team has demonstrated transparency in communications with the Commission. The notifications included events and actions taken and evidence of communications with health and social care professionals.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during this inspection and 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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