



**Jersey Care
Commission**

Summary Report

Ronceray Care Home

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

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

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.

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.

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.

<p>Area for Improvement 1</p> <p>Ref: Standard 6.8 Appendix 9 Regulation 14 (2)</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>To be completed: By 19 June 2025</p>	<p>Response by 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>

Area for Improvement 2 Ref: Standard 3.6 Appendix 4 Regulation 17 (5) To be completed: By: With immediate effect	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.
	Response by registered provider: 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.

Area for Improvement 3 Ref: Standard 3.12 Regulation 17 (c) (d) To be completed: By: 19 September 2025	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.
	Response by registered provider: 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 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

	<p>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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<p>Area for Improvement 4</p> <p>Ref: Standard 3.10 Regulation 17 (4)</p>	<p>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.</p>
<p>To be completed: By: With immediate effect</p>	<p>Response by registered provider:</p> <p>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.</p>

<p>Area for Improvement 5</p> <p>Ref: Standard 3.9 Appendix 5 Regulation 17</p>	<p>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.</p>
<p>To be completed: By: 19 June 2025</p>	<p>Response by registered provider:</p> <p>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.</p>

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 registered provider: A structured list of policies and protocols are being reviewed and updated reflecting best practice and relating to laws of Jersey.

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 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.

Area for Improvement 8	The Interim Manager must ensure that all care staff are given opportunities to discuss their role and development through annual appraisal.
Ref: Standard 3.14 Regulation 17 4 (C) To be completed: By: With immediate effect	Response by registered provider: 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.

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