



Jersey Care
Commission

INSPECTION REPORT

Lavender Villa

Care Home Service

**La Rue a Don
Grouville
JE3 9DX**

**Inspection Dates
17, 18 and 19 June 2025**

**Date Published
19 August 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 Lavender Villa. The Care Home is operated by LV Care Group 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	Adults 60+
Maximum number of care receivers	13
Maximum number in receipt of personal care/personal support	13
Age range of care receivers	60 years and above
Maximum number of care receivers that can be accommodated in each room	One person in rooms 1,2,3,4,5 on the ground floor and rooms

	9,10,11,12,14,19,20 and 21 on the second floor.
Discretionary Conditions of Registration	
There are no Discretionary Conditions attached to this registration.	
Additional information:	
On 17 April 2025, regulations officers met with the Registered Manager to discuss the Lavender Villa Care Home renovation and extension works.	

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 found that the service occupancy had been reduced from 20 to 13 care receivers. During the inspection period, the Registered Manager applied to vary the mandatory condition to reflect this. The variation was acceptable to the Commission, and the service is registered to deliver personal care and personal support to a maximum of 13 care receivers.

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. This was to ensure that the Registered Manager would be available during the visit.

Inspection information	Detail
Dates and times of this inspection	17 June 2025 from 13:00 to 17:25 18 June 2025 from 11:10 to 12:45 19 June 2025 from 07:50 to 12:15
Number of areas for improvement from this inspection	One
Number of care receivers accommodated on day of the inspection	13
Date of previous inspection:	13 and 14 February 2024
Areas for improvement noted in 2024	One
Link to previous inspection report	IRLavenderVilla20240214FINAL.pdf

3.2 Focus for this inspection

This inspection included a focus on the area for improvement identified at the previous inspection on 13 and 14 February 2024, 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 improvement identified at the last inspection

At the last inspection, one area for improvement was identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how the area would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that the improvement had been made. This means that a fence has been constructed along the border of the registered premises.

4.2 Observations and overall findings from this inspection

The service is well-led with positive teamwork and caring and supportive staff who keep care receivers' wishes and needs at the centre of their work.

Feedback from care receivers and professionals was consistently positive.

Governance procedures, including audits, escalation processes, and monthly progress reports, demonstrated that systems were in place to promote safety.

Incidents were reported promptly and effectively.

Staffing levels and staff qualifications are appropriate to the service size and registration.

The home was clean, tidy and welcoming. There was a range of engaging activities for care receivers, and they were being supported to keep connections in the wider community. This was an area of good practice.

The Regulation Officer was satisfied that changes to the environment relating to the renovation and extension works were being managed effectively and responsibly.

Ensuring policies are up to date, based on current best practice and relevant to Jersey legislation and guidance, is an area for improvement.

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 reports, a review of the Statement of Purpose and notifications of incidents.

The Regulation Officer gathered feedback from six care receivers. They had discussions with the care home management team and other staff. Additionally, feedback was provided by three professionals external to the service.

As part of the inspection process, records, including care records, monthly provider reports, policies, staff rotas, and staff 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 27 June 2025.

This report sets out our findings and includes any areas of good practice identified during the inspection. The area for improvement, which has been identified, is 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 improvement	
Focus	Evidence Reviewed
Environment	The outdoor space was well maintained and decorated to provide an attractive and usable space. A fence had been constructed along the border of the registered premises, between the care home and the adjacent land that lies to the west of the care home.
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<p>Staffing rotas</p> <p>Audit cycle documents</p> <p>Medicines audit</p> <p>Medication Administration Charts (MAR)</p> <p>Discussions with the Registered Manager and staff.</p> <p>Review of environments where medicines are stored.</p> <p>Care records</p> <p>Training records</p> <p>Statement of Purpose</p>
Is the service effective and responsive	<p>Training records</p> <p>Discussions with the Registered Manager and staff.</p> <p>Notification to the Commission</p> <p>Correspondents with care receivers</p> <p>Corresponds with agencies external to the service</p> <p>Certificates</p>

	<p>Equipment service history</p> <p>Tour of the internal and external of the building</p> <p>Fire safety logs</p> <p>Care records</p> <p>Feedback from care receivers and professionals external to the service</p>
Is the service caring	<p>Feedback from care receivers and professionals external to the service</p> <p>Observation</p> <p>Care records</p> <p>Activity list</p> <p>Discussions with the Registered Manager and staff</p> <p>Questionnaires</p>
Is the service well-led	<p>Discussions with the Registered Manager and staff.</p> <p>Staff files</p> <p>Monthly provider reports</p> <p>Policies</p> <p>Written agreements</p> <p>Meeting notes</p>

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The safety of the service was inspected through a review of staffing, governance procedures, and medication management.

Staffing rotas over a three-month period were reviewed. There are 18 staff members, including the Registered Manager and deputy managers, three senior healthcare assistants (SHCA), an activity coordinator, eight healthcare assistants (HCA), two chefs, and two domestic workers.

The service had systems for staff to escalate issues to the Registered and Deputy Managers, which were appropriate to the service structure and size. Staffing levels, skill mix and escalation processes met requirements.

There was evidence of comprehensive audits, embedded in practice. Topics included care management and documentation, medicines, infection control, and training, along with health and safety and maintenance were also audited. Audits were carried out twice a year, with the exception of the medicines, which was undertaken four times a year.

The medication audit undertaken in April 2024 scored 91 out of a possible total score of 95. However, some points were irrelevant to the care home practices at the time of the audit. Therefore, full compliance was achieved.

The service has two medication trolleys, which were locked securely, and the key was held by the care worker in charge of the shift. The trolleys were clean and ordered, with each care receives medication in a box with their name on it. Medication is stored in its original packaging.

The Regulation Officer was informed that all medications are stored in the trolleys or the controlled drugs cupboard. The order cycle was 28 days, and this ordering system ensures stock is readily available but without unnecessary excess.

The Regulation Officer reviewed the information relating to four care receivers in the medication folder. The folder contained care receivers' 'front-sheets', which contained key information pertaining to demographic and care needs and wishes. This included a photo of the care receiver, their name, date of birth, and if they had any known allergies or if no allergies, this was documented. The name and contact details of the care receiver's General Practitioner (GP) and next of kin were recorded. The front sheet was filed next to the relevant medication administration records (MAR).

All MAR charts were signed and dated clearly, recording if the medication was given. If the medication was not given, this was recorded, and the reason for omission stated. When the as-required medication (PRN) was administered, the reason for this was detailed. The Regulation Officer was informed that the service protocol is to review the care receiver 30 minutes after the administration of PRN medication to assess the effect. This was also evidenced in care records.

The care home has a double lock system for storing controlled drugs and a controlled drug register. There were no controlled drugs stored at the time of the inspection.

The Regulation Officer was informed that only care staff who are registered nurses or have RQF level 3 in the medication management module administer medications. A staff member who had recently completed the module explained that they had received in-house support following the training to enable them to implement their training in a safe, supportive manner.

The Regulation Officer concluded that the ordering, storage, administration, and recording of medication and staff training were undertaken in accordance with the Standards.

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.

To assess whether the care home met the Standards relating to effectiveness and responsiveness, the Regulation Officer reviewed training, notifications and the management of the environment.

The training records demonstrated that staff had undertaken a wide range of relevant online learning topics. They also received face-to-face training in basic life support, manual handling, fire safety, and first aid. A system is in place to remind staff when mandatory training is due, which staff explained they found helpful. The training met the requirements of the Care Home Standards.

Additionally, face-to-face training sessions on caring for a person with dementia and palliative care had been delivered to the team. Care staff who had undertaken the training spoke of the positive impact it had on their practice. It was explained that it helped them support a person diagnosed with dementia if they appeared distressed or agitated. One staff member provided an example of how they had used their new knowledge in practice to support a care receiver.

The Regulation Officer was informed that the LV Group education staff delivered the caring for a person with dementia training. Staff explained that they found it beneficial to learn with colleagues who work in other LV Group settings. It was positive that staff are given opportunities to learn with peers from other care settings and that training opportunities that exceed the Standards are available.

Since the previous inspection in February 2024 staff have placed 42 notifications to the Commission. Where the responses to notifications were reviewed by the Regulation Officer, they were satisfied actions were timely and appropriate.

Changes to the care home environment have been made as part of the renovation and extension works. The Regulation Officer discussed these with the Registered Manager and toured the internal and external spaces.

The home was clean, tidy and well-maintained throughout. The work resulted in seven fewer rooms being available. The Registered Manager explained that three care receivers had moved from the home during this time. They explained the moves were in response to care receivers' care needs and wishes, not a reduction in available rooms. The Regulation Officer was satisfied this had been managed thoughtfully, and feedback from a social care professional supported this view.

There was evidence of up-to-date personalised emergency evacuation plans incorporating environmental changes. These were easy to access, stated the level of risk, and identified measures to mitigate risks and promote safety. There was also evidence of fire safety training, an up-to-date fire log, and in-date fire extinguishers. Feedback from a Jersey Fire and Rescue Service (JFRS) Officer was that the team had corresponded with them regarding fire safety since the Commission's last inspection in February 2024.

The Regulation Officer spoke with staff regarding the renovation and extension works and was informed that the works were not disturbing their roles. During the discussion with a group of care receivers, there was noise from the building works related to the care home extension. The care receivers in the group explained that it was unusual for it to be noisy, and that there was very little noise associated with the building of the extension.

The Regulation Officer asked if the care receivers had enough information regarding the renovation and extension work, and they explained they had. One care receiver stated, *"It is fine; the sooner they start, the sooner they finish."*

After touring the care home, talking with care receivers, care home staff, a JFRS Officer, and reviewing equipment and documentation, the Regulation Officer was satisfied that changes to the environment were being managed effectively and responsively.

Is the service caring?

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

To inspect this section, the Regulation Officer explored the practices directly related to the care and support.

Feedback from care receivers was consistently positive. The Regulation Officer spoke one-to-one with three care receivers. All voiced that they felt the staff were caring and kind. They also said, "*We have fun*", and "*the home has a wonderful atmosphere*".

Care receiver:
They [staff] are wonderful, I can't fault them.

There was also positive feedback from a group of four care receivers the Regulation Officer spoke with. They all spoke of finding the staff helpful and supportive and finding the home "*lovely*". One care receiver stated, "*It is the best home on the island*".

The care receivers in the group explained they enjoyed the activities provided, especially the outings. These included outings to local cafes and attractions, and boat trips with a local charity, 'Wetwheels'. It was positive to see the staff's commitment to ensuring care receivers remain connected to their local community.

The Activity Coordinator arranges activities, and a timetable was on display on the board in the lounge including games such as quizzes and bingo; there are also chair exercises and 'movie time'. The January monthly provider report reviewed the Standards related to social activities, and the report detailed the above and a plethora of other activities.

The Regulation Officer discussed the activities described in the report with the Registered Manager. Additional social activities were described, including visits from local school children and Grouville Parish Church. The team's commitment to ensuring engaging activities and maintaining community connections for care receivers was evident. This is an area of good practice.

On each visit, the atmosphere of the home felt warm and welcoming. There were spaces inside and outside the home where care receivers sat, at times in groups, chatting, drinking tea, or playing a game, and on other occasions, sitting quietly. The spaces in the home appeared adaptable to care receivers' needs and social activities.

The team demonstrated a proactive approach to gaining care receivers' views. This was through informal discussions and questionnaires. There was evidence of a wealth of positive written feedback that reflected the comments the Regulation Officer had directly received. Feedback from one source highlighted a concern, and evidence demonstrated a supportive response to address the issue. Feedback was also included in the monthly provider reports that were reviewed.

The care records, including care plans, risk assessments, daily record charts, and correspondence with other health and social care professionals, of four care receivers were reviewed. The records were cross-referenced with the information from the medication folder.

Care records contain holistic assessments and care plans, which were directly linked with risk assessments. Records also contained completed 'This is me' passports, with questions and sections including, 'what and who is most important to me', 'how I communicate' and 'how to communicate with me', and 'please do's and please do not's'. The language used in the records was person-centred.

There was evidence that staff liaise with professionals external to the service and that staff act on advice and guidance from the professionals in a timely manner. This included specialist nurses, GPs, social workers and dentists.

Feedback the Regulation Officer gained from health and social care professionals mirrored this. Professionals explained that the team was "*quick to pick up the phone*" to ask for support when needed and that the team had a caring approach. Another described how the team were receptive to making plans with them and that they had worked together to assess and support a care receiver's needs. They explained that staff know the care receivers well and are always welcoming, asking the professional how they are.

The Regulation Officer concluded that staff are kind and caring and deliver holistic person-centred care collaboratively with professionals external to the service.

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.

At the beginning of the inspection, the Regulation Officer explored with the Registered Manager how they had found the care home since the previous inspection in February 2024. They stated, *“It has been a good year”*. They spoke positively about their staff team and teamwork. They explained that there had been no staff sickness absence in 2 years, and it was acknowledged that this may be a reflection of positive working culture.

Care Worker

I can go to the Xxx [the Registered Manager] anytime and they will always find time.

Feedback from all staff was that there is positive teamwork. Staff explained the Registered Manager and deputy managers were *“very approachable”*.

Staff described the appraisal and supervision process. Prior to the session, they receive paperwork to complete, which allows time for reflection and preparation. During the session, a constructive and supportive discussion takes place. Following the meeting, documentation is sent to the staff, and if they agree that it accurately reflects the discussion, they sign and date it.

The five staff files that were reviewed demonstrated that an appraisal and supervision system was embedded into practice. The template used for supervision sessions encourages reflection on practice, workload, teamwork, and training. The template has space to record the following up on outcomes from the previous session and future plans. The language used demonstrated that the staff were reflective and committed to good practice. The system and sessions appeared structured and supportive.

There was evidence of a team meeting with an agenda set out ahead of time and the opportunity for staff to add agenda items. This was encouraging. However, the notes from the meeting were brief, and the Regulation Officer encouraged the Registered Manager to consider expanding the post-meeting minutes that link to the agenda topics.

The Registered Manager's office was tidy and ordered, and any documents requested by the Regulation Officer were to hand. Staff rotas were completed a minimum of two months in advance. There was evidence that staff had been advised they could escalate issues to the LV Group Clinical Lead and Compliance Manager if they had concerns related to the care home management team. It was positive to see how the staff team are encouraged to raise issues at all levels.

The Regulation Officer concluded that there is a supportive leadership approach, positive teamwork, and a team committed to supportive care.

The Compliance Manager compiles the care homes' monthly provider reports, using the Commission template, and each section is completed thoroughly. The March report reviewed the team's response to an incident. Staff training was recommended as an outcome of the review. There has also been a change to the accident and incident follow-up, which the Regulation Officer was informed of. The Registered Manager is now documenting the outcomes and actions of any reported events.

The Regulation Officer believed that the reports and the teams' responses demonstrate a service focused on learning and improvement.

There was evidence of written agreements that set out the terms and conditions, payments, and how to end the agreement. Any additional fees were detailed, and the LV Group website displays what fees start from. All agreements were signed and dated. The Registered Manager explained that they also written information about how care receivers can raise concerns or complaints along with the agreement; this met requirements.

The Regulation Officer reviewed three policies as part of the inspection process. Of these two had been updated recently, though did not specify when they would next be reviewed. The safeguarding policy is dated April 2018 with a review date of April 2019. It contained an out-of-date referral form and referral contact information.

The recruitment policy referenced legislation pertaining to data protection, but did not reference Jersey employment legislation. There was a reference to the Care Home Standards; however, the reference was outdated. The LV Care Group employs care workers from overseas, though there is no reference to recruitment practices pertaining to overseas workers in the policy.

The medication policy covers appropriate areas of medication management. However, there was a no reference to relevant Jersey legislation or the Care Home Standards. Additionally, two links in the reference section had expired.

Ensuring policies are up to date, based on current best practice and relevant to Jersey legislation and guidance, is an area for improvement.

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.

Area for Improvement 1 Ref: Standard 1.6 Regulation 5 To be completed: by 19/09/2025	The Registered Provider must ensure policies are up to date, based on current best practice and relevant to Jersey legislation and guidance.
	Response by the Registered Provider: The Compliance and Safeguarding Lead is currently reviewing all relevant policies

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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