



**Jersey Care
Commission**

INSPECTION REPORT

Ronceray Care Home

**Rue du Huquet
St Martin
JE3 6HE**

**Inspection Date
24 and 26 February and 19 March 2025**

**Date Published
27 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 of the inspection of Ronceray Care Home and there are interim management arrangements in place pending the appointment of a new registered manager.

| Registration Details | Detail |
|---|------------------------------------|
| Regulated Activity | Adult Care Home |
| Mandatory Conditions of Registration | |
| Type of care | Personal care and personal support |
| Category of care | Dementia |
| Maximum number of care receivers | 22 |
| Maximum number in receipt of personal care/personal support | 22 |
| Age range of care receivers | 55 years and above |

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| Maximum number of care receivers that can be accommodated in each room | Rooms 1-23 (no room 13)- One person per room |
| Discretionary Conditions of Registration | |
| <p>Ronceray Care Home may not provide support to any additional care receivers other than those who already reside within the home at the time that this condition is imposed.</p> <p>This condition is to remain active until such time as the Commission is satisfied that:</p> <ul style="list-style-type: none"> • The internal investigation has concluded with outcomes and actions identified and completed; • The Commission is assured that the interim management arrangements within the home are sufficient and sustainable; • There is evidence that actions have been taken to improve practices within the home; • Sufficient members of staff who have not completed the Level 2 Care Vocational Qualifications and specialised Dementia training have commenced this training. | |
| Additional information: | |
| <p>Following the annual inspection conducted on 29 & 31 July 2024, a further focused inspection took place on 11 & 18 November 2024. This was prompted by a safeguarding concern related to medication management within the home.</p> <p>At the time of this inspection, the Area Manager was providing interim management cover in addition to their substantive role as Registered Manager at the sister care home. For the purposes of this report, they will be referred to as the Interim Manager.</p> <p>The previous Registered Manager, appointed in August 2024, is no longer in post at Ronceray Care Home.</p> <p>An updated Statement of Purpose was submitted during the inspection.</p> | |

As part of the inspection process, the Regulation Officers evaluated the homes compliance with the mandatory conditions of registration and the discretionary conditions required under the Law. The Regulation Officers concluded that all requirements have been met.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was unannounced. The Interim Manager was present for the three days of the inspection visits.

One Regulation Officer and the Pharmacist Inspector were present on the first day of the inspection. Two Regulation Officers attended on the second day, and one Regulation Officer attended on the third day. References to those who gathered information during the inspection may vary between 'the Regulation Officer' and 'regulation officers'.

| Inspection information | Detail |
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| Dates and times of this inspection | 24/02/2025- 08:30-12:30 26/02/2025- 08:30-13:00 19/03/2025- 08:40-14:40 |
| Number of areas for improvement from this inspection | Eight |
| Number of care receivers accommodated on day of the inspection | Eight |
| Date of previous inspection: | 11 and 18 November 2024 |
| Areas for improvement noted in 2024 | Three |
| Link to previous inspection report | IRRonceray2024.11.18Final.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 new lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**
- **End-of-life care**

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for improvement identified at the last inspection

At the last inspection which was focused and took place on 11 and 18 November 2024, three areas for improvement were identified, and the Registered Provider submitted an improvement plan to the Commission setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note progress in some areas. However, several areas still show insufficient progress and require further attention.

- There are currently not enough staff trained to Level 2 Diploma in Adult Health and Social Care, with fewer than 50% of care workers on duty at any given time holding the required qualification. Progress in supporting staff to complete this qualification has been limited, and this remains an ongoing area for improvement.
- There has been positive progress in supporting staff to complete the mandatory and essential training required for their roles. Where training is still outstanding, face-to-face courses have been scheduled in the near future to ensure compliance. As a result, staff training is no longer identified as an area for improvement.

- Some improvements have been made in safe medication practices within the home. However, the Pharmacist Inspector identified ongoing areas where further improvement is needed to ensure medication is managed safely. This continues to be an area for improvement.

4.2 Observations and overall findings from this inspection

Since the last inspection, the home has experienced several challenges that have impacted its ability to meet the needs of the care receivers consistently. Frequent changes within the management and care staff team have contributed to a period of instability, affecting the overall continuity and effectiveness of service delivery.

The staff consulted provided positive feedback on the changes in the home over the last few months, especially regarding leadership, staff availability to cover shifts, and ensuring structure to the care that is provided to care receivers.

Some improvements in medication management have been made since the focused inspection on 11 and 18 November 2024. However, further progress is still required, and medication management will remain an ongoing area for improvement.

An infection control audit was completed by the Community Infection Control Nurse on 11 February 2025. While a few minor actions were identified for the home, the overall findings were positive.

End-of-life care practices were reviewed, and some positive approaches were noted. However, further staff training is needed to strengthen knowledge and confidence in broader palliative care practices.

Recruitment practices within the home require improvement to ensure they meet safe recruitment standards. Recent checks identified inconsistencies in recording interview outcomes, gaps in the management of Disclosure and Barring Service (DBS) checks, and a lack of robust processes for obtaining and verifying references.

A sample of care records was reviewed, which evidenced appropriate record-keeping, including relevant care needs assessments, care plans, risk assessments, and supporting documentation for individual care receivers.

Supervision practices require some improvement. Records reviewed for several staff members had been typed by the previous supervisor and contained repetitive narratives across different individuals questioning the validity of the information. However, there has been evidence of improvement in supervision practices during the first quarter of 2025.

The home has experienced ongoing challenges in recruiting an activities coordinator, with the role lacking stability since the last annual inspection in July 2024. As a result, there has been an inconsistent focus on the provision of meaningful activities for care receivers. This remains an area for improvement.

A review of the training matrix provided by the Interim Manager evidenced compliance with mandatory training requirements. It was also noted that additional specialist face-to-face training, identified as essential for care staff in the home, has been arranged and is scheduled to take place in the coming months.

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, the Statement of Purpose, the discretionary conditions, complaints and concerns, and notification of incidents.

¹ All Care Standards can be accessed on the Commission's website at <https://carecommission.je/>

The Regulation Officer gathered feedback from one care receiver and attempted to gather feedback from six representatives, three responded. They also had discussions with the service's management and other staff members. Additionally, feedback was requested from four professionals, two professionals external to the service provided feedback.

As part of the inspection process, records, including policies, care records, incidents and complaints, supervision and training records, and interview notes, were examined.

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Interim Manager and followed up on 21 March 2025 by email confirming the identified areas for improvement.

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.

5.2 Sources of evidence.

| Follow up on previous areas for improvement | |
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| Focus | Evidence Reviewed |
| Level 2 Diploma training for care staff to meet minimum standard | <p>Discussion with the Interim Manager confirmed that less than 50% of staff on each shift have a minimum Level 2 Diploma qualification.</p> <p>The Interim Manager provided a matrix detailing the relevant qualifications held by the current staff team. It was noted that the healthcare assistants do not hold a Level 2 qualification in health and social care.</p> |
| Compliance with Mandatory and essential training | <p>The staff training matrix evidenced compliance with mandatory and essential training requirements.</p> |

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| Improvements in medication management | The Regulation Officer and Pharmacist Inspector reviewed the medication practices within the home. Although some practices had improved, others were outstanding and required further improvement. |
| New key lines of enquiry | |
| Focus | Evidence Reviewed |
| Is the service safe | <p>Staff recruitment processes</p> <p>New starter Induction process and compliance checklist</p> <p>Risk assessments</p> <p>Training Matrix</p> <p>Feedback</p> <p>Staff qualifications matrix</p> <p>Incident reporting</p> <p>Health and safety procedures, including fire, COSHH, and water management</p> |
| Is the service effective and responsive | <p>Feedback</p> <p>Care records</p> <p>Complaints policy and procedures</p> <p>Residents list for SRoL applications</p> <p>GP 6-month resident medication review chart</p> |

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| Is the service caring | Behaviour support plans Care records Care plans Risk assessments Feedback Food Passport Lunch menu |
| Is the service well-led | Feedback Statement of Purpose Policies including: Infection Control Recruitment Complaints Medication Safeguarding Staff rotas |

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The Pharmacist Inspector reviewed medication management and the processes supporting safe medication practices within the home. Evidence of improvements was seen, and several recommendations from the focused inspection were addressed. These included the implementation of 'as required' (PRN) medication protocols and updated guidance for covert administration, which were reflected in the revised medication policy. However, some areas require attention, including effective systems to audit all aspects of the management of medicines, appropriate refrigeration storage, and accurate recording when PRN medications are given. As such, medication management will remain an area for improvement.

An infection control audit reported overall positive findings. Cleaning schedules are in place for the domestic staff team and are signed upon completion. Appropriate cleaning equipment is provided, with clear guidance on the correct use of cleaning materials. A Control of Substances Hazardous to Health (COSHH) inventory is maintained, and staff are required to sign to confirm they have received training and understand the safe use of COSHH products.

The Regulation Officer reviewed the recruitment files of the five most recently employed staff members recruited by the previous Registered Manager and identified practices that were not in line with the Standards. Original DBS certificates were not available for review, and in some cases, there was no evidence that a DBS check had been requested. Additionally, references were not always sought from previous employers, and one file included a reference provided by a friend, which is not in line with safe recruitment standards. These issues highlight significant concerns about the home's adherence to safe recruitment procedures. This is an area for improvement.

The home's safety standards are being met, with designated maintenance personnel consistently checking to ensure the environment is safe and well-maintained. Water

management protocols are being followed in accordance with regulatory requirements, and fire safety procedures are adhered to, as outlined by the Jersey Fire and Rescue Service. These measures demonstrate the home's commitment to providing a safe and compliant environment for residents and staff.

While reviewing the recruitment files of the most recent staff members, the Regulation Officer noted the absence of induction paperwork. Furthermore, a staff member confirmed that they did not receive an induction program upon starting their employment at the home. The Interim Manager acknowledged that staff inductions had not been carried out during the period before their arrival and confirmed plans to complete the inductions retrospectively to ensure all staff members receive the necessary training and orientation. This is an area for improvement.

Is the service effective and responsive?

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| Care, treatment, and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. |
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The home has begun to incorporate elements of the Gold Standards Framework (GSF) into its end-of-life care practices, and advanced care plans were evident within care receivers' records. While these are positive steps, not all staff members interviewed demonstrated a clear understanding of palliative and end-of-life care. The team members reported that they were awaiting training in end-of-life care. Although there was evidence of some thoughtful and compassionate approaches, gaps were identified in the consistency of processes and the depth of understanding across the staff team. Strengthening staff knowledge through appropriate training will be key to developing a more cohesive and confident approach to palliative and end-of-life care.

The Interim Manager has implemented a chart to track when each care receiver's six-month General Practitioner (GP) review is due. This information is also recorded in their individual care records. The information is regularly reviewed by the Interim Manager and senior carers to ensure that all care receivers are receiving their scheduled GP reviews.

A list of residents with a Significant Restriction of Liberty (SRoL) application is maintained on a chart, which is accessible to the staff team to clearly indicate when an SRoL review is due. The home can only request a renewal review one month prior to the expiration of the current renewal. The chart serves as a reminder to the team, ensuring that the request to the Capacity and Liberty Assessment Team is completed within appropriate timescales to prevent the SRoL from expiring.

There have been recent changes to the use of CCTV and individual sensor alarms in care receivers' rooms, introduced in response to recent safeguarding concerns. The current management team has initiated a more considered approach, reducing the

A professional's feedback about sensor alarms:

Restrictions such as sensor alarms at night have been removed where there has not been any documented risk.

use of sensor alarms unless there is a clearly identified and documented risk in the individual's care records.

Additionally, the system has been upgraded to prevent timing delays. These changes support a more proportionate and person-centred approach to monitoring and care.

Is the service caring?

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

The home is a specialist dementia care facility. While the staff team completes an introductory online course in dementia care, more advanced training is necessary due to the specific nature of the home's care category. Due to staff turnover, many team members have not yet received specialised training in this area. The Interim Manager has arranged for new staff to attend a dementia workshop to enhance their understanding of caring for individuals with dementia. Additionally, the Interim Manager is

A staff member said:

There has been a move to more face-to-face training. This type of training gives me more confidence.

actively sourcing further training to ensure staff are equipped with the necessary skills and knowledge.

Mealtimes are well-organised and provide a positive experience for residents, with

Feedback from a care receiver:

I always have a choice of two meals, and we have a hot lunch every day. I am very happy with the food provided.

care staff available to offer support and encouragement to those who need assistance with eating. Residents are given a choice of meals each day, including a hot lunch, and preferences, and dietary needs are taken into account. A recent review of food safety standards has improved the star rating from three to five.

Annual staff appraisals were not completed in the previous year, meaning the home is currently not meeting the requirements set out in the Care Home Standards, which recommend that all staff are given the opportunity to discuss their capabilities, training needs, and development in an annual appraisal forum. The Interim Manager has acknowledged this shortfall and has put plans in place to complete appraisals for the staff team over the coming weeks to ensure compliance and support staff development moving forward. This is an area for improvement.

The home currently does not have an activities coordinator in post, although recruitment for this role is underway. A weekly timetable of activities is provided, with most sessions taking place within the home, including visits from musical entertainers every other week. However, there is a lack of meaningful engagement in the wider community, partly due to staff being unable to drive the shared minibus. As a result, outdoor activities are limited to local walks through nearby lanes. This area requires improvement to ensure residents have greater access to stimulating and meaningful experiences outside of the home. This is 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.

The home has experienced a period of instability due to frequent changes in management and a lack of consistent leadership and provider support over the past year. Recruitment challenges remain, with ongoing difficulties in appointing a Registered Manager, experienced carers, senior carers, and an activities coordinator. This has contributed to a lack of continuity and stability within the home, impacting the staff team and the overall direction of the home. Efforts are being made to address these challenges, but further progress is needed to strengthen the team and ensure consistent, high-quality care.

A number of safeguarding concerns have been reported in the last few months. However, the Interim Manager is actively addressing these issues and has taken steps to strengthen practices within the home. They are working closely with the staff team and relevant agencies to ensure concerns are managed appropriately and that the safety and well-being of residents remain a priority.

The home's approach to aspects of care and medicines management has shown recent improvement following concerns. Staff practice is developing, with an emphasis on understanding the underlying care needs of individuals and responding in a supportive, person-centred manner. Care support plans are now in place and were visible in some care receivers' records, providing clear guidance to staff. Ongoing development and additional staff training will help to further strengthen consistent and appropriate approaches across the staff team.

The Interim Manager confirmed that less than 50% of staff on each shift currently hold a minimum Level 2 Diploma qualification, which is a requirement under the Care Home Standards. While a number of staff have now been identified and enrolled on the relevant training, this will continue to be an area for improvement until the home is able to meet the standard fully.

During the inspection, a selection of the home's policies was reviewed. While some, such as the medicines management policy, had been recently updated, others, including health and safety policies, were out of date and required review. This is an area for improvement.

The Standards require that Registered Providers clearly publish their scale of fees, including any additional charges not covered by standard rates. Currently, this information is not included in the Statement of Purpose, on the website, or in any brochures provided to care receivers and their families. This is an area that requires improvement to ensure transparency and compliance with the Standards.

What care receivers and their representatives said:

I feel that the staff understood my Xxx needs, they would flag when things could be changed to suit Xxx needs.

The staff are very friendly, and nothing is too much trouble. They are always available if I have any questions when visiting.

I find the home very comfortable. I have a very nice room, and I feel settled here.

The communication is very good, I receive a call from the staff if Xxx care needs change, if there has been a fall or medication is reviewed.

Xxx is always treated with dignity and respect, the staff are so good at managing Xxx behaviours respectfully.

Staff member feedback:

I feel supported by the manager, communication has improved since the manager has returned.

IMPROVEMENT PLAN

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

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| <p>Area for Improvement 1</p> <p>Ref: Standard 6.8 Appendix 9 Regulation 14 (2)</p> <p>To be completed: by 19 June 2025</p> | <p>Improvements in medication management are needed to ensure medication is managed safely. Including effective systems to audit all aspects of the management of medicines, appropriate refrigeration storage, and accurate recording when PRN medications are given.</p> <p>Response by the Registered Provider:</p> <p>Medication Management is a vital component of the care delivery process and robust systems have been implemented to safeguard our residents. A comprehensive, updated Medication Management Policy has been made available which includes an embedded Medication Audit Program to be conducted periodically by an independent Quality Assurance Officer. An appropriate Medication Fridge has been made available for safe storage of Drugs and temperatures are recorded accordingly. In addition, temperatures are monitored for the drug trolley and the drug storage room. Protocol for PRN medications have been personalised to our residents needs and kept updated through regular Medication Reviews. Senior staff responsible for administering medicine have completed classroom-based refresher learning.</p> |
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| <p>Area for Improvement 2</p> <p>Ref: Standard 3.6 Appendix 4 Regulation 17 (5)</p> | <p>The home must ensure that there are appropriate practices in place for the safe recruitment of staff, which align with Standard 3 of the Home Care Standards.</p> |
| <p>To be completed: By: with immediate effect</p> | <p>Response by the Registered Provider:</p> <p>The Home's Recruitment Policy has been reviewed and updated which emphasises on safe recruitment. All recruitment processes including Informal Meetings, Formal Interviews, DBS Checks, References, Statement of Employment, Job Descriptions, Induction & Training have been implemented in earnest. Personnel files have been audited and rearranged in an orderly fashion. The Care Services Lead and the Quality Assurance Officer are overlooking compliance with recruitment.</p> |

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| <p>Area for Improvement 3</p> <p>Ref: Standard 3.12 Regulation 17 (c) (d)</p> | <p>The Registered Provider and Interim Manager must ensure that at least 50% of care/support workers on duty at any time have completed, as a minimum, a relevant Level 2 Diploma (or equivalent) in adult health and social care.</p> |
| <p>To be completed: By: 19 September 2025</p> | <p>Response by the Registered Provider:</p> <p>Ronceray currently has a strong and dedicated team who are being nurtured in a caring environment and care staff are avid to participate in various trainings including Diploma Courses. 19 Unqualified staff including new staff receive 14 regulatory courses and additional courses to promote Professional Development. RQF Level 2 & 3 is offered to all care</p> |

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| | <p>staff which includes Level 3 stand alone medication unit. There is provision for classroom-based teaching and tutor support and an assessor who carries out portfolio support, marking, feedback and holistic observations in practice. A designated quiet area is available for all care home staff to conduct their trainings which is completed within a protected timeframe whilst at work. Ronceray Care Team currently comprises of: 1 X Manager – RN, BA, Dip5 Leadership & Management 1 X Care Services Lead – NVQ3, Studying Dip5 – Leadership & Management 3 X Senior Staff Nurses – BSC Nursing 1 X Lead Senior Carer – BTEC3 Dementia Care 2 X Senior Carers – BTEC3 2 X Carers – Studying RQF3 5 X Carers – Studying RQF2 3 X Carers – Commencing RQF2 September 2025 Ronceray is a unique Residential Care Home which includes Registered Nurses in the team responsible for delivering high standards of care to our residents.</p> |
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| Area for Improvement 4 Ref: Standard 3.10 Regulation 17 (4) To be completed: By with immediate effect | A structured induction programme must be in place for all new care staff, which will provide a robust introduction to the home, highlight the standards of practice required, and assess the workers competence to undertake the role. |
| | Response by the Registered Provider: All recently recruited staff have been provided with an Induction Program retrospectively and a named mentor(s). New care staff to receive a minimum induction period of 4 weeks who will not work unsupervised until they have achieved their competencies and feel confident to work independently using their own initiative. In addition, new care staff to complete Care Certificate as a minimum requirement and undertake Diploma courses. |

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| Area for Improvement 5 Ref: Standard 3.9, Appendix 5 Regulation 17 To be completed: By 19 June 2025 | The Registered Provider and Interim Manager must ensure that an activities co-ordinator is employed so that all care receivers have access to meaningful engagement, which includes community activities outside of the home. |
| | Response by the Registered Provider: Ronceray has appointed an experienced Activities Organiser or a Lifestyle Co-ordinator who will be responsible for planning meaningful activities at the home, including live music sessions, games and exercises, outings in the minibus to the pub, restaurant, café, garden centres, etc. |

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| Area for Improvement 6 Ref: Standard 1.6 Regulation 5 To be completed: By 19 September 2025 | Some of the homes policies were found to be out of date and require review. All policies and procedures must be based on current best practice and be regularly reviewed and updated. |
| | Response by the Registered Provider: A structured list of policies and protocols are being reviewed and updated reflecting best practice and relating to laws of Jersey. |

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| Area for Improvement 7 Ref: Standard 11.2 Regulation 25 To be completed: by 19 June 2025 | Registered persons must publish their scale of fees including any additional charges not covered by standard rates. |
| | Response by the Registered Provider: The Residency Agreement includes all additional charges not covered by the standard fees. A new Statement of Purpose is being drafted to include scale of fees and charges. Furthermore, the Resident Handbook/Brochure and the home's website are in the process of review to include information relating to fees and charges. |

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| <p>Area for Improvement 8</p> <p>Ref: Standard 3.14 Regulation 17 4 (c)</p> | <p>The Interim Manager must ensure that all care staff are given opportunities to discuss their role and development through annual appraisal.</p> |
| <p>To be completed: by with immediate effect</p> | <p>Response by the Registered Provider:</p> <p>New appraisal forms have been designed, and all staff are having an annual appraisal following their planned supervision sessions. The Manager has ensured that these discussions / sessions are meaningful and beneficial to care home staff.</p> |

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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