



**Jersey Care
Commission**

INSPECTION REPORT

**Les Charrieres
Residential and Nursing Home**

Care Home

**La Rue Des Charrieres
St Peter
JE3 7ZQ**

**Inspection Dates
10 and 12 November 2025**

**Date Published
9 December 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 Les Charrieres Nursing and Residential Home. This care home service 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	Nursing care; Personal care
Category of care	Adult 60+
Maximum number of care receivers	50
Maximum number in receipt of nursing care	40
Age range of care receivers	60 years and above
Maximum number of care receivers that can be accommodated in each room	1 - 50 – one person
Discretionary Conditions of Registration	
There are none.	
Additional information	
There are two variations to the conditions of registration in place, which allows two care receivers under the age of 60 years to live in the home.	

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 initial inspection visit. This was to ensure that the Registered Manager would be available during the visit and that a pre-inspection information request could be completed.

Inspection information	Detail
Dates and times of this inspection	10/11/2025 – 8.25 am to 4.45 pm 12/11/2025 – 8.30 am to 12 pm
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	50
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	16/12/2024 and 18/12/2024 One IRLesCharrieres2024.12.18Final.pdf

3.2 Focus for this inspection

This inspection included a focus on the area for improvement identified at the previous inspection on 16 and 18 December 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 these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note improvement had been made. This means that there was evidence of sensor alarms used for falls prevention were being used consistently and effectively.

4.2 Observations and overall findings from this inspection

The inspection of the care home found the service to be safe, effective, responsive, caring, and well-led. Staffing levels consistently met the Care Home Standards, with strong staff retention and safe recruitment practices in place. Personnel files were well maintained, and the staff handbook promoted professionalism and fairness.

Notifiable events were appropriately managed, safeguarding policies aligned with best practice, and health and safety measures, including fire safety, infection control, and equipment maintenance were robust. Falls management and medication administration demonstrated best practice, with effective audits and improvements made since the last inspection.

The service is effective and responsive, with thorough initial assessments incorporating the use of “This Is Me” assessment tool. Care plans and risk assessments were person-centred and regularly updated, with advance care planning consistently noted in care records.

Collaborative working with specialist agencies and professionals ensured tailored support for the health needs of care receivers. Quality assurance measures, including extensive audit activity identify strengths or where practice requires improvement. Action planning was consistently noted with management follow-up to maintain high standards.

Daily handovers, flash meetings and structured staff meetings supported smooth operations and timely responses to changing care needs and evidenced communication in this home was effective.

The home is well-maintained and decorated to a high standard. Positive staff interactions with care receivers are characterised by warmth, compassion, and respect. Feedback mechanisms are in place, such as home meetings and surveys which amplifies the voice of care receivers and relatives and results in positive change, such as the co-production of a new food menu. Care receivers benefit from a weekly activity programme and family inclusive events which supports engagement, well-being and sense of having some autonomy and choice. Relatives reported feeling welcomed and supported. Staff are recognised through awards, team-building events, and wellbeing support.

Leadership was both strong and supportive. Induction, training, supervision, and appraisal processes were effectively carried out, with a clear focus on continuous professional development. The service fostered a positive workplace culture, characterised by teamwork, a commitment to high-quality care, and compassionate, motivated staff, all of which reflected effective and visible management practices.

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 11 care receivers and four of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by three professionals external to the service.

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

At the conclusion of the second inspection visit, the Regulation Officer provided feedback to the Registered Manager and the Deputy Manager and followed up on the findings of the inspection by email on 14 November 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.

Follow up on previous areas for improvement	
Focus	Evidence Reviewed
Falls prevention equipment	Falls risk policy Falls procedures Notification of falls to the Commission Active use of equipment
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Notifiable events made to the Commission Health and Safety procedures Fire safety Infection control procedures Staffing and rotas Safe recruitment Recruitment documentation Medications management
Is the service effective and responsive	Sharing information with care receivers Contracts and schedule of fees Care receiver initial assessments Risk assessments and care plans of care receivers Collaborative working Quality assurance Consent of care receivers Care receiver and relative feedback Advance care planning Communication (including handovers and flash meetings)
Is the service caring	Observations of delivery of care Care receiver, relative, staff and professional feedback Choice and control of care receivers (including food, activities and daily living tasks) Involvement of care receiver family Workforce wellbeing Supervision and appraisal of care staff
Is the service well-led	Statement of Purpose Service development plan Service contingency plan Policies and procedures Care staff training and induction Discussion with the management team Feedback from care receivers, relatives, care staff and professionals

1. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The Regulation Officer reviewed the care staff rotas and was satisfied that the minimum staffing ratios outlined in the Care Home Standards were consistently met. Recruitment documentation was also examined and found to largely align with best practice and the Standards. The Regulation Officer offered guidance on changes to the application form to ensure full compliance with the Standards and employment law. The Regulation Officer noted that the staff handbook is a clear, structured guide that promotes fairness, compliance, and professionalism while outlining key terms, benefits, and policies to support staff and uphold care standards. Personnel files were well maintained, with key policies, such as whistleblowing, signed by all care staff.

Staff retention since the last inspection in December 2024 has been consistent, with only four new staff members joining the team. Safe recruitment practices were reviewed and deemed satisfactory by the Regulation Officer. The Regulation Officer recommended following up on references where full information had not been provided; this was addressed during the inspection period, and new procedures were implemented as a result.

As part of the pre-inspection activity, the Regulation Officer reviewed notifiable events submitted to the Commission. These were discussed with the Registered Manager and Deputy Manager, found to be appropriate, and the resulting actions were effective and followed up. Discussions regarding the prevention and management of pressure trauma provided assurance that this was being handled in line with best practice within the home.

The safeguarding policy was noted to be an interim version, pending ratification by the wider management team from the LV Group. The Regulation Officer noted the policy fully aligned with the Standards and the Safeguarding Partnerships Group procedures. The Registered Manager reported that some safeguarding referrals had been made to the Safeguarding Adults Team in line with their duty of candour; however, these did not result in any formal multi-disciplinary meetings.

No complaints were made directly to the Commission since the last inspection in December 2024. A review of the internal complaints log resulted in a similar outcome, with the Registered Manager reporting that any concerns or issues are always responded to proactively and promptly.

Health and Safety procedures in the home were effective and well managed, including:

- Fire safety
- Electrical and water safety
- Mobility aids
- Food safety and hygiene
- General safety
- Infection prevention and control

The Regulation Officer reviewed falls management in the home, including improvements identified during the last inspection in December 2024, regarding the consistent and effective use of sensor alarms. Sensor alarms were found to be in place and appropriately used as part of a comprehensive approach to falls prevention and post-fall management. The falls risk policy and procedures were examined alongside individual care plans, preventative measures, post-fall analyses, and the introduction of falls champions.

This provided assurance that effective prevention measures were in place, and that when care receiver falls do occur, care plans are reviewed under a set process, and audits are conducted to support continuous improvement. The Regulation Officer also noted a significant reduction in reported falls since the previous inspection in December 2024.

The Regulation Officer reviewed medication management, including policies, procedures, operational practice, quality assurance measures, and the recommendations arising from the Pharmacist Inspection carried out on 18 December 2024. This review identified evidence of best practice in the following areas:

- Medication policies and procedures are aligned with best practice and the Care Home Standards.
- Medication administration meets expected standards.
- Regular audits are undertaken to ensure ongoing compliance.
- Care staff who administer medications complete an annual competency assessment
- Transcribing is not routine and, when required, is carried out in line with best practice.
- Recommendations from the last Pharmacist Inspection have been fully implemented, such as the development of 'as required' (PRN) protocols.
- Medication storage meets best practice requirements, including the addition of air-conditioning in clinical rooms since the previous inspection.

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.

Following a referral to this home, an initial enquiry form is completed with basic information and an overview of the care requirements. When a room becomes available the Registered and Deputy Manager conduct a thorough assessment of care needs, including working with the care receiver and their family to produce a 'this is me' self- assessment, which is a person-centred tool that captures an individual's personal history, daily routines, preferences, health and emotional needs, and goals to ensure care is tailored, respectful, and responsive.

The management team have produced an information book that provides a clear overview of the home's environment, care services, facilities, activities and ethos of care delivery, which is used at part of the initial assessment process.

A new admissions checklist has been developed since the last inspection to ensure care receivers receive an appropriate introduction to the home and that their presenting needs align with those identified during the initial assessment process; this includes completing a skin integrity and pressure trauma assessment within six hours of admission to establish a clear baseline.

The Regulation Officer examined a sample of care receiver contracts with the home. These were found to be clear regarding weekly fees, including any top-up payments after the long-term care contribution, and outlining services not covered, such as hairdressing or specialist care like physiotherapy or chiropody. Contracts were consistently signed by the care receiver or their representative, and record-keeping was noted to be clear and easily accessible.

The Regulation Officer reviewed the care records of six randomly selected care receivers. These were deemed fit-for-purpose and met the requirements of the Care Home Standards. This review provided assurance that:

- The "This Is Me" self-assessment tool alongside the initial assessment informs the development of risk assessments and care plans.

- A range of person-centred risk assessments and care plans were in place for those records sampled, which were and regularly reviewed and subject to increased frequency when needs change.
- Key aspects of care, such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) authorisations, allergies, and falls risk, were clearly documented.
- Capacity considerations are included in care plans where relevant.
- Personal care tasks are broken down, for example oral care, hair brushing, washing, dressing, and hand and foot care.
- Supporting chart records, such as repositioning, fluid intake, and weight management, are used where needed.
- Detailed entries are consistently recorded in the daily notes.

The management of care receivers subject to a Significant Restriction on Liberty is well-managed, with robust record-keeping that ensures compliance with reassessment requirements for those who lack capacity. Information on lasting power of attorney and delegates is readily accessible, regularly updated, and consistently documented in care records.

The Regulation Officer explored collaborative working with professionals and specialist agencies in this home. Discussions with the Registered and Deputy Managers provided assurance that where specialist intervention was required, for example end of life, pressure trauma prevention and treatment, diabetes management, audiology and oxygen use, specialist support and training was in place to support these needs. In addition, oral health is supported by a dedicated dental professional who visits the home regularly, along with other specialists such as registered chiropodists and physiotherapists.

One professional commented:

I have been really impressed with this home in terms of the quality of referrals and how proactive the staff and management are in responding to the needs of care receivers.

Quality assurance measures in the home are efficient and follow a planned schedule of audits conducted throughout the year, with varying frequencies, for example, monthly medication audits. Each audit is scored, and where practice does not meet the required standard, an action plan is developed and followed up by the management team to ensure changes are embedded. Monthly provider reports, completed by the Quality and Compliance Manager for the wider organisation, are comprehensive and include positive feedback from staff, care receivers, relatives, and professionals. Evaluation of performance in the home against one of the Care Home Standards is also conducted as part of these reports.

Consent from care receivers was routinely recorded in their files, covering areas such as nighttime checks, photography, and vaccinations. The Regulation Officer also observed care staff consistently knocking on doors and seeking consent before entering bedrooms to provide care.

Advance care planning is actively and effectively promoted in the home. Records are regularly updated and easily accessible, including DNACPR decisions that may be needed urgently. Additionally, DNACPR information is discreetly noted in care receivers' bedrooms to ensure sensitive and appropriate awareness.

There was evidence of effective handover between day and night shifts, including the allocation of core tasks. In addition, daily flash meetings are held at 11 am, during which residents' care needs, changes in condition, health updates, and any complaints or concerns are shared. Health and safety matters impacting on the safe delivery of care are also discussed. Record-keeping of these meetings is thorough, with the registered manager and deputy providing guidance and directing actions where appropriate.

Regular staff meetings are also held for specific groups, such as registered nurses and care staff. These meetings follow a set agenda, with written minutes and action plans that are documented and evidenced as being followed up. Overall, communication within the home was effective, supporting the smooth running of operations and enabling timely responses to care receivers' changing needs.

Professionals Comments:

“The staff are always accommodating when I request information taking time to go into detail which feeds into my review/assessment.”

Is the service caring?

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

The environment and décor are of a high standard and well maintained, with a dedicated maintenance team from the wider organisation regularly observed during the inspection carrying out both planned and urgent maintenance tasks. Since the last inspection, improvements have included the installation of electric doors at the front entrance to assist care receivers with mobility needs, and enhanced ventilation on the residential floor, with a skylight that can now be opened to promote better airflow.

One care receiver commented:

The staff are amazing, always have a smile and provide me with good care.

The Regulation Officer undertook observations of care delivery while carrying out this inspection. Care staff consistently interacted with care receivers with emotional warmth, kindness, compassion and respect. Care staff were noted to take pride in the work they do and genuinely happy when delivering care with a smile.

Forums are held regularly in the home to gather the views of care receivers and their relatives. The Regulation Officer observed good record-keeping in this area, with evidence that resulting action plans had been followed through. Examples included revising the menu in collaboration with the kitchen team and care receivers and developing ideas for activities both within the home and in the community.

It was also noted that the home operates a “you said, we did” approach to keep care receivers informed about how their feedback has been acted upon. Care receiver surveys are also used to inform continuous improvement activity.

A weekly activity schedule is produced by a dedicated activities coordinator, incorporating both in-home and community-based activities. The Regulation Officer observed two activities being facilitated, noting good attendance and that care receivers appeared to genuinely enjoy them. In-home activities included arts and crafts, board games, singing, boxercise, and bingo, while community activities included visits to art exhibitions, local pubs, and garden centres, as well as opportunities for exercise such as community biking and swimming.

One relative commented:

The care staff go above and beyond what I would expect, for example promoting family meals and celebrations.

The Regulation Officer reviewed menu planning. A recent co-produced review with care receivers had been conducted to enhance choice. The kitchen team maintains detailed information on each care receiver’s preferences, dislikes, and any allergens that must be considered. Alternative meal options are provided as needed. Care receivers also have the choice of where to eat their meals, whether in their own room, the main dining room, or other areas within the home.

Feedback from relatives was consistently positive regarding their involvement and engagement with the care staff and management team. Relatives reported feeling welcomed, listened to, and supported by staff, particularly during periods of deteriorating health of their loved ones. They also expressed appreciation for the regular activities provided by the home, such as Halloween celebrations, a Christmas market, and themed meals. One relative shared that care staff from the Philippines prepared and delivered a cultural day, which included amazing food from their homeland, which was well received care receivers, relatives and other care staff.

The home celebrates its employee award scheme monthly and quarterly, recognising care staff who consistently demonstrate excellence across six key areas: care, compassion, courage, commitment, communication, and competence, with care receivers actively involved in the celebrations. The Registered Manager reported an increase in team-building events this year, which have been well-received by staff and include charity activities (involving care receivers), bowling, and camping. Care staff also benefit from a pension scheme and health plan.

Overseas staff are well supported, including assistance with visa applications, four weeks of free initial accommodation, and cultural guidance to help them understand British and Jersey customs.

The Regulation Officer reviewed the supervision and appraisal of care staff and was satisfied that these were conducted in accordance with the Care Home Standards. Supervision also included reflective discussions and addressed staff wellbeing, considering both their work role and any personal factors that could affect performance and emotional health.

Additional care receiver comments:

“This is a lovely home to live in. The staff are fantastic, and they respect my needs and choices.”

“The care staff are amazing; they are so kind. I do not think I could do their job.”

“I like it here, having been at another care home previously, the staff are wonderful and understand my needs.”

“I am pretty independent, but when I need help the staff support my needs well. If I had a complaint or concern, I would know where to go.”

“The care staff work very hard and are kind. I have to wait sometimes, but then other people have needs to.”

“The home is fantastic. I love the activities, including going out on the minibus.”

Additional relatives feedback:

“I know when I leave my Xxx, this is a safe place, and the staff genuinely care for my Xxx.”

“The staff team feel more friends and family and I would describe this home as a happy place, with staff that are compassionate and dedicated.”

“I am extremely happy with the care my Xxx is receiving. I have no concerns or issues.”

“This truly one the best homes I have visited. It feels like an extension of my family as they are so inclusive in the care of my Xxx.”

“If I have any issues, they are sorted quickly and efficiently.”

“I was really impressed with every aspect from day one. I cannot speak highly enough of the manager and deputy manager and their care, and enthusiasm permeates throughout the entire home. The staff are superbly managed, and I feel are dedicated above and beyond in every area.”

Additional professionals feedback:

“The atmosphere within the home is very homely and the Client feedback is that it is a positive experience. They really enjoy the food and find the activities engaging and relevant.”

“With regards to care receiver care and support, I think their care is nothing short of outstanding. The care receivers that I have spoken with in the past few years have said they are happy there.”

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 Statement of Purpose was reviewed and required a small change to be compliant with the category of care this home is registered for. This was completed within the inspection period.

The service development plan reviews achievements and activities from the previous year. It also demonstrates a strong commitment to quality care, regulatory compliance, and community engagement, with clear strategies for continuous improvement, staff development, and enhancements to the home.

The Regulation Officer reviewed the business continuity plan, which was found to be comprehensive. It prioritises critical functions of the home and provides clear contingency measures for managing major risks.

The Regulation Officer examined a selection of policies and procedures to test compliance with the Care Home Standards and best practice. This was a largely successful process, with only minor advice provided to the Registered Manager to enhance compliance.

The Regulation Officer reviewed the induction process for new care staff. Two staff members had started just before or during the inspection period, so their inductions were still in progress. Completed inductions were carried out in line with the home's policy, with new staff supernumerary for the first two weeks, which can be extended if required. Following induction, staff receive monthly supervision and formal reviews at three and six months.

Through discussion with the Registered Manager, context was provided regarding outstanding staff training, which was either due to leave, illness or training was the training was booked.

This provided assurance to the Regulation Officer that this home was compliant with their own identified mandatory training requirements. Recent additions to training have been in relation to dementia care and, with plans to undertake palliative care training in early 2026.

The evidence gathered during this inspection indicates a positive workplace culture characterised by teamwork, a commitment to high-quality care, and a compassionate staff who take pride in their work. This reflects effective management practices, with visible leaders who actively engage, respond proactively, and foster a motivated, skilled, and empathetic workforce.

One staff member commented:

I love working here. We are like a family, and it is a pleasure to work in this home.

Relatives feedback:

“Communication with the management and staff team is great. I can raise any issues or concerns and know that these will be responded to immediately.”

“The management and staff team recognise the needs of my Xxx to have some autonomy and choice in their life and promote this.”

Care staff comments:

“It is great here. We have good teamwork and communication which is key to delivering high-quality care.”

“The management really help and supported me in my studies, which is so much appreciated.”

“We make sure that the care receivers have a voice and we understand and respect their preferences.”

Professionals feedback:

“We have developed strong professional relationships with staff at the home over the last few years, as with any queries, the manager and deputy manager have usually called us directly to discuss this and seek further guidance, implementing changes when required.”

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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