Jersey Care Commission

INSPECTION REPORT

Longfield Villa

Care Home Service

La Rue du Bocage
St Peter
JE3 7AS

Date of Inspection
22 October 2025

Date Published
19 November 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 Longfield Villa Care Home. This home is operated by Apex Nursing Agency Limited, and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Care Home Service
Mandatory Conditions of Registration	
Type of care	Personal Care; Personal Support
Categories of care	Mental health; Learning disability
Maximum number of care receivers	20
Age range of care receivers	25 and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1-20 – one person
Discretionary Conditions of Registration	
None	
Additional information	
The Commission changed a discretionary condition on 5 October 2024 to decommission room nine, until it was satisfactorily refurbished. This refurbishment was completed, and on 7 August 2025. Subsequently, the Commission removed this discretionary condition. On 27 August 2025 the Commission received a new application for a registered manager, this was approved on the 9 September 2025. A new Statement of Purpose was supplied to the Commission on 23 September 2025 to reflect the new registration of the new manager.	

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 14 days prior to the proposed visit. This was to ensure that the Registered Manager would be available during the visit and that a pre-inspection information request could be provided to the Commission.

For the purposes of this report, care receivers will be referred to as residents, in accordance with the home's Statement of Purpose.

Inspection information	Detail
Date and time of this inspection	22 October 2025 – 8.45 am - 3.50 pm
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	19
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	21 November 2024 None IRLongfieldVilla2024.11.21Final.pdf

3.2 Focus for this inspection

This inspection included a focus on 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 identified at the last inspection

At the last inspection, no areas for improvement were identified.

4.2 Observations and overall findings from this inspection

The Regulation Officer found during the inspection that this home is safe, effective, caring, and well led. Staffing levels exceed the minimum requirements, and recruitment, vetting, and criminal record checks are robust. Safeguarding procedures are effective, and incidents are well managed with clear documentation and follow-up actions. Health and safety measures are strong, including fire safety, infection control, and food hygiene, with the home maintaining a five-star “Eat Safe” rating. Medication management has improved since the previous inspection, with accurate records, trained and competent staff, and regular audits ensuring safety.

Care planning is thorough and person-centred, with assessments and risk management tailored to individual needs. Admissions are carefully coordinated to ensure compatibility and smooth transitions. Residents’ financial and legal arrangements are appropriately managed, and tenancy agreements are in place. While advance care planning is still evolving, resuscitation decisions are effectively managed in accordance with best practice. Communication within the home is highly structured, with regular handovers, daily management meetings, and monthly reviews supporting effective care delivery and quality assurance.

The home environment is welcoming, clean, and well maintained. Residents receive compassionate and respectful care, and are supported to live healthy, active lives through good nutrition, regular physical activity, and social engagement. Their preferences are regularly sought and acted upon where appropriate. Staff are well supported through regular supervision, appraisals, and access to a health plan, which includes counselling and private healthcare.

Leadership and governance are strong. The Statement of Purpose remains fit for purpose, policies are regularly reviewed, and contingency planning is in place. Staff receive comprehensive induction and ongoing training, including specialist modules on mental health, conflict resolution, and sepsis awareness.

The leadership team promotes a positive workplace culture and demonstrates commitment to continuous improvement, ensuring residents receive safe, effective, and person-centred care.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care Home Standards were referenced throughout the inspection.[1]

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report, reviews of the Statement of Purpose, variation requests and notification of incidents.

The Regulation Officer gathered feedback from five residents. 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 complaints and other intelligence were examined.

Following the conclusion of the inspection visit, the Regulation Officer delivered verbal feedback to the Registered Manager, Deputy Manager, and Administration Manager. Formal written feedback was subsequently provided on 23 October 2025.

This report sets out our findings and highlights any areas of good practice identified during the inspection.

[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	Review of Health and Safety (infection control, water, fire and electrical testing) Response to incidents and accidents Review of safeguarding referrals and notifiable events Review of staff rotas Safe recruitment practice Medications management Review of complaints log, actions and outcomes
Is the service effective and responsive	Initial assessments for prospective residents Review of care plans and risk assessments Review of advance care planning Quality assurance and audit, including Provider monthly reports Review of written agreement (contracts) and fees Resident feedback mechanisms Review of Lasting Power of Attorney and Delegate procedures Financial management of residents' money Effective communication within the staff team Feedback from professionals Supporting residents to live healthier lives Review of policies and procedures, such as slips, trips and falls policy
Is the service caring	Review of the home environment Induction for prospective residents Observations of care delivery Assessment of residents' choice and control in their lives Supervision, appraisal and support of care staff Feedback from staff, residents and processionals Evidence of consent
Is the service well-led	Statement of Purpose Service development plans Review of core policies and procedures Training and induction of care staff Effectiveness of leadership Workplace culture

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Staffing levels were found to exceed the minimum ratios outlined in the Care Home Standards for the category of care for which this home is registered. The Regulation Officer reviewed the recruitment policies, procedures, and practices, which were deemed comprehensive and reflective of fair recruitment principles. A sample of staff personnel files was examined and found to be consistent in content and demonstrated adherence to safe recruitment practices. Evidence of ongoing regular criminal record checks was also routinely undertaken.

The Regulation Officer reviewed the notifiable events submitted to the Commission, as well as the safeguarding actions taken by the management team. These actions were deemed appropriate, with resulting measures effectively safeguarding residents. The review also demonstrated the management team's collaborative approach, working as part of a multi-disciplinary response. The home's safeguarding policy was found to be effective in supporting these practices and aligned with the requirements in the Standards.

The review of notifiable events prompted the Regulation Officer to examine the home's policy and response procedures regarding resident falls. The policy was found to be comprehensive and fully aligned with the requirements set out in the Care Home Standards. Evidence indicated that the policy was being implemented effectively in practice.

The Registered Manager demonstrated effective management and a prompt response to complaints from residents, including collaboration with other agencies where necessary. This included thorough record-keeping and adherence to the home's complaints policy, which was deemed fit for purpose by the Regulation Officer and met the Standards.

Incidents and accidents were responded to promptly and systematically to ensure the safety of residents, staff and visitors. Each event was thoroughly documented, including immediate actions to contain the issue and to prevent its recurrence. As part of quality assurance measures, the Registered Manager also follows up these events to ensure that identified actions have been completed and to identify any trends that may inform staff training and support continuous improvement and safety.

Overall, the health and safety measures within the home were effective in protecting residents from harm and maintaining a safe environment. All fire prevention systems were managed in line with best practice, with regular equipment testing, fire drills, and servicing carried out as required. Personal Emergency Evacuation Plans were easily accessible to ensure swift action in the event of a fire. Water safety, in terms of temperature checks, was consistently carried out at regular intervals; however, water quality testing and maintenance of the water tanks for 2025 had not yet been completed at the time of inspection. This was promptly addressed by the management team during the inspection period.

Infection control standards were maintained through robust daily and periodic cleaning schedules. Additionally, the safe management of substances under the Control of Substances Hazardous to Health regulations ensured that potential chemical hazards were effectively controlled. The home continues to maintain a five-star ‘Eat Safe’ rating was maintained in relation to food safety management through the Environmental Health department, ensuring full compliance with the law and the adoption of best practices.

Medication management within the home has shown clear improvement since the last inspection in November 2024, with no reportable medication errors identified. The Regulation Officer reviewed a sample of residents’ medication records and found that documentation was accurate, up to date, and in full compliance with safe record-keeping standards, including the administration of ‘as required’ medications.

While not all staff are qualified to administer medication, those who are have received the appropriate training and undergo annual competency assessments to ensure continued safe practice. The Registered Manager conducts regulars audit of medication management, and an additional monthly audit is carried out by an external professional.

There were no residents prescribed controlled drugs at the time of this inspection; however, several residents were receiving hospital-only medications. The management team has successfully addressed several external challenges related to the safe management of these medications and has implemented additional procedures to enhance safety. These new processes are becoming well-established within the home, and the management team is planning to develop a formal procedural checklist to further strengthen and standardise safe practice.

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.

Referrals to the home can take some time to progress due to the complexity of the needs of prospective residents. The referring agency provides a detailed assessment of needs, including relevant background information, to support informed decision-making. Following this, a member of the management team conducts a face-to-face meeting and an initial assessment with the prospective resident. This thorough process ensures that individual care needs, preferences, and daily living requirements are clearly identified and used to develop a range of comprehensive risk assessments and personalised care plans, which were evidenced within residents' files sampled by the Regulation Officer. These were also regularly reviewed, with the frequency increasing according to the changing needs of residents.

The Registered Manager described a person-centred approach to the induction of new residents to the home, which includes a risk assessment of compatibility with other residents. The introduction process to the home is flexible and may involve multiple visits depending on individual needs, or a shorter process where a prospective resident has clearly expressed a wish to reside at the home. To support this, the home has recently formalised an admission checklist to ensure that all new residents are fully and consistently introduced into the home's routines and environment.

The Regulation Officer noted that tenancy agreements were present on all residents' files sampled. These agreements were signed by either the resident or their representative and clearly outlined any additional fees where applicable. It was also observed that residents' records clearly identified whether they had a delegate or an individual with lasting power of attorney, along with details of the extent of their authority. The Regulation Officer further noted that where residents required support with financial management, this was provided in an effective and safe manner, in collaboration with those holding the appropriate authority.

Advance care planning discussions are not routinely undertaken within this home. However, such discussions have recently been initiated with several residents in preparation for this inspection. The Registered Manager reported that the process was not particularly successful but is considering how best to develop and embed this practice further. The Regulation Officer noted that where DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) decisions were in place, these were being effectively managed.

The management team demonstrated robust quality assurance oversight and effective monitoring of care delivery. This is achieved through a comprehensive audit programme and the completion of detailed monthly management reports, which assess the overall effectiveness of the service. Feedback from professionals, as recorded in the sampled monthly reports, was consistently positive and reflective of a high standard of care.

Communication within the home is effective and well-structured. Handover meetings occur three times daily between changing shifts, ensuring that up-to-date information regarding residents' care needs is accurately shared. In addition, the Registered Manager holds a daily meeting (Monday to Friday) to review progress, confirm that all required actions have been completed, and consider any necessary updates to individual care plans. Monthly staff meetings also take place, where broader strategic objectives are shared and discussed.

One professional commented:

My professional relationship with the staff is collaborative and effective, with open communication that supports optimal resident care.

The Regulation officer was satisfied that where necessary, the Registered Manager and care staff worked appropriately alongside specialist agencies and professionals, for example end-of-life care, diabetes management and foot care.

Professionals also provided the following comments:

"The staff are knowledgeable and skilled at doing their work. They work very well with visiting professionals. They provide a high level of care. The staff have very good common sense and lateral thinking."

Is the service caring?

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

The home continues to provide a comfortable and welcoming environment for residents, which is consistently clean and well-maintained. While bedrooms are modest in size, they are functional, each featuring at least a wash basin and a toilet, with some rooms benefiting from a shower. Additional shared shower facilities and a bathroom are available to ensure the needs of all residents are met.

Observations of care delivery were consistently positive, with staff demonstrating respect and compassion in their interactions. Care was delivered with attentive body language, warmth, and a friendly demeanour, often accompanied by a smile.

Residents are encouraged and supported to lead healthier lives, through access to a nutritious balanced diet and opportunities for physical activity, such as table tennis and pool. Care staff also assist residents in establishing positive daily routines and structured habits to promote wellbeing, for example maintaining regular contact with family or visits to town using the local bus service. Smoking cessation services are accessed by some residents with some limited success. Care staff routinely support residents to attend health appointments.

The Regulation Officer observed that residents are actively consulted about their personal preferences while settling into the home, as well as through regular resident meetings and food surveys. The Registered Manager explained that feedback gathered through these channels is carefully considered and where possible, acted upon, provided that any changes do not have a negative impact on other residents.

Consent from residents was noted in care plans, for example, where a resident had requested no night-time checks. The Registered Manager acknowledged the need to strengthen record keeping in this area, ensuring that consent can be reviewed and renegotiated when a resident's health or wellbeing requires it. For those residents assessed as requiring a Significant Restriction on Liberty authorisation, these were being effectively managed and reviewed to ensure they remain appropriate. Care plans were person-centred and promoted the principle of the least restrictive option.

Care staff receive regular supervision and formal appraisals in accordance with the Care Home Standards. The management team demonstrated clear awareness of the complexities and emotional demands on care staff associated with supporting this group of residents. Although the staff team is highly skilled and experienced, the Registered Manager ensures that ongoing support remains a priority. Regular check-ins are carried out with care staff, especially in the aftermath of challenging or stressful incidents, to promote wellbeing and reflection. Care staff also benefit from a health plan, which provides access to counselling services when needed, as well as consultations with private healthcare professionals.

The Regulation Officer engaged with a group of residents, all of whom consistently expressed that they were very well cared for within the home and had no complaints to raise. Feedback received from the three professionals consulted supported these positive experiences reported by residents.

The Regulation Officer met with a group of five residents and the feedback received was consistently positive. Some of the feedback comments from residents were:

"I do not want to live at Longfield, I want to live independently, and I do not get enough money." This comment was shared with the Registered Manager, who provided assurance that the resident's views are acknowledged and are regularly reviewed in consultation with their multidisciplinary professional team.

"I have no concerns or complaints about Longfield Villa."

Professionals also provided the following comments:

"The staff team are warm and caring. They treat residents with dignity and promote their right to make choices for themselves"

"Care staff encourage families to visit their relatives in the home and promote a friendly atmosphere."

"The residents appear content and well-settled in the home, reflecting a positive and supportive environment. The staff demonstrate exceptional respect, attentiveness, and genuine concern for residents' wellbeing."

"They go the extra mile to ensure the care and wellness of the residents are met and the treatment recommended is delivered."

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 Regulation Officer reviewed the home's Statement of Purpose and concluded that it remains fit for purpose, accurately reflecting the home's aims, objectives, and the core principles of good care delivery.

Ongoing maintenance of the home remains a priority for the Registered Provider, with the Regulation Officer satisfied with the Provider's ongoing commitment to maintaining a safe and fit-for-purpose environment. The home also has a contingency plan in place to respond effectively to significant service disruptions, such as a fire.

The Regulation Officer reviewed a selection of core policies. Overall, they were regularly updated and fit for purpose, with a small number requiring minor adjustments to ensure full alignment with the Care Home Standards.

New staff inductions are conducted in accordance with the home's policy and procedures. The Regulation Officer observed that the induction process includes a competency-based assessment, ensuring that all new staff have a clear understanding of the care needs of every resident. The home also has a comprehensive staff handbook that outlines key information, policies, and expectations for care staff.

The Regulation Officer observed a high level of compliance within the home regarding both mandatory and supplementary training. Particular attention was given to ensuring that care staff are fully equipped to meet the diverse and individual needs of residents. This included face-to-face learning where appropriate, alongside specialist training designed to strengthen the team's capacity to deliver high-quality care, particularly in areas such as mental health support, conflict resolution, and de-escalation techniques. It was also noted that training regarding the identification and response to Sepsis was routinely completed by care staff in this home.

The leadership team in the home is strong, supportive and effective. This is also reflected in high staff retention rate and a positive workplace culture.

One staff member commented:

The support I receive from the management team and staff team is outstanding.

Feedback was also received from care staff:

"I have been here 10 years and continue to be happy, with some really rewarding experiences with the residents."

"Everyone here has made me feel welcome and supported."

"I get supervision regularly, which helps develop my practice."

"I feel I am listened to appropriately by the management team."

Professionals also provided the following feedback:

"The home is calm, and this reflects the experience of the Registered Manager."

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection, so an improvement plan is not required.

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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