



**Jersey Care
Commission**

INSPECTION REPORT

Highlands Care Home

Care Home Service

**La Rue du Froid Vent
St Saviour
JE2 7LJ**

**Inspection Dates
3 & 5 December 2025**

**Date Published
26 January 2026**

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 Highlands Care Home. The care home is operated by Bon Air Nursing Home (2019) Limited, and a registered manager is in place.

Registration Details	Detail
Regulated Activity	Care Home Service
Mandatory Conditions of Registration	
Type of care	Personal care, personal support
Categories of care	adult 60+, physical disability and/or sensory impairment, learning disability, autism, mental health
Maximum number of care receivers	50
Age range of care receivers	18 years and above
Maximum number of care receivers that can be accommodated in each room	Highlands Apartments 1,2, 3, 4a, 4b, 5, 6a, 6b, 7, 8, 9, 10a, 10b, 11, 12, 13, 14a, 14b, 15, 16, 17a, 17b, 18a, 18b 19, 20a, 20b, 21a, 21b - One person Bon Air Court Apartments 1 – 18 - One person Girasoli flats 1, 2 & 3 – One person in each
Discretionary Conditions of Registration	
The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care qualification by 12 September 2028.	
Additional information	
Since the last inspection, a new Registered Manager was appointed in September 2025, and the service has converted two flats at the back of the main house into three flats, increasing the overall occupancy by one care receiver.	

As part of the inspection process, the Regulation Officer evaluated the home’s compliance with the mandatory conditions and discretionary 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 nine days before. This was to ensure that the Registered Manager would be available during the visit.

Inspection information	Detail
Dates and times of this inspection	3 & 5 December 2025 8:50 - 16:10 & 10:50 - 13:15
Number of areas for improvement from this inspection	Two
Number of care receivers accommodated on the day of the inspection	47
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	12 December 2024 & 22 January 2025 None RPT_HGH_Inspection_20250122.pdf

3.2 Focus for this inspection

This inspection included a focus on these specific new lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for 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

Appropriate recruitment and safeguarding practices were evident, with consistent Disclosure and Barring Service (DBS) checks, induction processes, and competency sign-off procedures consistently applied. However, it was identified that the recruitment screening documentation used should be strengthened. In addition, the process for recording staff health disclosures does not currently include a formal consent pathway, which should be formalised to ensure compliance and consistency.

Attendance management has improved following the implementation of a new monitoring system. Training compliance is overseen through an online portal; however fewer than 50% of staff currently hold a Level 2 qualification, which remains a key area for improvement.

This inspection also identified the need for more robust documentation relating to health screening follow-up. Health promotion activities such as bowel screening, require clearer governance arrangements and more consistent documentation processes.

Care planning is person-centred and supported by digital systems, that allow real-time updates and multidisciplinary input. Improvements to the environment, such as the development of new one-bedroom flats, have further supported independence for care receivers.

Care plans demonstrate respect and dignity, which was reflected in observed interactions between staff and care receivers. Care receivers report feeling listened to, and activities were care receiver-led, facilitated by a full-time activities' coordinator. Mealtime experiences were positive, and responsive to individual choices.

Although the loss of the minibus has been mitigated through taxis, feedback from staff and care receivers strongly indicated that replacing the minibus would significantly improve access to community activities and social engagement.

The Statement of Purpose and other core information require improved accessibility, including easy read formats for care receivers with learning disabilities.

The Registered Manager is well supported, and staff retention is stable. Governance systems integrate digital tools for incident management and training oversight compliance. However, policies require alignment with Jersey legislation, and this is an area for improvement.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care Home Standards were referenced throughout the inspection.¹

Prior to the inspection, 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 notifications of incidents.

During the inspection the Regulation Officer gathered feedback from five care receivers and one of their representatives. They also had discussions with the service's management and other staff. In addition, feedback was provided by one professional external to the service.

A range of records was examined as part of the inspection process, including policies, care records, and incident reports.

¹ All Care Standards can be accessed on the Commission's website at <https://carecommission.je/>

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and confirmed the identified areas for improvement by email on 15 December 2025.

This report sets out the findings of the inspection and highlights examples of good practice. Where areas for improvement have been identified, these are described within the report, and an improvement plan is attached at the end of the report.

5.2 Sources of evidence.

New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Safe recruitment policy Blank job application form Job descriptions (Carer, Senior Carer) Recruitment pack
Is the service effective and responsive	Recruitment pack Disciplinary and grievance Policy Induction handbook Training matrix
Is the service caring	Spreadsheet of care staff trained to RQF 2/3 Complaints policy Supervision spreadsheet Safeguarding policy Up-to-date statement of purpose
Is the service well-led	Organisational chart/management structure 3 monthly reports 3 months of staff rotas Staff feedback Relatives feedback Professionals feedback

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Recruitment and pre-employment checks are well established and consistently applied. A review of personnel files confirmed that application forms were complete, identity documents had been verified, contracts and job descriptions were signed, and references had been obtained prior to appointment. DBS checks were completed before staff commenced duties, with copies retained appropriately.

Induction processes, including competency sign-off and shadowing, were evident.

Recruitment is undertaken locally using a structured scoring system to support fair selection, with screening focused on experience, local residency and permit considerations. A gap was identified in the documentation of the pre-interview screening process; the provider plans to implement an IT solution, and in the interim, the home has agreed to record screening decisions formally for each candidate.

The home operates a reliable rota with adequate and consistent cover across all shifts, supported by two bank staff for additional contingency. The Deputy Manager is identified as a final backstop, but they have not been required to cover gaps. Historical challenges with sickness have been addressed through the introduction of a tool that assesses the impact of unplanned leave. The home has issued formal letters where appropriate, which has contributed to improved attendance.

Safeguarding arrangements are in place and well understood by the team. A previous safeguarding matter involving a medication error (July 2025) has been reviewed, and learning has been disseminated. Notifications to the commission have decreased since the last inspection period, which the Registered Manager attributed to a Commission change in reporting thresholds. Accidents and incidents are recorded contemporaneously using handheld devices, with prompt staff to review care plans and risk assessments. Notifiable incident reports are submitted to the Commission by the Registered Manager or Deputy Manager.

Care receivers can raise concerns freely, and the service plans to further enhance accessibility by developing an easy-read poster that outline show to share feedback or make a complaint.

Following external feedback, the Regulation Officer explored issues relating to timely access to bowel screening services. The Registered Manager confirmed that one care receiver required screening, but staff had been unable to secure this despite multiple attempts. The Registered Manager acknowledged the need for improved communication with care coordinators to better evidence efforts made to facilitate screening and to ensure all actions are fully and accurately recorded.

Training infrastructure is supported by an online portal and supplemented with face-to-face teaching. However, the service has not yet met the requirement for at least 50% of staff on duty to hold a Level 2 vocational care qualification or higher, and this remains an area for improvement. The provider has increased investment in in person learning, and the Registered Manager has requested bespoke training content relevant to the needs of the care receiver cohort.

The home would also benefit from expanding its range of easy read materials. Developing accessible versions of core information such as rights, complaints processes, and daily routines would support care receivers with learning disabilities or communication difficulties to better understand and engage with the service.

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.

Care delivery is supported by an admission and assessment pathway.

Assessments are completed by the Registered Manager and Deputy Manager, drawing on existing documentation and multi-disciplinary input from occupational therapy, physiotherapy, behaviour support and mental health services as appropriate.

Written agreements set out service expectations, responsibilities and fees in clear terms, with copies retained by both parties. Following admission, care plans and risk assessments are developed promptly and reviewed routinely, using an electronic care system. This enables real-time record keeping, ensures staff can view the most recent guidance, and provides management with an auditable trail of actions, handovers and outcomes.

Documentation sampled was person-centred, written in the first person, and reflected individual preferences, risks and aspirations. Records for care receivers with complex presentations, including self-harm or self-neglect, showed frequent observation entries, escalation where indicated, and liaison with external partners. The service demonstrated rights-based practice by removing an unnecessary restriction once a language barrier affecting consent became apparent, and by adapting menus and mealtime routines to meet dietary requirements.

Environmental changes since the previous inspection, notably the conversion of two flats into three one-bedroom apartments at the rear of the property, have increased opportunities for independent living and have been reported to deliver positive outcomes for care receivers who benefit from a more self-contained setting.

Staff described the transition to the current Registered Manager as smooth and positive. The manager is viewed as well organised, approachable, and supportive, with staff reporting that they feel valued and included. Several staff highlighted that management is responsive to individual needs, including those relating to mental health and neurodiverse.

Staff described a positive team culture characterised by strong mutual support and collaboration. However, concerns were raised about comparatively low pay when measured against other local care providers. Some staff also echoed feedback from care receivers regarding the need for additional resources, particularly access to a minibus.

Staff consistently described care as person-centred, with staff enjoying hands-on interactions with care receivers. Evidence from care records and observations of staff interactions with care receivers confirmed this. Staff emphasised that delivering care in this way contributes to meaningful relationships and positive outcomes for care receivers.

Is the service caring?

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

Care plans are written in the first person and reflect care receivers' preferences, histories and priorities. Staff speak about care receivers with warmth and respect, and care receivers reported that they feel able to express concerns or make requests. The presence of a full-time activities' coordinator and the care receiver-led activity model contribute to a culture that values choice, meaningful occupation and social connection.

Mealtime experiences are positive, with the chefs maintaining direct relationships with care receivers, to ensure that dietary needs and preferences are understood, alternatives are provided when standard menus are unsuitable, and cultural or health-related requirements are accommodated.

Friends and relatives are welcomed into the service. While overnight stays are not permitted within the main building, they can be facilitated in the external flats, which supports family connections and offers flexibility around significant life events or transitional periods. This arrangement balances hospitality with the practicalities of shared living and safeguarding considerations in the main home.

Regular staff supervision incorporates reflection on values, achievements, challenges and learning needs, supporting consistent standards of dignity, kindness and respect.

Transport limitations following the loss of the minibus have the potential to affect social participation; however, the use of taxis and careful scheduling has mitigated this risk. Care receivers continue to access the community for preferred activities, healthcare appointments and leisure. The service also recognises the importance of purpose: enabling care receivers to undertake structured volunteering tasks which offer meaningful contributions while protecting safety and autonomy through clear boundaries and oversight.

Feedback from an external professional described the service as well led and communicated effectively, keeping them informed and involving them appropriately when concerns arose. They spoke positively praised the Registered Manager's leadership and commitment to supporting people with complex needs.

The professional described the service as taking proportionate and person-centred steps to manage risks and behaviours, including adapting support, using staff who work best with individuals, and introducing clear behaviour agreements to maintain placements where possible.

Staff were also described as skilled and experienced in supporting people with capacity who make unwise decisions. The professional expressed no concerns about staff conduct and felt that the service consistently acted in people's best interests.

Overall, the service was described as warm, welcoming, and flexible, with staff making sustained efforts to support people to achieve positive outcomes.

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 Registered Manager reported feeling well supported in their role, supported by a Deputy Manager and senior staff who share supervision responsibilities. Staff retention has been stable over the past six months, with two new staff recruited successfully and no current vacancies. Additional support from the Provider's Regional Manager has enabled the Registered Manager to progress operational developments. A discretionary condition requires the Registered Manager to complete a Level 5 Diploma in Leadership in Health and Social Care by 12 September 2028 and plans to enrol on an appropriate course were outlined.

Quality assurance systems continue to develop. Electronic incident forms allow for management oversight, and notifications are submitted to the Commission when required. Alerts for Significant Restriction on Liberty authorisations can be generated within the system, and the service was advised to link these prompts more explicitly to regulatory notification requirements to prevent delays. A reduction in notifiable events has been observed compared to the previous inspection period, which the Registered Manager attributed to changes in reporting thresholds set by the Commission.

A suite of policies are available; however, the policies are based on UK legislation, reflecting the provider's origin, and do not align with Jersey law or local guidance. This is an area for improvement. The provider should review and update all policies and procedures to reference the relevant Jersey statutes and pathways, ensuring staff have clear, jurisdiction-specific instructions. Printed copies are available in the staff office, which supports accessibility.

Job descriptions for care and senior care roles mostly meet required standards; recommendations provided by the Regulation Officer should be incorporated at the next review cycle to further clarify responsibilities, supervision expectations and qualification requirements.

Staff health disclosures are handled sensitively and, on a need-to-know basis. The Regulation Officer recommended formalising the consent and recording pathway so that support measures are consistently documented in personnel files.

Future planning for the home was evident through environmental upgrades and the planned replacement of the minibus.


Communication with care receivers and families occurs through meetings and informal channels, and further improvements are planned through the development of accessible information formats, including easy-read materials and posters about feedback routes.

A relative told the Regulation Officer their family member had lived at the home for several years and was well cared for. They spoke positively about the Registered Manager, describing them as proactive, organised, and a noticeable improvement in leadership and communication.

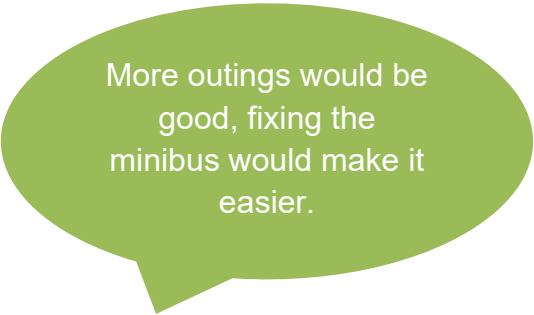
A relative told the Regulation Officer that their family member had lived at the home for several years and was well cared for. They described the Registered Manager as proactive, organised and a noticeable improvement in leadership and communication. While they felt their family member was generally well supported and staff were appropriately trained, they expressed concerns about staffing pressures and the impact on activities and stimulation. They felt people would benefit from additional opportunities to go out, particularly while transport remains unavailable.

Overall, the relative expressed confidence in the care provided and noted improvements since the current Registered Manager took up post.

What care receivers said:



Staff are all really nice and want to help.



More outings would be good, fixing the minibus would make it easier.



I am happy living here.

IMPROVEMENT PLAN

There were two areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 1.6 Regulation 5</p> <p>To be completed: by 03/06/2026</p>	<p>The Registered Person will ensure there will be policies and procedures based on local (Jersey) legislation and best practice which will be available and accessible to people receiving care and others.</p>
	<p>Response by the Registered Provider:</p> <p>Highlands' current policies are UK based due to St Philips Care being mainly located in England and the company's policies and procedures are the same for all Homes. After the recent JCC inspection, it was raised for improvement that Highlands should have its own policies that comply with Jersey regulations and relate to the local Jersey Care Commission. This was passed on to the Regional Manager in England, which then was dealt with urgently and is now in the process of all the documents being reviewed and altered to sufficient standards. This change will be implemented in Highlands in the next coming months due to thoroughly overlooking the current policies and procedures and ensuring that all documents are in line with Jersey legislation.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 3.12</p> <p>Regulation 3</p> <p>To be completed: by 03/06/2026</p>	<p>The registered person must ensure that a minimum of 50% of all care/support workers on duty at any one time who do not hold a relevant professional qualification have completed a relevant Level 2 Diploma</p>
	<p>Response by the Registered Provider:</p> <p>Highlands has had a large scale of staff change over the last year which resulted in the employment of a number of new staff who had experience in working in care, however, did not have the recommended qualifications. We do work closely with training providers, and it is important to Highlands that our staff are trained accordingly. Therefore, we have contacted trainers to begin enrolment for May this year to ensure that at least 50% of staff have NVQ level 2 or 3 on each team. We will continue to enrol each semester to further develop the knowledge of the employees to ensure that the care provided within Highlands is resident-focused and person centred. We also provide face to face training with a certified trainer from St Philips every 4 months and online courses which are very beneficial and are a good refresher for all staff.</p>

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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