



**Jersey Care
Commission**

INSPECTION REPORT

Rosevale

Care Home

**Les Amis Limited
La Grande Route de St Martin
St Saviour
JE2 7GS**

**Inspection Dates
16 and 23 April 2025**

**Date Published
29 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 Rosevale. The Care Home is operated by Les Amis Limited and the Registered Manager of the home has responsibility for another care home carried on by the same provider and splits their time equally between the two services.

Registration Details	Detail
Regulated Activity	Care Home
Mandatory Conditions of Registration	
Type of care	Personal care, personal support
Categories of care	Learning disability and autism
Maximum number of care receivers	Four
Maximum number in receipt of personal care/personal support	Four
Age range of care receivers	18 and above

Maximum number of care receivers that can be accommodated in each room	Rooms 1-4 One person
Discretionary Conditions of Registration	
None	
Additional information:	
An up-to-date Statement of Purpose was provided to the Regulation Officer in advance of the inspection. This was discussed at inspection and found to be reflective of the service provided.	

As part of the inspection process, the Regulation Officer evaluated the home's compliance with the mandatory conditions of registration 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 six days before the visit.

The Registered Manager was not present for the first visit. However, the Regulation Officer was able to undertake the initial inspection with the Team Leader, who is experienced in the management of the home, and met with the Registered Manager on the second visit.

Inspection information	Detail
Dates and times of this inspection	16 and 23 April 2025 10:00-12:15 and 11:00-13:50
Number of areas for improvement from this inspection	One
Number of care receivers accommodated on day of the inspection	Four
Date of previous inspection:	23 May 2024
Areas for development noted in 2024	None
Link to previous inspection report	IRRosevale20240523-Final.pdf

3.2 Focus for this inspection

The focus of this inspection included were 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, no areas for development were identified. Areas for development will now be referred to as areas for improvement.

4.2 Observations and overall findings from this inspection

There was evidence of an experienced and dedicated core staff team led by the Registered Manager and Team Leader. The Registered Manager fostered and supported staff members' development within the team and throughout the organisation.

Safe practices were demonstrated regarding recruiting and induction of new staff within the service. Staff also expressed satisfaction with their training, supervision, and appraisal arrangements.

The home environment was homely and welcoming, but wear and tear was evident internally and externally. The front garden was overgrown, and the side garden was currently out of use due to wall repairs, although this was nearing completion. This is an area for improvement. Internal and external maintenance must be undertaken, and the garden must be made into a welcoming, accessible space for care receivers.

Feedback from health professionals confirmed a proactive approach to promoting the health and well-being of care receivers. The care plans further evidenced this, reflecting a strong commitment to person-centred care. Care receivers appeared relaxed and happy within the home and provided positive feedback regarding their experiences. However, staff did highlight some discord between care receivers currently and this was being kept under review.

Extensive work had been undertaken with care receivers around advance care planning and end-of-life care. The Registered Manager played a key role in developing this training within the organisation and provided a recent example where these plans proved invaluable. This represents an example of good practice.

There was clear evidence of quality oversight of the home, both through internal processes and external reviews. The Team Leader and Registered Manager expressed that they valued this external oversight as a means of continuous improvement. Comprehensive policies and procedures were in place to support staff, who were able to provide recent examples of instances where they had referred to these policies and explained their relevance. All staff demonstrated a clear understanding of their roles and responsibilities.

INSPECTION PROCESS

4.1 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 reports, reviews of the Statement of Purpose, and notification of incidents.

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

As part of the inspection process, records including policies, care records, incidents and recruitment files were examined.

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager, and confirmed the identified area for improvement by email, on the 7 May 2025.

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.

New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<p>Staff recruitment files</p> <p>Staff training logs</p> <p>Staff rota</p> <p>Staff supervision records (sample of two viewed online at first inspection visit)</p> <p>Risk assessments</p> <p>Feedback</p> <p>Meeting with HR, Governance, Learning and Development Manager.</p>
Is the service effective and responsive	<p>Care plans</p> <p>Positive Behaviour Passport</p> <p>Feedback</p>
Is the service caring	<p>Care plans</p> <p>Feedback</p> <p>Activity schedules</p> <p>Tour of the environment</p>
Is the service well-led	<p>Monthly quality reports</p> <p>Incident logs/notifications</p> <p>Policies</p> <p>Statement of Purpose</p> <p>Feedback</p>

5. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Care receivers are safe and well-supported due to the staff's relevant training, experience, and ongoing professional development. The service is led by an experienced team, guided by the Registered Manager who promotes a strong culture of learning and improvement.

The staff team comprises the Registered Manager, Team Leader, five full-time carers, and one zero-hour staff member. The Registered Manager was pleased to report that the home is currently fully staffed. The shift pattern comprises one staff member working 11:00 – 22:30 (with overnight sleep-in), one staff member on day shift 08:00-15:30 (11:00-15:30 on a weekend), and the Registered Manager working 09:00-17:00. As mentioned previously the Registered Manager splits her time equally between the two homes that she oversees.

The rota is stored electronically, and this was reviewed at the inspection for the week of the second inspection visit and the following week. The rota is currently completed until the end of May 2025. The Registered Manager explained that this may be subject to little changes to accommodate care receiver activities. Staff are allowed to work overtime, but the extra hours are monitored, especially those staff on a higher hour contract, to ensure that they align with the Standards.

Two regulation officers met with Human Resources (HR) representatives on 5 March 2025 to review the recruitment files for staff recruited since the last review in November 2024. A total of six files were examined, and there was evidence of safe recruitment practices for staff recruited from the UK and abroad. There were appropriate overseas/international police checks carried out in place of the Disclosure and Barring Service (DBS). Each file also contained a job description, interview notes, identity checks and references. The regulation officers were satisfied that safe recruitment practices aligned with the Standards.

In addition, the regulation officers met with the Learning and Development Manager, who provided an update on the service-specific training provided to staff within the organisation. They advised that staff sexual health and relationship training would be classroom-based every three years. The regulation officers were asked if this should be mandatory, and the discussion highlighted that it would be up to the organisation to decide. However, for this client group, it was suggested that treating it as mandatory would be best practice. Capacity training will also be provided every three years in the classroom, with an annual update involving staff reviewing the policy yearly. Staff can access SPELL (autism) training if they wish, but this is not mandatory. The Behaviour & Practice Development Manager has become a trainer and runs several sessions/workshops. Staff also complete online autism training every three years, and all team leaders have completed or are nearing completion of the British Institute of Learning Disability (BILD) positive behaviour support training. The Registered Manager discussed that they were keen to look at dementia training specifically for learning disability.

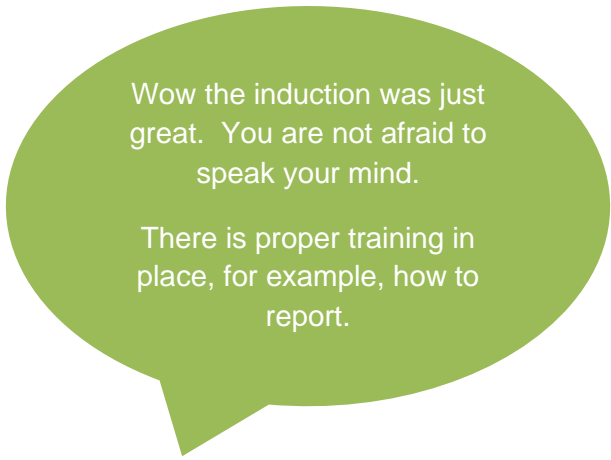
The Regulation Officer also reviewed a sample of four staff members' training logs. These evidenced that each staff member's mandatory training, in addition to the service-specific training mentioned above, was up to date.

80% of staff within the organisation, which does not include registered managers or team leaders, have the Regulated Qualifications Framework (RQF) Level 2 or Level 3. The Registered Manager confirmed that four staff members are Level 2 RQF or above and that the other two staff members hold their Level 3 training in medication.

The Team Leader is a trainer for medication competencies within the organisation and discussed what this involves. They and another trainer provide two sessions per month for three hours. These can be in the morning, afternoon or evening. The content includes topics such as measuring liquids, transcribing and competencies. Ideally, each session comprises a mixture of new employees and more experienced staff, which helps with shared experiences.

The Regulation Officer had the opportunity to meet with a new staff member and gain their feedback concerning the induction process. The staff member explained that this had been a positive experience for them and that they had felt well supported.

A sample of two induction booklets, which included appropriate sign-off, was viewed at inspection. Reviewing a sample of supervision records and feedback confirmed the process was occurring regularly in line with the Standards.



Wow the induction was just great. You are not afraid to speak your mind.

There is proper training in place, for example, how to report.

All staff are sent an invite for supervision and a situational leadership form for completion. Situational leadership allows managers to adapt their leadership style to suit the different needs of each team member. The Registered Manager has adapted the organisational template for the home, including sections on well-being, work performance, and the Standards. It is positive to note that the Standards are being discussed individually. The Registered Manager commented that they would also discuss and reflect on any recent training that staff members had undertaken to assess learning.

Appropriate risk assessments, such as fire risk assessments, were in place, and there was evidence of these being reviewed regularly with care receivers. Two staff members are trained fire marshals, and the fire checks were aligned with the appropriate Jersey Fire and Safety service requirements.

The Regulation Officer briefly reviewed the medication procedures within the home. Medication Administration Records (MAR charts) were appropriately completed, with signatures in place. A sample check of running totals from two charts confirmed accurate record-keeping. There was also evidence of an appropriate folder and documentation for medication being returned. The home stores the most recent prescriptions for care receivers in a folder along with the medication ordering documentation for one year, after which these are archived.

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.

Any care receivers admitted to the home are provided with a copy of the written agreement. This clearly outlines Les Amis' fees and contractual arrangements. If appropriate, the agreement is also shared and discussed with the care receiver's relatives.

The Registered Manager discussed that all the care receivers now had financial delegates through the viscount department. They commented that this had been very beneficial in assisting care receivers with budgeting their finances. Care receivers receive a monthly allowance and there are internal processes in place for the checking in and out of these funds.

Care receivers have access to self-chosen activities tailored to their individual personalities and preferences. Conversations with care receivers highlighted their enjoyment of these activities. One care receiver shared, *"I enjoy going out for a scone or lunch at the garden centre"*.

The home had a warm and welcoming atmosphere. However, signs of general wear and tear were visible inside, including scuffed paint in some rooms and damp patches on the ceiling of the communal bathroom and above the main entrance. Externally, the paint on the window frames was worn, and the front garden was overgrown and needed weeding. The side garden was currently unusable due to ongoing repairs to the back wall of the property. While these repairs are necessary, there is still potential to improve the outdoor space for care receivers in the interim, and further enhancements could be made once the work is complete. Overall, the maintenance and repair of the property is an area for improvement.

Feedback from a health professional, and discussion with the Registered Manager, highlighted the recent transfer of a care receiver from another home operated by the same provider could have been improved. While it is understood that emergency situations can necessitate swift action, it is essential that such transfers consider not only the needs and preferences of the individual being moved but also the potential impact on the existing residents.

There was evidence of engagement with current care receivers, as documented in their care plans, and it is recognised that the transfer was intended to be temporary. However, specific circumstances within the home created additional challenges that may not have been fully anticipated or addressed. As a result, the potential success of the transfer may have been partially compromised from the outset.

However, it is encouraging to note that appropriate procedures are being followed regarding a more permanent placement for the care receiver. These included advocacy services and visits to the new home for lunch/dinner.

Is the service caring?

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

Feedback from staff when asked by the Regulation Officer, "What would you like to highlight that you think that the service does well?" responded concerning their care and support of care receivers. Examples of this are given below:

"Care receivers are given a lot of choice, for example, picking their own menu options and activities."

"We support care receivers with advice and encouragement to promote independence."

"We almost work as one with the care receivers."

This was evident in the care plans, which were highly person-centred and tailored to individual preferences regarding daily activities and safety, such as transport choices. There was also evidence of appropriate referrals for specialist advice, such as continence care, and attendance at routine medical appointments and checks. It was positive to note that the Registered Manager provided oversight and followed up appropriately on communications documented in the care plans, demonstrating effective auditing and oversight of care planning.

Feedback from a health professional:

The staff are proactive and think outside of the box.

Each care receiver is assigned a staff member entitled the 'responsible person' (this replaced the terminology 'key worker'). The responsible person is in charge of the care receiver's supervision, maintaining the hospital passport, and ensuring care plans are up to date.

Care receivers who required them had a positive behaviour support (PBS) passport in their care plan. The Team Leader demonstrated good practice where learning from BILD positive behaviour support training had been applied to try and improve outcomes for a care receiver.

Care receiver representatives confirmed that they were informed of any changes by staff and the Registered Manager and that their relatives were happy living there.

It was positive to note evidence of the advance care planning within the home. The Registered Manager has provided training on this and end-of-life care within the organisation and provided a recent example where these plans proved invaluable. This is good practice in providing the best outcomes for care receivers in end-of-life care and advance care planning.

Care receivers have access to various activities, and the Registered Manager explained that staffing is adjusted where possible to support participation. Feedback from a relative confirmed that individuals are supported to engage in activities that are meaningful and personally relevant to them.

Staff reported some discord among care receivers currently residing in the home; however, there was evidence of ongoing efforts to reduce tensions and provide appropriate support. This was also reflected in the care plans, where it was encouraging to see that any concerns raised by care receivers to staff were addressed promptly.

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.

There is a clear management structure within the home and organisation. The Registered Manager and the Team Leader lead a long-standing core staff team. Staff described working well together and a feeling of community. There was evidence of regular house meetings every two to three months. Staff are required to read and sign the minutes on their return if they miss the meeting. The Registered Manager confirmed that despite working across two homes, she aims to catch up with all staff members at least weekly.

There are relevant policies to support staff; they were clear about how to access these and apply them in practice. Before the inspection, a sample of policies was requested from the Head of Governance, and they were found to align with the Standards. The policies requested by the Regulation Officer for inspection in 2025 matched the key lines of enquiry. For example, End of Life Care Policy & Procedure.

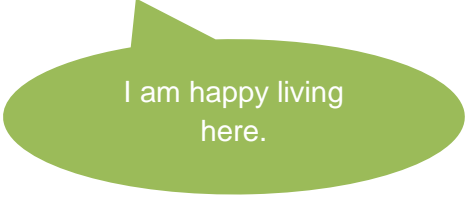
There was evidence of internal and external checks and quality oversight. Examples of internal checks are task sheets that are completed daily and a weekly deep clean list. Care receivers are encouraged to clean their bedrooms once a week.

The Head of Governance completes a monthly quality assurance report, which includes a section titled 'Areas Reviewed This Month' to assess compliance with relevant Standards and Regulations. The report also outlines clear actions, which are reviewed in the following month. The Registered Manager described the process as valuable, noting that it provides a "*critical eye*" to support ongoing improvement.


The Registered Manager reported that the home currently has one care receiver with a Significant Restriction on Liberty (SRoL) authorisation in place. The Regulation Officer was satisfied that the manager demonstrated a clear understanding of their responsibilities concerning the renewal process and the requirement to notify the Commission.

Incidents are appropriately recorded in the care plans. Notifications made to the Commission since the last inspection were reviewed with the Registered Manager. In addition, medication errors were discussed, and the Registered Manager confirmed their procedure for near misses, which included staff completing a medication error report and escalating it to the Registered Manager.

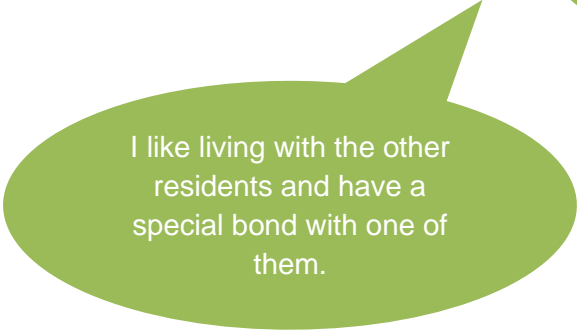
What care receivers and a relative said:



I am happy living here.




Xxxx is well looked after, we have no complaints. They keep me up to date.

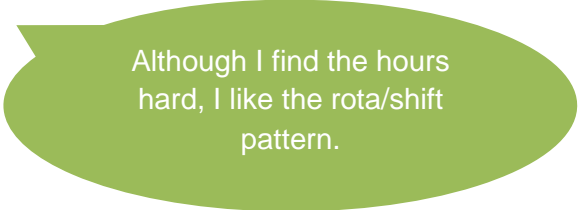


I like living with the other residents and have a special bond with one of them.

What staff said:



Communication is excellent, we discuss constantly and always follow things up.



Although I find the hours hard, I like the rota/shift pattern.

A professional's view:



I was invited to and attended an end-of-life care workshop with client involvement, it was excellent.

IMPROVEMENT PLAN

There was one area 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 7.1, Regulation 18 (2)</p> <p>To be completed: by 16 October 2025</p>	<p>The Registered Provider must ensure that the accommodation is well maintained and decorated, and the garden space is well kept, safe and secure.</p> <p>Response by the Registered Provider:</p> <p>Cracked paint work around the front door and damp on the ceiling - maintenance have completed work on the ceiling, the Cracked paint around the door frame has been reported and is on the maintenance list and will be rectified ASAP.</p> <p>Upstairs main bathroom, damp on the ceiling – reported to maintenance to investigate this further and repair.</p> <p>Garden- overgrown, the maintenance has mowed the lawn, request put in for maintenance to tidy up the overgrown plants weeds at the front and side of the house</p> <p>Window ledges all around the house- Landlords are in the process of dealing with this.</p> <p>Landlords are still working on the wall in the back garden, this is checked regularly by the landlord and should be completed in a couple of weeks.</p> <p>Safe space been allocated in the Garden for the service users to use while work is being completed</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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