Jersey Care Commission

INSPECTION REPORT

St Ewolds Residential Care Home

Care Home Service

Balmoral Drive
La Route de la Trinite
St Helier
JE2 4NJ

9, 13 and 16 October 2025

Date Published
11 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 on the inspection of St Ewolds Care home. The care home service is operated by the Parish of St Helier and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Care Home
Mandatory Conditions of Registration	
Type of care	Nursing Care; Personal Care
Category of care	Adult 60+
Maximum number of care receivers	63
Maximum number in receipt of nursing care	5
Age range of care receivers	65+
Maximum number of care receivers that can be accommodated in each room	First Floor: 21 bedrooms - 100 – 120 (one person) Second Floor: 20 bedrooms - 200 – 206 and 209 – 220 (one person) Second Floor: 207 1 bedroom (2 persons) Third Floor: 21 bedrooms – 300 – 320 (one person)
Discretionary Conditions of Registration	
None.	
Additional information:	
A variation was received on the 10 October 2024 to register room 207 for 2 care receivers and remove room 208 as a registered room. This was approved on the 21 October 2024.	

On 7 November 2024 the Commission received a variation to remove the reduction of age range for one care receiver which had been granted on the 12 September 2024. This was approved the same day.

The Commission received a revised Statement of Purpose on 3 October 2025 to reflect a revised category of care from 'old age' to 'Adult 60+'.

Following some refurbishment works, the Commission received a variation on 15 October 2025 to reduce the total bedrooms from 66 to 62, resulting in 58 residential beds and five nursing beds. This was approved on the 16 October 2025.

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 before 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.

Inspection information	Detail
Dates and times of this inspection	9 October 2025 – 8.50am to 4pm13 October 2025 – 8.20am to 3.10pm 16 October 2025 – 8.15am to 8.55am
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	58
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	20, 27 and 29 September 2024 None IRStEwoldsResidentialCareHome20240929Final.pdf

3.2 Focus for this inspection

This inspection focused 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, no areas for improvement were identified.

4.2 Observations and overall findings from this inspection

Staffing levels consistently complied with the minimum requirements of the Care Home Standards, supported by improved staff retention and adherence to safe recruitment procedures, enabling the service to meet the needs of care receivers.

Health and safety measures, including fire safety, infection control, and medication management, were robust and well-documented. A five-star 'Eat Safe' rating was maintained in relation to food safety management, and oxygen procedures were safe and well-managed.

The home uses person-centred assessments, such as the 'This Is Me' tool, alongside adult social care input to create tailored person-centred care plans and risk assessments, which are regularly reviewed. Improvements in the response to pressure injury prevention and falls management were evidenced. Care receiver feedback is actively sought and used to inform service improvements. Legal safeguards, such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documentation and restrictions of liberty, were appropriately managed.

The home environment is clean, well-maintained, and undergoing thoughtful refurbishment to improve safety and comfort. Staff deliver care with compassion, dignity, and respect, promoting care receivers' independence and choice. Activities are varied and meaningful, supported by a dedicated Activities Co-ordinator.

Staff wellbeing is supported through a comprehensive wellbeing offer, which include access to mental health first aiders, counselling services, and a dedicated staff room. Supervision of care staff was evidenced to be taking place regularly and a new appraisals process was being introduced. A recent staff survey highlighted strengths in training, teamwork, and workplace culture, while noting areas for improvement in leadership visibility.

Leadership was found to be strong, supported by a clear organisational structure and an effective service development plan. Policies and procedures were up to date, and training compliance was high, with a focus on continuous learning. A revised induction checklist ensures new staff are well-prepared and supported through their probation period.

Overall, the inspection demonstrated a safe, responsive, and well-managed service with a strong culture of care and continuous 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 report, reviews of the Statement of Purpose, variation requests and notification of incidents.

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

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

At the conclusion of the inspection visit on 13 October 2025, the Regulation Officer provided feedback to the Registered Manager and followed this with an email on 16 October 2025.

This report sets out our findings and includes 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	Rotas and review of staffing Review of notifiable events and complaints made to the home Safeguarding practice Health & safety measures, including building safety Food hygiene, preparation and storage Personal emergency evacuation plans for care receivers (PEEP) Infection control measures Medications management
Is the service effective and responsive	Initial assessments (all about me) Rick assessments and other assessment tools Pressure trauma management Care plans Collaborative working with external professionals and other agencies Health promotion measures Monthly reports and quality assurance activity Consent from care receivers Care receivers' surveys and feedback Advance care planning Information sharing Communication Review of care receivers with legal power of attorney or a delegate
Is the service caring	Delivery of care Assessment of the environment Choice and control Activities that care receivers have access to Feedback from care receivers and relatives Feedback from staff Feedback from professionals Workforce wellbeing Supervision and appraisal of care staff Staff survey
Is the service well-led	Revised Statement of Purpose Workplace culture Service development plan and refurbishment Leadership Policies and procedures Training and induction

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The Regulation Officer reviewed staff rotas for the previous three months and found that staffing levels consistently complied with the minimum requirements of the Care Home Standards, enabling the service to meet the needs of care receivers. The Registered Manager reported a significant improvement in staff retention since the last inspection in September 2024, with only two new care staff members joining the team since then. Recruitment records for these two staff members were examined and found to be compliant with safe recruitment best practice.

The Regulation Officer examined the staff recruitment pack, which including the recruitment policy, staff handbook and associated documents, such as job descriptions. These were found to be fit for purpose and promoted fair, transparent, and consistent hiring practices.

As part of the pre-inspection process, the Regulation Officer reviewed notifiable events submitted to the Commission and discussed these with the Registered Manager. The notifications were found to be appropriate, and the actions taken demonstrated effective incident management and a clear commitment to learning from events. In addition, where these notifiable events lead to safeguarding action, these were appropriate and kept care receivers safe. Overall, there was a reduction in the total number of notifications received, including in key areas such as care receiver falls and medication errors.

The Registered Manager demonstrated effective oversight and management of complaints, which were recorded in a comprehensive log. These ranged from minor matters, such as food preferences, to more significant concerns relating to the delivery of care. The Regulation Officer was satisfied that appropriate actions had been taken in all cases.

The Regulation Officer examined the health and safety arrangements within the home and was satisfied that robust measures were in place to ensure its safe and effective operation:

- The home has had two full independent Health and Safety inspection in the last 12 months, with the majority of recommendations being actioned.
- All fire prevention measures were being carried out in accordance with best practice, with regular testing and servicing of equipment in place.
- Water testing, temperature checks, regular flushing and servicing of water tanks takes place in accordance with best practice.
- Incident management in terms of health and safety was appropriately managed.
- A maintenance logbook demonstrated prompt and effective action regarding the safe running of the home.
- Daily and quarterly checklists ensure infection control measures were in place.
- The management of laundry met the required standards.
- Measures regarding the control of substances hazardous to health were safe.
- Waste management procedures, including hazardous waste met best practice.

The Regulation Officer noted that the management and effectiveness of care receivers' Personal Emergency Evacuation Plans (PEEPs) required revision. The Registered Manager responded positively to this feedback, and a centralised register of care receivers' PEEPs has been implemented to ensure swift access in the event of a fire.

The home maintains a five-star 'Eat Safe' food and hygiene rating from the Government of Jersey Environmental Health Department, reflecting full compliance with legal requirements and a consistently high standard of food safety management. During the inspection, the Regulation Officer met with the head chef to review the latest Eat Safe assessment and confirm that best practices are being upheld.

The management of medications was reviewed and found to be effective and safe. Since the last inspection in September 2024, only one minor medication error was reported, with no harm caused. Medications and associated records are stored safely in care receivers' rooms, except for controlled drugs, which are stored and managed in accordance with lawful requirements. The Regulation Officer sampled several medication files and was satisfied that they were completed accurately, including records for as required (PRN) medications. Monthly quality assurance audits are carried out, with additional reviews conducted as part of the 'resident of the day' process on all three floors of the home. All care staff administering medication have received appropriate training and are subject to annual competency assessments.

For care receivers who require oxygen, staff have undergone appropriate training, and comprehensive risk assessments have been completed. Clear signage is displayed to highlight potential risks, and a detailed care plan is in place to ensure the safe management and maintenance of the equipment.

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.

Once the Registered Manager accepts a referral, a 'This Is Me' initial assessment is completed. This person-centred tool is designed to capture the individual needs, preferences, and life history of the prospective care receiver. In addition, adult social care provides further information and assessment of need. Together, these sources support the development of risk assessments and a range of personalised care plans.

The Regulation Officer sampled several care receivers' care records and was assured that appropriate risk assessments were in place, including assessments for pressure damage and mobility. All care receivers had a set of seven core care plans, covering areas such as communication and social needs, alongside a range of personalised plans tailored to meet individual needs. There was also clear evidence that these assessments and care plans were person-centred and reviewed at least monthly

One staff member commented:

We noted that some care plans were not succinct enough in terms of identifying the care receivers needs and how this will be met. This has led to a full review of care plans, which are now mush easier to interpret.

Following feedback from care staff, the Registered Manager and senior care team are reviewing all care receivers' care plans to ensure that each need is clearly identified and that the corresponding plan outlines how the need will be met through concise and easily understandable care tasks.

Advance care planning is routinely undertaken in this home, for both care receivers with capacity and those requiring a representative with decision-making authority. DNACPR documentation is appropriately stored, recorded, and the original is readily accessible when required. The Regulation Officer noted that records for care receivers with an appointed delegate or lasting power of attorney were initially unsatisfactory; however, this issue was rectified during the inspection period and additional training was being organised for care staff to understand these respective roles.

For care receivers at high risk of pressure trauma, the Registered Manager has implemented a quarterly audit tool to evaluate the prevention, identification, and management of pressure-related injuries. This approach has contributed to a significant reduction in such injuries and has supported the development of additional care plans, including nutrition and hydration, manual handling, incontinence management, and specific care tasks such as repositioning schedules and daily skin integrity assessments. This was identified as an area of good practice.

One professional commented:

I have no concerns regarding their level of care and find it to be of a high standard. I have never heard any negative comments from care receivers about the standard of care.

The Regulation Officer examined the management of care receiver falls. This review included the falls management policy, post-fall procedures, and a sample of care receivers' records, which contained risk assessments and falls care plans. The Registered Manager and senior care team now conduct a post-fall incident enquiry, which incorporates a root cause analysis, evaluation of the current care plan, and additional recommendations to reduce the likelihood of further falls. Examination of care receivers' records confirmed that falls were managed responsively and effectively, with the Regulation Officer noting that recommended actions had been implemented.

Diabetes management was evidenced to be effective, with nominated care staff being equipped with the relevant training. In addition, the Registered Manager confirmed that foot care is undertaken by an appropriately qualified professional.

The management of care receivers who are subject to a 'significant restriction of liberty' was reviewed by the Regulation Officer. The Registered Manager provided assurance that following one renewal being missed, additional measures are now in place to ensure this does not happen again and that all renewals are being managed effectively.

The Regulation Officer examined the process for care receivers' contracts and was satisfied that these agreements clearly outlined the fees and were consistently signed by care receivers or by individuals with legal authority to do so.

One relative commented:

The care staff attend to my Xxx risk of pressure trauma in the proper way.

Care receivers, their relatives, or representatives are given the opportunity to provide feedback to the Registered Manager and senior care team every six weeks through scheduled meetings. The Regulation Officer reviewed the minutes of these meetings and noted good attendance, as well as thorough record-keeping of actions and decisions. In addition, the Registered Manager reported that a comprehensive care receiver survey is conducted every six months and demonstrated how the outcomes from this process are acted upon. A quarterly newsletter for care receivers is also in place, providing updates on core areas such as staffing and updates on the refurbishment programme.

The Regulation Officer conducted a review of the quality assurance measures implemented within the home, including the provider's monthly reports. These reports were found to be detailed and insightful, offering a clear and comprehensive assessment of the home's overall performance. Additionally, a diverse range of audit activities aimed at monitoring, evaluating, and enhancing best practices were identified, demonstrating a strong commitment to continuous improvement across key areas of care.

The Regulation Officer found that collaboration with external professionals and agencies was effective, for instance, working closely with specialist services to support care receivers on palliative or end-of-life pathways.

A staff member commented:

"Staff communication is much improved in terms of delivering care. It has also improved in terms of updating and engaging relatives, which has reduced complaints and concerns."

Is the service caring?

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

Since the previous inspection in September 2024, significant refurbishment work has commenced at the home. This includes redesigning care receivers' rooms to incorporate showers, enhanced fire safety measures, and redecorating the hallways. The Regulation Officer observed that the refurbished rooms were of a high standard and contributed to improved care receiver safety. The Registered Manager actively minimizes the impact of the refurbishment works on care receivers and conducts regular health and safety checks to ensure that tools and equipment do not pose additional risks.

The communal areas are comfortable, well-furnished, and decorated to a high standard. The housekeeping team takes pride in maintaining a clean and safe environment and ensure that key dates are celebrated throughout the year. At the time of the inspection, Halloween decorations were thoughtfully and tastefully displayed.

The Regulation Officer observed care being delivered to care receivers and found that staff provided support with compassion, dignity, and respect. Interactions were warm and genuine, often involving a comforting touch or hug, and communication was clear and thoughtful. Care receivers' privacy was consistently upheld, with care staff knocking on doors and waiting for permission before entering and 'care in progress' signs being consisting displayed.

One resident commented:

I was worried about going into a care home, but now I am here, it is really good. I get well looked after, but I can still do the things I want to.

The Regulation Officer noted that care receiver records were completed regularly and clearly documented the personal care provided, for example support with bathing, oral hygiene, and dressing. The Regulation Officer also noted that where care receivers required regular repositioning, this was recorded appropriately.

Care receivers are supported to have choice and control in their daily lives, including decisions about their routines, clothing, food preferences, and participation in activities. Daily menus provide a variety of options, with care receivers also able to request alternative meals if desired. The home benefits from a dedicated Activities Co-ordinator who organises a wide range of daily activities, such as boxercise, bingo, yoga, live music performances, church services, and at least weekly outings into the community.

The Registered Manager reported that a current focus for care staff is obtaining and clearly documenting care receivers' consent. The Regulation Officer observed this in practice through staff interactions with care receivers and in documentation, including night checks, digital and third-party information sharing, self-medication, and blood check consents. This was identified as an area of good practice.

Care staff communication is a key strength of the home, supported by daily flash meetings and shift handovers. These meetings contribute to the safe and effective running of the home and ensure that the evolving needs of individual care receivers, such as pressure area care, weight loss, and mobility, which are closely monitored and addressed. The Registered Manager reported that learning from previous complaints has led to improved communication with relatives. More frequent and meaningful engagement has helped to reduce relatives' anxiety and minimises the likelihood of future concerns or complaints being made.

Care staff in this home benefit from a comprehensive wellbeing offer provided by their employer. This includes access to trained Mental Health First Aiders, counselling services, and an employee health plan. Staff facilities feature a comfortable staff room, which is separate from care delivery areas. A newly developed wellbeing board in the staff room further promotes awareness of the wellbeing offer and provides information on additional resources.

The Regulation Officer was satisfied that care staff are receiving supervision in line with the Standards. This supervision process supports staff wellbeing, monitors performance, reinforces agreed ways of working, and includes discussions around training, development, and improvement goals. A newly developed appraisal system has also been introduced, aligned with the values of the wider organisation. The process involves preparation by both the employee and employer, includes reflection on how staff demonstrate the parish's values, and sets clear development objectives for the year ahead. The Registered Manager reported that all staff appraisals will be completed by the end of 2025.

St Ewold's staff recently took part in a parish wide survey. Encouragingly, care staff reported high levels of satisfaction in key areas such as training, staff retention, clarity of role expectations, health and safety management and team collaboration, which suggests a positive workplace culture. In areas where responses were less favourable, the Registered Manager provided a clear overview of the steps being taken to address these challenges, which demonstrates a proactive approach to continuous improvement.

One staff member commented:

It is a joy to work here, the staff work as a team and for each other.

Other care receivers' comments:

"I love it here. I chose to come here. The staff are fantastic and there is always something to do."

"The staff are always very kind, sometimes too much, they go over and above what I would expect."

“I know my Xxx is safe here and they still have autonomy in their life.”

“I get well looked after, my room is cleaned well, and I have lots of things from my home.”

“It is lovely here. There are lots of activities laid on and if I want some time on my own, I can do this.”

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 current Statement of Purpose and confirmed it aligned with the mandatory conditions of registration for this home and the aims and objectives of how care will be delivered. The organisational structure also sets out clear lines of responsibility and accountability.

This home’s service development plan sets out clear priorities to improve care standards, health and safety, staff development, and operational efficiency. It includes regular care receiver engagement, enhanced communication, strengthened quality assurance, updated safety policies, and targeted staff training. The plan also focuses on staff wellbeing and financial sustainability through reduced overtime, improved attendance, and better procurement practices.

One relative commented:

If I have any issues with the care of Xxx, I can share these with the Registered Manager, and they get resolved quickly.

The staff survey highlighted a strong culture in which staff feel empowered to speak up about better ways of working and confident in the leadership's commitment to preventing harm to care receivers. However, the survey also identified areas for improvement, particularly around leadership visibility and transparency. Several senior care staff have now completed recognised management qualifications, which is supporting the development of the home and staff team.

Overall, the inspection evidenced strong leadership, supported by a dedicated senior staff team, which is contributing to increased staff stability and satisfaction.

Home-specific and wider organisational policies and procedures are available through an online portal. The Regulation Officer undertook a review of a sample of policies and procedures and found the majority of these to be comprehensive and regularly reviewed. Where feedback was provided to the Registered Manager this was acted upon within the inspection period.

The Regulation Officer reviewed the training matrix for this home, which evidenced high compliance with the mandatory and supplementary training offer. The Registered Manager and senior care staff also look to continually improve the offer, with new training opportunities in areas such as dementia care, oral health, end of life, delirium and wound care. The Registered Manager has also introduced team toolbox talks, which are short sessions of training that promote a culture of continuous learning.

The induction of new staff was examined by the Regulation Officer, which included a revised induction checklist. This checklist offers a structured onboarding process that ensures new care staff are well-prepared, competent, and aligned with the home's values. It covers day one orientation, safety procedures, communication, conduct, and person-centred care, with mandatory training and competency checks before unsupervised work. The Registered Manager reported that the revised

checklist also supports better oversight of supervised practice periods in terms of a much better grip of the probation period for new care staff.

Other staff comments were:

“We are so lucky; the manager and Parish are so supportive.”

“I have no complaints. I look forward to coming to work and we are a great team.”

A professional commented:

“As a team they appear happy and work together as team.”

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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