



**Jersey Care
Commission**

INSPECTION REPORT

Glanville Care Home

Care Home

**70-74 St Mark's Road
St Saviour
JE2 7LD**

27 March and 3 April 2025

13 May 2025

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 on the inspection of Glanville Care Home. The care home is operated by Glanville Home for Infirm and Aged Women and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Care Home
Mandatory Conditions of Registration	
Type of care	Personal care and personal support
Category of care	Adult 60+
Maximum number of care receivers	25
Age range of care receivers	60 years and above
Maximum number of care receivers that can be accommodated in each room	Rooms 3-8,10-12,14-25, 27-30 1 person

Discretionary Conditions of Registration
<p>Bedrooms 17 and 18 (have a sink and no toilet) are to be used to provide respite care only to ambulant care receivers.</p> <p>Temporary alteration to use a respite room to accommodate a permanent resident in receipt of end-of-life care.</p>
Additional information:
<p>The Statement of Purpose was updated as part of the inspection process to recognise staff changes.</p>

As part of the inspection process, the Regulation Officer evaluated the home's compliance with the mandatory conditions of registration and discretionary conditions 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 seven days before the visit. This was to ensure that the Registered Manager would be available during the visit.

Inspection information	Detail
Dates and times of this inspection	27 March 2025, 09:39-16:40 03 April 2025, 09:30-13:40
Number of areas for improvement from this inspection	Three
Number of care receivers accommodated on day of the inspection	24
Date of previous inspection: Areas for development noted in 2025 Link to previous inspection report	18 July 2024 One IRGlanvilleCareHom20240801Final.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for development identified at the previous inspection on 18, 19 July and 01 August as well as these specific new 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 development identified at the last inspection

At the last inspection, one area for development was identified, and the Registered Provider submitted a development plan to the Commission setting out how these areas would be addressed.

The development plan was discussed during this inspection, and it was positive to note that the development had been made. This means that there was evidence of an induction competency assessment tool.

Areas for development will now be referred to as areas for improvement.

4.2 Observations and overall findings from this inspection

Since the last inspection, all employees have completed a staff induction competency checklist regardless of how long they have worked in the home.

The shift rota provides a blend of experienced staff to meet the needs of the care receivers, and two new senior posts have been added to strengthen leadership in the home and provide operational support for staff.

The staff consulted provided positive feedback on the culture in the home and the leadership and shared how they appreciate having time to interact with the care receivers and their representatives.


Safe recruitment practices are an area of good practice, and the staff personnel files were orderly and complete.

There was evidence of risk assessments that had undergone regular review. Care plan reviews had not been conducted as per the internal processes, and by the second day of inspection, the Registered Manager shared a plan for the forthcoming year of dates planned for care plan reviews. Care plan reviews are an area for improvement.

A review of a sample of staff rotas found that staff members are flexible to rota changes and, when required, work an overtime shift. Minimum safe staffing levels are maintained, but staff have exceeded the maximum number of hours the Standards state they can work due to the unforeseen absence of their colleagues and staff recruitment. This is an area for improvement.

Carers and support workers attend a six-hour mandatory care training day, which covers most of the compulsory training required by the Commission. On reviewing the training matrix, it was apparent that staff had not been attending essential safeguarding training. Following the inspection, the Registered Manager will arrange specific safeguarding training. This is an area for improvement.

Feedback was collated as part of the inspection process from care receivers, their representatives, members of staff and professionals external to the service. All the feedback received was complimentary of the home, the care, the staff and the Registered Manager.



A healthcare professional shared:

Staff are wonderful, caring and knowledgeable about their residents.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The 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 previous inspection report, reviews of the Statement of Purpose, variation requests and notification of incidents.

The Regulation Officer gathered feedback from three care receivers and five of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was sought from five professionals external to the service and three responded.

As part of the inspection process, records including policies, care records, incident reports, induction competency checklists and compliments were examined.

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and Deputy Manager and confirmed the identified areas for improvement by email 13 days following the inspection.

This report sets out our findings and includes any areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an improvement plan is attached 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 development	
Focus	Evidence Reviewed
Induction competency assessment tool	2 examples of completed comprehensive induction competency assessment tools were reviewed by the Regulation Officer. One checklist was fully completed, and the other is ongoing as the staff member is still within their probationary period.
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<p>Policies including:</p> <p>Complaints, Suggestions and Compliments</p> <p>Absence of Registered Manager</p> <p>Significant Restriction on Liberty (SRoL) and Restrictive Practices</p> <p>Capacity and Self Determination</p> <p>Health and Safety</p> <p>Residents, their rights-Prevention and Definitions and how to report Abuse of Residents</p> <p>Staff training matrix</p> <p>Feedback from carers and care receiver representatives</p> <p>Supervision records</p> <p>Induction competency checklist</p> <p>Glanville Staff Induction and Declarations handbook</p>

	<p>Staff handbook</p> <p>Supervision record</p>
Is the service effective and responsive	<p>Care receiver survey comments and 'You said, we did' feedback</p> <p>Draft disaster recovery plan</p> <p>Feedback from care receiver's representatives</p> <p>Feedback from professionals external to the service</p>
Is the service caring	<p>Observation</p> <p>Feedback from care receiver's representatives</p> <p>Welcome to Glanville leaflet</p> <p>New admission checklist</p>
Is the service well-led	<p>Discussion with staff</p> <p>Staff rota</p> <p>Independent inspection reports</p> <p>Statement of Purpose</p>

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Evidence of safe recruitment practices is an area of good practice. The home is currently conducting an internal audit of the personnel files, and it was pleasing to see that the sample of files reviewed contained the necessary paperwork, including a record of the interviews. Depending on the seniority of the recruited post, the interview panel included at least two-panel members. A written exercise is included as part of the interview process to ensure a basic level of written English, and several pertinent interview questions relating to care and specific scenarios are included to ensure a consistent approach to safe recruitment.

Member of staff feedback:

Staff team morale and staff supporting each other is outstanding.

Staff risk assessments were also evident within the personnel files, and a staff member shared that they had been involved in completing their required risk assessment and felt supported by the Registered Manager.

The staff rota was reviewed, and some staff were found to exceed the maximum of 48 hours per week. The Registered Manager explained that this was necessary due to unforeseen circumstances and on a short-term basis only. It is commendable that carers and support staff are willing to accept additional hours and staff welfare, and the safety of the care receivers is prioritised. The Regulation Officer requested further rotas and confirmed that due to absence, staff members have worked more than 48 hours but have had adequate rest periods. It would appear there is not sufficient staff numbers to provide contingency for staff absence. The Regulation Officer concluded that staff working beyond the maximum number of hours is not on a short-term basis. This is an area for improvement.

The home operates a senior on-call for staff support, and an example was given where, a senior staff member was responsive to a call for support out of hours, which was appreciated by the staff team. The home continues to operate by having four teams who work and train together and provide a good skill mix.

New employees have a six-month induction and probationary period; a sample of induction records was reviewed during the inspection process. Following last year's inspection, a comprehensive induction competency checklist was introduced, identifying any additional support required and training needs. It was pleasing to see competency checklists for all the different staff positions held in the home, and all staff have completed competency checklists on file that have manager oversight.

A staff training matrix was provided during the inspection process, and evidence was provided of when training was last attended and when it was due. There is a plan for staff training relevant to the home this year, and one staff member will attend the falls and frailty champion training. The Regulation Officer could not determine staff attendance at safeguarding training via the training matrix and requested this be organised and added to the training matrix. Ensuring all staff have up to date safeguarding training is an area for improvement.

It is positive to note that since the inspection, the Registered Manager has sourced a dedicated safeguarding training session that will be delivered to the staff team during this year.

There have been no referrals made by the service to adult safeguarding since the last inspection, and a detailed draft of the safeguarding policy is in progress. The Regulation Officer recommended that the policy include the essential safeguarding training required by the staff team. Carer and support workers shared that they would escalate safeguarding concerns to the Registered Manager per the draft policy 'Residents, their rights – Prevention and Definitions and how to Report Abuse of Residents'.


During the review of care records, many examples of risk assessments were seen. One risk assessment reviewed related to the Significant Restriction of Liberty (SRoL) team being unavailable to assess capacity and the measures taken by the home to ensure the safety of the care receiver without imposing unnecessary restrictive practices. In another care plan, a risk assessment had been completed due to the potential effects of medication on the care receiver's mobility and the introduction of a sensor mat.

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 Regulation Officer was satisfied that care receivers and their families have access to information regarding the home, and since the last inspection, the care receiver's handbook has been updated. The handbook is written for the care receiver and impresses that Glanville is their home and that their care is the top priority of the staff team. Fees are not available within the handbook but are detailed in the written agreement signed by the Registered Manager and the care receiver. The home's website is currently being reviewed, and for transparency, it was suggested that consideration be given to publishing the fees. A relative confirmed that they were made aware of the home's fees during the initial assessment.

The Registered Manager conducts an initial needs assessment to ensure the home is able to meet the needs of the care receiver. The assessment is completed with the care receiver to gain insight into their life and identify their preferences, needs, and wishes. One care receiver shared, "*I definitely felt listened to*".



A healthcare professional shared that the initial assessment process is:

Very refreshing as it is not just about filling beds, it's all about the care receiver.

An area of good practice evidenced in the care plans is the home assisting the care receivers in applying for 'pension plus'. Many care receivers were unaware they might qualify for dental assistance, and General Practitioner (GP) costs before the home initiated this.

The Regulation Officer was informed that care plans are updated as and when required and at least six monthly, in line with internal processes. A small sample of care plans was reviewed, and 50% of the care plans had not been reviewed and met the home's six-month target. The Regulation Officer was informed that the planned six-month review was not conducted due to installing a new lift and prioritising care needs and the care receivers' safety during this home disruption. This is an area for improvement.

However, it was encouraging to note that during the second day of the inspection process, the Registered Manager provided a plan for the next year detailing when the six-monthly reviews are to be conducted and by whom. The plan includes time for an internal audit of the care plan reviews and risk assessments by the senior management team.

The Regulation Officer saw evidence within care plans of person-centred care and documentation supporting conversations had with care receivers where they have shared sensitive information, and the response provided. Copies of accident forms were seen and found to be completed well, detailing the injury, how it was sustained and any treatment required.

It was pleasing to see an improvement in the care plan's record-keeping since the last inspection. From the sample seen, there was an entry in each care record for every shift, which was dated, timed and initialled.

Archiving of records was discussed, as care records dating back to 2023 were in the care receiver's file. The Regulation Officer recommends that a policy be devised to include safe storage of records and a process for archiving records.

The Regulation Officer was pleased to receive a copy of a presentation of the Disaster Recovery Plan, which references the existence of a business-as-usual team to ensure the home continues to run as close to normal as possible. There is a plan for transferring care receivers to a designated safe place should the home require evacuation and actions to be taken following data loss.

A survey was conducted at the beginning of the year to obtain service user feedback and yielded an 86 per cent response rate. Care receivers were asked what they liked most about Glanville, and responses included:

“All the staff are wonderful. Environment is lovely. I am very happy here.”

“As close to being a personal home as it can be.”

“I am free to do what I want to do. I feel safe and supported.”

Furthermore, a care receiver shared with the Regulation Officer, *“the staff are marvellous, every one of them!”*

Is the service caring?

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

Care receivers are encouraged to be as independent as possible with their activities of daily living, and needs are adjusted and reflected in the care plans as and when required. Daily records are documented, and it was evident that the carers respond to the needs and wishes of the care receivers and respond appropriately to their thoughts and feelings. One carer shared that a care receiver requested a visit to the florist, so they accompanied the care receiver to walk there. The carer shared, *“I have time to get to know the care receivers and have time to sit and talk with them”*.

End-of-life care wishes are discussed with care receivers, and it was recognised during the inspection process that the discussion with the care receiver should be elaborated upon to include additional aspects of end-of-life care wishes.

The whole staff team have received training about the Gold Standards Framework in End-of-Life Care and the home operates in conjunction with partner agencies to provide person-centred end-of-life care. There was evidence of a best-interest decision made regarding Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) due to a lack of capacity in a care plan.

The home continues to grow its own fruit and vegetables, which are included in the seasonal menu. Care receivers can choose two hot meals daily, and requests for alternative foods are accommodated. One care receiver shared, *"The food is great, and I have not eaten so well as I have here"*. Another care receiver expressed, *"The food is ok; sometimes the portions are too big. The soups are marvellous, always vegetables with the meals which are uninspiring at times"*. A third care receiver shared, *"The food is beautiful and excellent"*.

The care receivers have requested that alternative activities be provided, including Formula One Grand Prix screening. Additional activities have been introduced, and it is hoped that care receivers can participate in a sailing opportunity should they wish. One care receiver informed the Regulation Officer that they particularly enjoy playing dominoes. Since the last

inspection, there has been an introduction of the Pat Dog Association visiting the home with Rufus, the dog. This was in response to care receivers enjoying relatives bringing their dogs into the home to visit. One care receiver is making enquiries regarding the feasibility of having a visit by a miniature pony. The home has

benefitted from facilitating school and college student placements where students have gained experience from shadowing care provision and leading different activities, including bingo. Friends of care receivers are also encouraged to participate in activities during their visits should they wish.

Student feedback:

We really enjoyed being able to assist and get involved with tasks and activities and are grateful for all the opportunities you have given us.

It was feedback from a family member that the staff “*Respect the privacy of Xxx, and she has a choice whether she wants to join in or not*”.

A relative feedback that while they have a lasting power of attorney (LPA) for their relative, the Registered Manager respects that the care receiver has capacity and maintains care receiver confidentiality. When the Registered Manager has anything that needs to be discussed with the relative who has LPA, the care receiver is also present. Feedback provided by an external professional to the service included, “*The manager has demonstrated a good understanding of capacity and is always open and honest to deal with*”.

It was evident that staff respected the privacy of care receivers, and the Regulation Officer witnessed staff knocking on the door of the care receiver’s rooms before entering. If a care receiver wishes to remain in their room rather than come downstairs to eat or join activities, their wishes are respected. Many care receivers are independent, and since the last inspection, two new shower rooms have been refurbished with aids to enable care receivers to maintain independence where possible.

There is currently no policy in place to guide staff in the event that a care receiver wishes to commence an intimate relationship with a partner while living at the home. While the home actively encourages and welcomes visitors, the absence of clear guidance may limit the team’s ability to offer appropriate, person-centred support in these situations. Feedback from the care receiver survey showed that what a care receiver liked most about the home was that it was for ladies only.

The survey results complimented the home, the Registered Manager and the staff team. The Regulation Officer was informed that the best thing about being in the home is “*The homeliness. A community of ladies who live together with a team there to support them. Home from Home*”. A recurring comment made by the care receivers and relatives was, “*I can’t sing the praises enough of the staff*”, and “*Lovely place, anyone who wanted to move here couldn’t want for better*”.

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 home has notified the Commission of relevant incidents in line with the Care Home Standards. Valuable learning for the staff team is disseminated following internal incidents, and one particular incident resulted in a multidisciplinary team learning, where staff were provided with support immediately following the incident.

The Registered Manager has outsourced policy work that will be bespoke to the home. It has been recognised that the current policies need to be more succinct and easier to read, and a system will be introduced whereby any changes made to a policy during the regular review can be easily identifiable. New policies and procedures will be ratified at the next committee meeting, including the absence of manager, restrictive practices, and capacity and self-determination policies. The capacity and self-determination policy includes guidance for staff to recognise when a capacity assessment is required and the process for referring care receivers for an independent assessment. Staff at the home are committed to respecting and promoting the rights of care receivers, ensuring that each individual is supported in making their own decisions wherever possible.

The complaints, suggestions and compliment policy and procedures, dated 2021, is an example of a policy to be prioritised by the independent policy writer.

A care receiver suggested more minibus outings, so there is a plan to produce a volunteering policy so that volunteers can be sought to drive the minibus.

The Statement of Purpose reflects a clear management structure with clear lines of accountability in the home. Four teams work a rota system, and a care manager with operational oversight was recently introduced. A new, experienced Deputy Manager has recently joined the service to support the Registered Manager and work together to implement continued improvements in the home for care receivers and staff.

Ideas for the future include the introduction of the resident of the day. The senior team will meet with the care receiver to review and update their care plan with them, including new dietary requirements and activities they would like to be involved with. On the same day, their bedroom will be cleaned thoroughly.

There are also plans to introduce fire marshal training, including a fire evacuation simulation at the home. A decision has been made to postpone further home decoration and prioritise installing a sprinkler system to comply with future fire regulations.

As part of the home's governance framework, audits are conducted to ensure safe medicine practices, with any learning disseminated to the staff team to improve standards. However, the date of opening not being written on a medication box is a recurring theme from last year's inspection and the home needs to consider how this learning will become embedded in practice.

A daily notes audit has been implemented since the last inspection, and on review of the completed audit forms, there was evidence of good compliance.

During the inspection process, the complaints and compliments folder was reviewed. Since the last inspection, no formal complaints have been made. Care receivers and relatives shared that if they had any concerns, they could approach the Registered Manager, who would address the concern and seek a timely resolution.

Staff informed the Regulation Officer that the Registered Manager is open to suggestions and motivated to upskill staff to take on additional roles. A suggestion to introduce a new 'admission to the home' checklist was implemented to ensure that all the necessary procedures had been followed.

The Registered Manager recognises memory impairment as part of the ageing process and the Regulation Officer was given the example of where the safety of a care receiver was maintained by relocating them to a different room that was better suited to them. If required, a care receiver with dementia will be supported to transition to a suitable dementia care facility. An external training session about dementia care was delivered to the staff team last year. If necessary, the home has strategies to ensure the safety of the residents who may become confused or disorientated due to ill health and attempt to leave the home when it may not be in their best interest.



A healthcare professional shared:
The manager has demonstrated a good understanding of capacity.

Staff and care receivers gave feedback to the Regulation Officer about how happy they were to work or live in Glanville Residential Home and expressed mutual respect. Staff shared that they work well as a team and always have the care receiver's best interests in mind. Feedback received from family members was that *"Staff go above and beyond, and I can't sing their praises enough"*. The Regulation Officer consistently received positive feedback from care receivers, their representatives, members of the staff team and professionals external to the service, which is commendable.

IMPROVEMENT PLAN

There were three areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 2.6, Regulation 9 (2) (b)</p> <p>To be completed: by 31 August 2025</p>	<p>Care plans will be reviewed at least every six months and revised as required.</p> <p>Response by the Registered Provider:</p> <p>Glanville Care Home wishes to clarify that, at the time of the inspection, all resident care plans were up to date, having undergone a full review in January 2025. We acknowledge that the recommendation made refers to an internal process improvement; however, we would like to emphasize that we are compliant with the Jersey Care Commission standards.</p> <p>Care plans at Glanville are live documents that reflect the current, factual needs of each resident. During the inspection process, it was explained to, and verified by the inspector that any changes arising between formal review dates were appropriately updated within the individual care plan folders, with clear evidence of these updates present.</p> <p>We take our responsibility to maintain accurate, person-centred care documentation seriously, and we remain committed to ongoing internal review processes to ensure we continue to meet and exceed regulatory expectations.</p>
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<p>Area for Improvement 2</p> <p>Ref: Standard 4.1, Regulation 11 (1) (d)</p> <p>To be completed: by 31 December 2025</p>	<p>The service must ensure all care/support workers have adequate training in safeguarding so that they will recognise abuse or the risk of abuse and know what to do if they have concerns.</p>
	<p>Response by the Registered Provider:</p> <p>Glanville acknowledges the Jersey Care Commission's recommendation and safeguarding training will be delivered as a standalone unit. We would like to clarify that, safeguarding content has been incorporated within the broader suite of mandatory training modules delivered by our external training provider, rather than presented as a separate, dedicated course.</p> <p>However, following the Care Commission's guidance during the first inspection visit, we have taken prompt action to address this point. Safeguarding training as a standalone unit has already been booked for all relevant staff, ensuring full alignment with the Commission's expectations.</p> <p>We would also like to emphasise that at no point has this been an area of concern for the operation of the service, as our staff are fully aware of safeguarding procedures, including recognising signs of abuse and knowing how to respond to concerns. This has been consistently reflected in previous inspection outcomes and daily practice.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 3.9, Regulation 17 (4) (a)</p> <p>To be completed: by 31 August 2025</p>	<p>Care/support workers will not work more than 48 hours per week unless under extraordinary circumstances and on a short-term basis only. A contingency for unforeseen absence is required to ensure that the home is not reliant on staff to work more than 48 hours regularly.</p>
	<p>Response by the Registered Provider:</p> <p>We acknowledge the observation relating to care staff occasionally working more than 48 hours per week. We would like to reassure that this is not standard practice at Glanville, nor is it indicative of a wider issue. The instances referenced were the result of isolated and exceptional circumstances, each arising unexpectedly and at different times. While these situations may have appeared continuous, in reality, they were separate and individually managed.</p> <p>These occurrences were directly linked to recruitment delays, particularly due to the time required to complete thorough and safe recruitment processes, which we remain committed to upholding. In each case, interim measures were taken to ensure that the quality of care remained unaffected, and staffing levels remained safe.</p> <p>It is important to note that staff members who covered these additional shifts did so voluntarily through an internal system that allows individuals to opt in for extra duties based on their availability and willingness. This approach ensures that no undue pressure is placed on staff, and any additional hours are agreed upon transparently.</p>

	<p>Furthermore, the inspection report clearly highlights that staff remain very happy in their roles, with no concerns raised in relation to the additional hours worked. Staff also benefit from above-minimum rest breaks, and their morale and commitment were evident throughout the inspection process. In fact, residents themselves expressed appreciation for the consistency and continuity of care, which is recognised as one of Glanville's key strengths.</p> <p>We continue to closely monitor working hours and staffing levels, and we are actively improving our recruitment strategies and contingency planning to prevent similar situations from arising in the future. We remain fully committed to meeting and maintaining JCC standards, while prioritising staff well-being and the high-quality, consistent care our residents value.</p>
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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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