Jersey Care Commission

INSPECTION REPORT

La Haule

Care Home

Route De L'Isle
St Brelade
JE3 8BF

Inspection Dates
29 August and 2, 5 and 8 September 2025

Date Published
17 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 La Haule. The Care Home is operated by LV Care Group 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 and personal support
Category of care	Dementia care
Maximum number of care receivers	58
Maximum number in receipt of personal care/personal support	58
Age range of care receivers	60 years and over
Maximum number of care receivers that can be accommodated in each room	One person in Nightingale rooms 2-32, Kingfisher rooms 1-12 and Kestrel rooms 2-18
Discretionary Conditions of Registration	
1. Bedroom numbers 3, 4 and 5 in Kestrel unit must have en-suite toilets and wash hand basins provided by 31 December 2025. 2. Bedroom numbers 1, 2, 6, 7 and 9 in Kingfisher unit must meet the minimum 12m2 space standard by 31 December 2025. 3. The chair lift which serves the ground to first floor in Kingfisher must be replaced with a passenger lift which will facilitate resident independence by 31 December 2025. 4. No admissions into bedroom numbers 3, 4 and 5 in Kestrel unit or Kingfisher unit, until the Commission is satisfied that the requirements of Discretionary Conditions 1 and 2 are met.	

Additional information
On 25 April 2025 there was a change in the Registered Provider from Four Seasons, Brighterkind to LV Care Group. The organisations corresponded with the Commission in the months prior to the change. Registration applications were placed by LV Care Group which included a revised Statement of Purpose. During this period amendments to the discretionary condition were agreed. The amendments were: • The addition of point four as detailed in the discretionary condition of registration section above. • A change in completion date from 30 April 2025 to 31 December 2025.

As part of the inspection process, the Regulation Officer evaluated the home's compliance with the mandatory conditions of registration and any additional discretionary conditions required under the Law. The Regulation Officer concluded that all mandatory requirements have been met, and work had begun to achieve the discretionary conditions in the required timeframe. This will be discussed in more detail in the main inspection findings of this report.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager two days prior to ensure that the Registered Manager would be available during the visit.

One Regulation Officer was present for first third and fourth inspection visits. Two regulation officers were present for the second day. References to who gathered the information during the inspection may change between 'the Regulation Officer' and 'regulation officers'.

Inspection information	Detail
Dates and times of this inspection	29 August 2025, 12:10 to 14:55 2 September 2025, 13:30 to 17:15 5 September 2025, 07:35 to 13:35 8 September 2025, 09:00 to 15:45
Number of areas for improvement from this inspection	Five
Number of care receivers accommodated on the first day of the inspection	36
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	15 and 16 February 2024 One IR-La-Haule-20240216-Final.pdf

3.2 Focus for this inspection

This inspection included a focus on the area for improvement identified at the previous inspection in 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 this area would be addressed.

The improvement plan was discussed during this inspection. It required the Registered Provider to ensure documentation, such as policies and procedures, and pre assessments reflected local legislation. It was recognised any change to the documents made by the previous provider would now be super-seeded by LV Care Group policies and procedures.

A review of the policies and procedures noted that improvements to meet Standards were required and therefore, this remains an area for improvement. This is discussed in more detail within the report.

4.2 Observations and overall findings from this inspection

There was evidence of safe recruitment practices. Staff fedback that there was good teamwork, they felt supported by managers and were comfortable raising issues.

Findings from the inspection demonstrated the Registered Manager was open, transparent, responsive to learning from issues, and role-modelled a kind and caring approach. The registered and deputy managers reported that the change in Registered Provider had gone well, and the registered and deputy managers felt supported by senior colleagues in the LV Care Group. There was evidence of appropriate governance structures.

Care records contained past and present health information, as well as a range of risk assessments that were directly linked to care plans and daily records. There was evidence and feedback of collaborative working with professionals external to the service. Staffing levels met Standards, although advice on the configuration of staff was given to increase support at meal times and with the delivery of activities.

Notifications were being placed with the commission as required.

There was evidence that fire safety log requirements and equipment services were being undertaken.

There was mixed feedback from care receiver's representatives. The home and staff were described as warm and friendly, and the home had a welcoming, uplifting atmosphere. However, there were also concerns shared by care receiver's representatives regarding aspects of care and practices. Given the range of views expressed, it was not possible to reach definitive conclusions based on the feedback received. It was nevertheless reassuring that all stated they felt they could raise issues with the Registered Manager, and observations during the inspection were that the staff's approach was caring. The concerns raised are linked to areas that require improvement which include medication and infection prevention practices, as well as staff training on mandatory and dementia-specific topics.

Additionally, the Registered Person is required to enhance both the internal and external home environment to reflect the needs of individuals living with dementia.

The area for improvement regarding policies placed at the previous inspection remains.

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 previous inspection reports, correspondence related to the change in Registered Provider, the Statement of Purpose, notification of incidents and feedback received about the home.

The Regulation Officer gathered verbal feedback from one care receiver and seven representatives. They also had discussions with ten staff members in a variety of roles, including the registered and deputy managers. Additionally, feedback was requested from six professionals external to the service, four of whom provided responses.

A number of care receivers, resident at the home have varying degrees of cognitive impairment. Therefore, the Regulation Officer was sensitive to this and adapted the feedback approach to observation, by participation and taking part in general discussions rather than asking detailed questions about the service.

As part of the inspection process, records including policies and procedures, medication and care records, staff files, training records, duty rotas and service and fire logs were examined.

At the conclusion of the inspection visits, the Regulation Officer provided feedback to the registered and deputy managers and followed up on the identified areas for improvement by email.

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.

Follow up on previous areas for improvement	
Focus	**Evidence Reviewed**
Policies	Policies including: • Medication Management • Disciplinary • Safeguarding • Whistleblowing • Concerns and Complaints
New key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Reviews of staff files and rotas. Medication folders, administration charts, protocols, returns book, controlled drug register and the medication policy. Discussions with the Registered Manager and staff. Feedback from care receiver representatives. Observations from walking around the inside and outside of the care home. Reviews of infection control products. Reviews of service and fire safety logs.
Is the service effective and responsive	Training records. Notifications to the Commission. Feedback from, care receiver representatives and professionals external to the service. Discussions with the Registered Manager and staff. Discussions with the building contractors on site during the inspection. Reviews of care records. Observing a staff handover, a huddle and a clinical governance meeting. Observations from walking around the inside and outside of the care home.
Is the service caring	Reviews of care records, including assessments, care plans, risk assessments, daily care records, a handover sheet and the communications book. Discussions with the Registered Manager and staff. Feedback from, a care receiver, care receiver representatives and professionals external to the service. Reviews of list of activities. Observing care and support at mealtimes, during activities and whilst walking around the home. Observing a staff handover, and a huddle and clinical governance meeting.

Is the service well-led	Discussions with the Registered Manager. Feedback from care receiver's representatives, staff and professionals external to the service. Reviews of monthly provider reports, audits, supervision and appraisal records and policies including: • Medication Management • Disciplinary • Safeguarding • Whistleblowing • Concerns and Complaints

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Recruitment practices were reviewed. The staff files viewed were well organised and easy to follow. Files contained curriculum vitae (CVs) and application forms. Interview records demonstrated that two staff members conducted interviews, their roles and the questions asked were appropriate. Enhanced Disclosure and Barring Checks (DBS) and two references had been obtained prior to staff commencing their role. Where required, an English Language Test System (ELTS) certificate had been obtained. There was evidence of induction programmes. These were completed, signed, and dated. The practice met Standards.

Staffing rotas demonstrated that staffing levels meet the minimum standards. It was reported that two healthcare staff were recently recruited, and when they commence their roles, there will be no staff vacancies within the home.

Medication management was reviewed. The medication trolley was lockable to prevent unauthorised access and was observed to be stored in a lockable cupboard when not in use. The trolley was clean and orderly. The British National Formulary (BNF) next to the trolley was current.

The medication folder which contained the Medication Administration Records (MAR) had a list of staff signatures at the front. In the records sampled, each care receiver's MAR was accompanied by a photo, along with their name, date of birth, room number and General Practitioner (GP) details. Allergies were clearly documented, or 'no known allergies' was recorded.

The entries in the MAR and the medication stock of regular medication in packets and blister packs (boxes which hold individual doses of medications) aligned. However, it was not possible to determine if, 'as and when' required medications, referred to as PRN (pro re nata) medications aligned, because stock levels were not consistently recorded.

Records contained clear protocols to support the administration of PRN medication, and charts were in place to record the reason for administration and to assess the medication's effectiveness. There was evidence of occasions when the reason and effectiveness were recorded clearly, although this was not consistent practice. A care receiver's representative raised concerns indicating potential poor practice in the administration of PRN medication.

It was positive that the Island-wide Transdermal Patch Administration Record was in use. Records demonstrated that the frequency of the transdermal patch changes were in line with the guidance. However, in one care receiver's records, there were five days where it was unclear where the transdermal patch was applied. Additionally, the section where staff record how the medication is disposed of stated, 'not found' on four occasions, and on only two days out of seven was the explicit action of 'removed and destroyed' recorded. Therefore, it was not possible to know if the transdermal patch had been applied or destroyed appropriately.

The medication trolley contained liquid medications that did not have the date opened recorded; therefore, it was unclear whether medication administration would be safe or effective.

It was reported by staff that they are transcribing a medication and dietary supplements onto the administration charts. The absence of a MAR chart is a consequence of a recent change in the pharmacy supplying the products, following a change in the Registered Provider. This change has resulted in there being no MAR chart for supplements, leading staff to transcribe the dietitian's prescriptions manually. The home's medication policy does not cover transcribing.

Regulation officers advised that this practice breaches the Standards, and that transcribing should only be undertaken in exceptional circumstances and for a limited duration.

The treatment room, which stores the controlled drugs (CDs) and the medication fridges, had appropriately contained hand-washing facilities. The amount of overflow stock retained appeared appropriate, with no evidence of over-ordering. The medication returns books were new, though three clear entries were evident. However, it was evident that the sharps boxes stored in the treatment room, ready for disposal, did not have the required dates recorded on them.

The CDs were stored in a lockable cupboard, in a secure room. However, the room also had a double lock cupboard which could provide an additional level of safety which was not being utilised. Therefore, regulation officers advised the Registered Manager to consider storing the CDs in the double lock space if practicable. The CD register evidenced daily stock checks, and that stock and records aligned. There were no concerns regarding the safety of this practice. Though the practice does not align with the homes medication policy which required registered nurses to be involved in CD checks.

There were two medication fridges in the treatment room. Only one fridge was presently in use. Fridge and room temperatures were being recorded. Medication in the fridge had a date when opened record.

The regulation officers concluded that some medication management practices met Standards. However, practices related to the administration, record keeping and stock of PRN medications, the recording and disposal of transdermal patches, ensuring liquid medications are safe or effective to administer, transcribing and sharps boxes dates are records do not meet Standards. Additionally, the home's medication policy and practices do not align regarding transcribing and CD checks.

Therefore, medication management is an area of improvement.

Infection control practices were reviewed in relation to the equipment and environment. The foam hand sanitiser situated in the entrance hall of the home had expired in April 2024. The Registered Manager immediately removed the item. A large container of hand sanitiser was 2 years out of date, and six packets of Sporicidal wipes had expired in June 2010. Swabs used for collecting samples for infection testing had expired in 2018.

In the treatment room, there were spider webs and baby spiders, dead flies, and a dead moth. There was also a dead fly and a dead moth in the light fitting in one of the lounges. Additionally, two care receiver's representatives raised concerns regarding the practice of cleaning furniture after personal hygiene incidents.

Therefore, promoting safe and healthy working practices in the area of infection prevention is an area for improvement.

There was evidence that fire safety log requirements had been met. Also, correspondence with a representative from the Jersey Fire and Rescue Service (JFRS) during the period of rebuild and renovation. There was evidence of a robust programme to ensure that equipment, including hoists and the home's lift, was regularly checked and serviced.

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.

Staff training was reviewed. There was evidence that training is available both face-to-face and online, covering the topics required in the Standards. However, there was no evidence that sufficient numbers of care workers had completed the required mandatory training. It was recognised that a change to the information technology (IT) had resulted in challenges with recording training and that the Registered Manager had made a considerable effort to ensure records were accurate. It remained that there was no evidence that the training had been undertaken.

Training records demonstrate training can be delivered in dementia awareness, capacity and self-determination, first aid response to falls and supporting the end-of-life care needs for a person with dementia. However, the Regulation Officer was also not provided with evidence that sufficient numbers of staff had undertaken specialist training to support people with a diagnosis of dementia.

Therefore, the requirement for staff to be up-to-date with all mandatory and specialist training requirements is an area for improvement.

Staff are required to notify the Commission if a care receiver has a pressure ulcer(s) of grade two and above. Also, if harm has occurred to a care receiver, which would include if a care receiver had fallen.

During July 2025, five notifications of pressure damage were placed; this was examined during the inspection. When pressure damage was noted, referrals were made to the District Nursing (DN) Team of Family Nursing and Home Care (FNHC). There was evidence that there had been collaborative working, which included sharing of written plans of care. Feedback from two professionals external to the service was that the care home staff had responded to guidance and recommendations. The Registered Manager explained that the team had improved communication regarding pressure prevention and management, both during clinical meetings and through entries in a communication book.

Between January and July 2025, the home submitted 13 notifications relating to fall events. It was encouraging to note that care records included falls assessments and moving and handling assessments. Additionally, fall prevention measures were discussed during handovers and at clinical governance meetings. However, as frailty associated with a diagnosis of dementia may increase the risk of falls, the Regulation Officer highlighted that staff are required to complete first aid response to falls training provided by the Provider, as part of the identified area for improvement in specialist training.

Building work to achieve the discretionary conditions of the home's registration has begun. The Registered Manager spoke of a collaborative working relationship with the Registered Provider and the construction staff regarding the building works. It was observed during the inspection that the building works did not appear to be interrupting the day-to-day running of the home.

Feedback regarding the environment in which care receivers are living at present was mixed. A relative explained that they had chosen the home because it has a homely environment, and another expressed concerns that the only aspect of the environment that reflected the specialism of dementia care was the secure access and exit.

It is the case that to promote safety, entering and leaving the home and moving between floors and into specific areas can only be undertaken by those with the required access code. However, the décor of the communal areas and corridors did was not dementia-friendly, with no use of contrasting colours and clear signage.

Care receivers have access to a secure outdoor green space. The space was pleasant, with outside seating, a path running through it, and fences painted in pastel colours. The Regulation Officer was informed that the area had recently been refreshed. Although it was reported that no best dementia practice guidance had been used when configuring external spaces or decorating internal spaces.

This was discussed with the Registered Manager, and resources to audit and develop the environment to better meet the needs of people with a diagnosis of dementia were shared.

Therefore, improving and enhancing the internal and external home environment to reflect the needs of those living with dementia is an area for improvement.

Is the service caring?

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

Care records were reviewed, and the home has transitioned from paper to electronic records. The electronic records viewed had a digital front sheet which contains care receivers' demographics, next of kin, GP details, and past and present health information. Records contain a range of risk assessments that linked directly to care plans and daily records. Health care professionals external to the service were able to document within the electronic records.

It was reported by the registered and deputy manager that there had been challenges with the transition to electronic records. This change may have contributed to an incident resulting in harm occurring to a care receiver which led to the Registered Manager placing a safeguarding referral. Staff explained they were still adjusting to the digital system, learning to navigate it effectively and adapting to recording information throughout the day rather than at the end of a shift. It was encouraging the new system had begun to imbed.

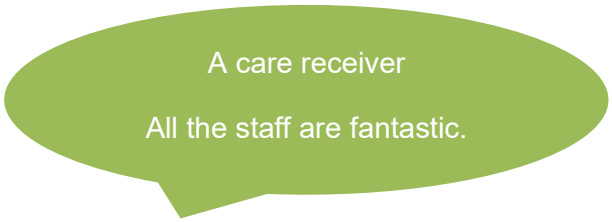
Assessments and plans of care undertaken by professionals external to the service were accessible. This included Significant Restrictions of Liberty Authorisations (SROLs).

The Regulation Officer observed a morning staff handover, a mid-morning huddle and one of the weekly clinical governance meetings. Information was shared clearly and there were opportunities for questions.

There was evidence that the care home had a system in place to ensure wishes and preferences relating to resuscitation were clearly communicated within the staff team.

Feedback from a care receiver and care receiver's representatives regards the care was mixed.

Positive comments included:



"The care home is great."

"The place [the home] is amazing."

"I think they [staff] are very kind. They are very sweet."

"It has a nice atmosphere it is warm and friendly."

"Nothing is too much trouble for them [the Registered Manager]. I can just go in and talk to them."

"Overall, I was impressed by La Haule care home, predominantly because of the ethos of the staff who provide a welcoming & uplifting atmosphere."

Comments describing concerns included:

"They [staff] don't all seem to be on the same page. Everyone should know what everyone can or can't do."

"The carers just tend to sit in the room with them [care receivers], taking someone to the bathroom and giving teas and coffees."

"Issues seem to be happening constantly."

Given that the comments are both positive and negative, no clear conclusion can be drawn from the feedback. It was reassuring that the relatives who expressed concerns all explained they felt able to raise the issues directly with the Registered Manager. The regulation officer's observation during inspection were the staff's approach was caring. The concerns raised are linked to areas that require improvement.

Poor communication had emerged as a recurring theme in feedback from families and was therefore discussed with the Registered Manager. They explained that they were exploring ways to improve communication with families, including the recent introduction of a newsletter and the organisation of a barbecue for care receivers and their families. These initiatives were encouraging, and the Regulation Officer was satisfied that the Registered Manager was taking active steps to enhance communication.

There is one activity coordinator, although there had been two until recently. The Regulation Officer observed a seated boxing activity delivered in the lounge. It was led by a fitness instructor external to the service and delivered with the support of staff. The session was vibrant; all care receivers appeared fully engaged, with smiles and laughter.

It was positive to learn that the home has recently had access to a minibus, and therefore, trips out have begun. Also, that a Rainbow Table, which is a digital tool designed to stimulate cognitive function, has been ordered.

The activities list detailed a wide range of activities, including music and memories, art therapy, pet therapy, garden walk and balloon volleyball. However, the music and memories activities were not delivered on two occasions when the Regulation Officer planned to observe the session. The reason for this was not clear, although the Regulation Officer was concerned that it may relate to the activity coordinator being the only staff member facilitating breakfast and lunch in the ground-floor lounge. During one lunchtime, the Regulation Officer observed that four HCAs were taking their break during mealtime while the activity coordinator was facilitating. This not only took the focus of their role away from activities but also reduced support for care receivers during this time.

Additionally, feedback from one care receiver's representative was that there were no activities on the weekend, and that there is minimal support at meal times. From the activities list, it appears that carers lead walks, board games, or sing-along evenings. The Regulation Officer was concerned that this may be difficult for carers to balance physical and social care and support at the weekend.

Therefore, although the Regulation Officer is satisfied there is an acceptable amount and range of activities, the Registered Manager was advised to review how staff are coordinated, at mealtimes and weekends.

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 explored the home's operations since the last inspection in February 2024, in discussion with the registered and deputy managers. It was reported that the change in Registered Provider had gone well, and they felt supported by senior colleagues of the LV Care Group. They described how staff in the home had been supported through the changes and how new organisation policies and procedures had been communicated.

The Regulation Officer received positive feedback from staff regarding team working and support from managers. It was stated that the team is *"like family"* and *"the best thing is the staff team."* Feedback involving the registered and deputy managers, was that they were *"always checking in, they are really supportive."* There was evidence that supervision and appraisals met the Standards.

There was evidence of a clear process to escalate issues through care staff at all levels. All professional the Regulation Officer gained feedback from stated that the staff team worked collaborative with them.

Several relatives and families commented on the professionalism and approachability of the Registered Manager. This mirrored the Regulation Officer's observations and experience. It was noted they were open, transparent, and responsive to learning from issues, and role-modelled a kind and caring approach.

Professional Feedback

I regularly correspond with the manager of La Haule and am met with friendly responses, whether face-to-face or via email. When meetings are required to be arranged, this is done promptly and efficiently.

The Regulation Officer was satisfied that there are systems in place to monitor and report on service delivery, through monthly provider reports and regular audits. Three monthly provider reports were reviewed. They were comprehensive and demonstrated that issues had been identified and addressed.

The change in Registered Provider brought a change in the audit topics and cycle. The Registered Manager undertook all audits at this time, which enabled a benchmark from which to measure future audit findings. This was noted as an area of good practice, demonstrating the Registered Manager's commitment to reviewing and improving service delivery. The audit topics were wide-ranging, though the Regulation Officer advised that consideration be given to ensuring the audit questions are comprehensive and relevant to the home.

The Regulation Officer received feedback from care receiver's representatives, who were concerned that there had been a large turnover of staff.

This was explored with the Registered Manager. They reported 12 staff had left the home since the previous inspection, 18 months earlier. They described the reasons staff had resigned, which included moving from Jersey, transferring to a different care home within LV Group, and changing profession. There was also evidence that exit interviews were undertaken. Whilst it is acknowledged that staff changes can have a negative impact on care and support, the Regulation Officer was satisfied that reasons for staff leaving were outside the Registered Manager's control. It was also evident that there were practices in place to promote rather than hinder staff retention.

The Regulation Officer reviewed five policies as part of the inspection process. Of the policies, three met Standards. However, the safeguarding policy was last updated in 2019. The medication policy did not refer to relevant legislation or Care Home Standards, and as reported under the 'Is the service safe' section, it did not reflect current practice. Both policies contain referral information that was out of date. Therefore, it is an area for improvement to ensure policies are up to date, based on current practice and relevant to Jersey legislation and guidance.

Feedback from professionals external to the service:

IMPROVEMENT PLAN

There were five areas 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 6.7, Appendix 9 Regulation 14 **To be completed:** with immediate effect	The Registered Person must ensure medicines are managed in a compliance with legislative requirements, professional standards and best practice guidelines
	Response by the Registered Provider: The issues raised surrounding medication management specifically around stock and record keeping of PRN medication, the recording and disposal of transdermal patches and the dates of opening on bottles. Has been addressed in the weekly clinical review meetings and is a focus of the weekly medication audits. Home manager has adapted the homes audit to include these areas. We are still experiencing some setbacks with transcribing of medicine. The dietary supplements now have their own chart. However regularly prescribed medications that are supplied out width of LV pharmacy continue to be transcribed. The home manager is looking at how best to overcome this hurdle.

Area for Improvement 2 **Ref:** Standard 4.6 Regulation 12 **To be completed:** by 12/01/2026	The Registered Person must promote safe and healthy working practices in the area of infection prevention.
	Response by the Registered Provider: All team members receive regular infection prevention and control training, with updates provide through ongoing supervision and audits. The service maintains robust infection control procedures including PPE use, hand hygiene monitoring and regular environmental cleaning to promote safe and healthy working practices. The treatment room, which is old and due to be replaced, is on regular cleaning schedule attend by the housekeeping team to ensure hygiene standards are maintained. This is also monitored by the homes Housekeeper, Deputy Manager and Home Manager.

Area for Improvement 3 **Ref:** Standard 3.11, Appendix 7 Regulation 17 **To be completed:** by 17/11/2025	The Registered Person must ensure staff are up-to-date with all mandatory training requirements. As the service's Category of Care is Dementia Care, prompt attention is required to ensure staff have training in this area.
	Response by the Registered Provider: Since the JCC inspection, several training sessions have taken place in relation to Dementia Care and SRoL training. Further sessions are already scheduled to ensure the team are fully complaint in these areas. In addition, the Home Manager has been in contact with Practice Development Practitioner with Government of Jersey to come and facilitate CAIT (Communication and Interaction Training).

Area for Improvement 4 **Ref:** Standard 2.3 and 7.1 Regulation 18 **To be completed:** by 02/02/2026	The Registered Person must improve and enhance the internal and external home environment to reflect the needs of those living with dementia.
	Response by the Registered Provider: Refurbishment of the Kingfisher unit is nearing completion, with work scheduled to commence on the remaining units. The refurbishment programme is being undertaken with consideration for creating a dementia friendly environment, ensuring the home is safe and comfortable for all our residents to enjoy.

Area for Improvement 5 **Ref:** Standard 1.6 and 6.6, Appendix 2 Regulation 5 **To be completed:** by 17/11/2025	The Registered Person must ensure policies are up to date, based on current practice and relevant to Jersey legislation and guidance.
	Response by the Registered Provider: Policies are currently under review to ensure they remain up to date, reflect current best practice, and align with Jersey legislation and guidance.

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.

Jersey Care Commission

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