



**Jersey Care
Commission**

INSPECTION REPORT

Pinewood

Care Home

Le Mont Millais

St Helier

JE2 4RW

Inspection Dates

25, 26 November & 4 December 2025

Date Published

6 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 Pinewood home. The care home is operated by Millais View Limited which is part of the Maria Mallaband 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	Adult 60 +
Maximum number of care receivers	46
Maximum number in receipt of personal care and personal support	46
Age range of care receivers	60 years and above
Maximum number of care receivers that can be accommodated in each room	Bedrooms 1-48 (excluding rooms 7 & 13) one person
Discretionary Conditions of Registration	
None	
Additional information	
On 24 June 2024 a monitoring visit was undertaken to assess the progress of two areas for improvement related to repair and maintenance of the home. The outcome is discussed within the report.	
During 2025, the Commission has had correspondence with the Maria Mallaband Care Group Compliance Manager in regard to the service registration. The evidence required has been provided to the Commission. Additionally, the Commission has provided guidance on the partner registrations required.	

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 seven days ahead of the inspection. This was to ensure that the Registered Manager would be available during the visit.

The regional managers were present for parts of the inspection.

Inspection information	Detail
Dates and times of this inspection	25 November - 10:55 to 13:00 26 November - 07:25 to 13:00 4 December - 10:55 to 15:15
Number of areas for improvement from this inspection	One
Number of care receivers accommodated on the day of the inspection.	37
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	26 and 28 February 2024 Four IRPinewood20240228-.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection on 26 and 28 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, four areas for improvement were 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 that the areas for improvement had been met.

- The Registered Provider was required to ensure the lift was fit for purpose and properly and regularly maintained. At the 24 June 2024 monitoring visit, the Regulation Officer was satisfied that the area for improvement had been achieved. Further evidence during this inspection highlighted that regular maintenance was continuing.
- The Registered Provider was required to ensure that the premises were of sound construction and kept in a good state of repair externally and internally and must be decorated and maintained to a standard appropriate for the regulated activity. At the 24 June 2024 monitoring visit, it was noted that work had commenced and was on track to be achieved within the required timeframe. The Regulation Officer was satisfied that the works had now been achieved.
- There was monthly reporting on the quality of care, and the reports were being shared with the Registered Manager and were available during the inspection.
- There was evidence that staff supervision was being provided regularly.

4.2 Observations and overall findings from this inspection

Feedback regarding the staff was positive, highlighting that they were supportive, attentive and polite. The Regulation Officer observed the staff's person-centred and professional manner. Care records were clear, detailed, and represented a holistic approach to care and support.

The atmosphere in the dining room at lunchtime was warm and vibrant, with staff available and attentive to care receivers needs, and clearly aware of care receivers' food likes and dislikes. A range of nutritious foods was available.

The repairs and redecorations undertaken had a positive impact on living and working in the home. The environment was homely and comfortable.

The Regulation Officer was satisfied that medication administration, recording, ordering, storage, and audit met the requirements of the Care Home Standards.

There was evidence that staff had undergone fire safety training, including fire awareness and practical training, and the regularity of fire drills was an area of good practice.

Care and ancillary staff levels met requirements, and teamwork was positive. There was 100 per cent adherence to statutory and mandatory training and recruitment, and induction practices met requirements.

There was one area for improvement identified relating to policies and procedures.

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 reports, the Statement of Purpose, monthly provider reports, meeting minutes, policies and notifications of incidents.

The Regulation Officer gathered feedback from seven care receivers. They also had discussions with the home's management and other staff. Additionally, the Regulation Officer approached five professionals external to the service for feedback and received feedback from two of them.

As part of the inspection process, records, including care records, staff files, training records, and equipment logs, were examined.

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and followed up with written feedback on 12 December, which confirmed one area for improvement.

This report sets out our findings and includes any areas of good practice identified during the inspection. Where an area for improvement has been identified, this is 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
The Care Home lift	Record of service
The premises	Walking around the inside and outside of the care home Written information update on repairs and renovation undertaken and planned
Supervision	Supervision records Discussions with staff
Monthly Provider Reports	Monthly provider reports
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Medication Administration Records Medication audit Review of the environments where medicines are stored Discussions with the Registered Manager and staff Fire safety logs Equipment service history Training records Correspondence with a staff member from the Jersey Fire and Rescue Service
Is the service effective and responsive	Staff rotas Training records Staff files Discussions with the Registered Manager and staff Notification to the Commission Walking around the inside and outside of the care home Feedback from care receivers
Is the service caring	Feedback from care receivers and a professional external to the service Care records Observation Activity schedule Discussions with the Registered Manager and staff Written agreement
Is the service well-led	Statement of Purpose Reporting documentation Discussions with the Registered Manager and Regional Director and staff Meeting notes Policies

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Medication management was reviewed. The medication trolley that the Regulation Officer inspected was securely locked. The keys were only held by staff who are appropriately trained to administer medications. The trolley was clean and ordered. Medications were stored in blister packs, original boxes or bottles. The date opened was recorded on the original packaging.

The care receivers' medication folders that were reviewed had the care receiver's name, date of birth, room number and the date they moved into the home. There was a photograph of the care receiver, which stated when it had been taken. General Practitioner (GP) details and any known allergies were documented.

There was also space to record if the care receiver's wishes related to resuscitation and documentation connected with this is kept within the folder when appropriate.

The medication administration records reviewed had clear prescriptions, were signed, dated clearly and the stock recorded aligned with the actual stock. Medications were up to date, and protocols were in place to support the effective and safe administration of 'as required' medications.

There was a cupboard to store extra medication stock, which appeared to be well-managed. The sharps boxes contained within the cupboard had a date of assembly and opening recorded on them. The Regulation Officer advised that open boxes be kept on the lower-level shelf for safety, and this was immediately actioned by staff.

Staff reported that one room where medications were kept had, at times, a temperature reading of 27 degrees centigrade, and they were concerned that this high temperature may jeopardise the integrity of the medications. The Regulation Officer discussed this with the Regional Property Manager (RPM), who reported that the room was being equipped with air conditioning to enable effective temperature control.

There was evidence that the temperatures of the fridge where medications were stored were checked.

Controlled drugs were locked in a metal box in a locked cupboard. Stock is recorded and, and twice daily checks are undertaken. There were some medications, including sleeping tablets, which the team stored with a similar level of safety as controlled drugs. Although there is not a requirement for this, it was positive that the team had a measure in place to reduce the risk of harm from these medications.

In March 2025, the care home arranged an independent medication audit. The audit was comprehensive, and the findings were positive. The Registered Manager reports that they plan to arrange an independent audit to be undertaken annually.

The Regulation Officer was satisfied that medication administration, recording, ordering, storage, and audit met the requirements of the Care Home Standards.

A Jersey Fire and Rescue Service (JFRS) inspection was undertaken in April 2025 which highlighted some requirements. A JFRS officer has updated the Regulation Officer that the subsequent Fire Notice requires the home to retrospectively install a fully operational sprinkler system throughout the premises by the 11 November 2030. They explained that the care home team had engaged with the JFRS in aiming to achieve the requirements. This mirrored the information the Regulation Officer received during the inspection.

The Regulation Officer saw evidence that staff had undergone fire safety training, including fire awareness, practical training and fire drills. There was evidence that fire drills are undertaken monthly.

This is an area of good practice as it exceeds the six-monthly requirement. The drills were conducted at various times of day to explore different scenarios and ensure that all staff members had participated.

There is a grab bag for use in the event of a fire emergency. It was regularly checked and contained:

- Personal emergency evacuation plans for each care receiver
- Identification bracelets
- A first aid kit
- A torch
- Evacuation mats
- The business continuity plan
- Building plans.

The fire log evidenced that fire extinguishers, fire escape routes, fire alarms, emergency lighting and fire door tests and checks were regularly undertaken.

The Regulation Officer was satisfied that requirements related to this area were met.

There were records to demonstrate equipment was serviced regularly.

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 rotas were reviewed. Care staff levels and the staff skill mix on day and night shifts met requirements. Ancillary staff rotas also demonstrated compliance with the Standards. It was also positive to see the configuration of care and ancillary staff during mealtimes ensuring staff were available to support care receivers.

Staff training was assessed. A blend of face-to-face and online training approaches was employed. The training record demonstrated 100 per cent adherence to statutory and mandatory training requirements.

Recruitment and induction practices were inspected. The staff files sampled contained application forms and interview records. The records demonstrated that two staff members conducted interviews, using a template that explored the applicant's competence and values.

Two references and enhanced Disclosure and Barring Service checks had been obtained before staff commenced their role. The files had photo identification of the staff, an offer letter and contract.

There was evidence of induction programmes, and a newly recruited staff member provided feedback that they had found the induction to be supportive and had been welcomed and supported by the team.

The Registered Manager explained that the role of Customer Relations Manager had been developed to promote the home, resulting in several respite admissions in 2025.

Staff are required to notify the Commission if harm has occurred as a result of a care receiver experiencing a fall. The Regulation Officer explored staffs' responses to falls. It was positive to see that all staff are trained in first aid.

Additionally, the care records system prompts clear reporting and analysis of a fall event. It promotes the staff to consider the location, context and impact on the care receiver. A clear escalation process was in place to prevent and respond to falls.

The Regulation Officer walked around the home's internal and external environment with the Regional Director (RD) and the RPM. The recent repairs and redecorations gave the space a fresh appearance, and paintings added a homely feel. Care receivers and staff spoke positively about the home's environment. The outside of the home was well-maintained, accessible, and had seating areas for care receivers and their visitors.

There were also plans to continue improvements to the home. The Regulation Officer highlighted that the staff changing room and adjacent rooms would benefit from improvements, and it was positive to see evidence that further discussion regards this had been actioned by the RPM.

It was noted that some care receiver's rooms had a shower curtain rather than a door at the entrance to their en-suite bathroom. The Registered Manager reported that the curtains were in place in rooms where opening and closing the bifold doors to the en-suites had been difficult.

Feedback from care receivers during the inspection was that it was not a problem. Staff explained that the shower curtains promote independence for the care receiver, as entering with a walking aid is easier. There are plans to replace doors in rooms which are being renovated to accommodate wet rooms.

The Regulation Officer explored with the Registered Manager their concerns that the absence of a door may reduce privacy and dignity for care receivers and cause infection control issues. Although it is also recognised that the infrastructure of the rooms may make fitting functional doors challenging.

The Regulation Officer advised:

- The organisation to assess the feasibility of installing safe, functional doors.
- Request the Community Infection Control Nurse to undertake a review to advise on infection control management.
- Gain the views of all care receivers who do not have doors on the entrance to their en-suite bathrooms.

Overall, it was clear that the repairs and renovations had a positive impact on living and working in the home, and there was a commitment to continue making improvements. The Regulation Officer was satisfied that the home provided a comfortable and homely environment.

Is the service caring?

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

All care receivers the Regulation Officer spoke with gave positive feedback about staff.



Professional feedback was also positive, stating *"During visits to Pinewood, staff members have consistently been polite, attentive, and well-prepared, providing detailed and accurate information about the individual's care and ongoing needs."* It was highlighted that *"the team's professionalism and commitment to high-quality care have been evident in all interactions."*

Care records were reviewed. Each record contained appropriate demographic information and a photograph of the care receiver. GP contact details were documented, and it was positive to see that other professionals, including a care receiver's Chiropodist, were also recorded.

Records contained a summary of needs, medical conditions history and social information. There were risk assessments relating to many aspects of care and support which linked with care plans. Nationally recognised tools were used, and there was evidence that needs are regularly reviewed, and records updated.

Care records contained the 'About Me' document. This person-centred profile aims to capture the most important personal details, preferences, and needs of an individual in their own words, which those reviewed did.

Overall, the care records were clear, detailed, and represented a holistic approach to care and support.

The Regulation Officer observed the morning handover meeting. Staff who worked overnight provided updates on any events, and day staff planned the day. When discussing care receivers, staff used respectful and person-centred language. Physical, psychological, and practical issues were reviewed. Professional discussions addressed how to respond to health issues, exploring if further observations were required, if results needed to be followed up or if the care receiver's GP needed to be contacted for advice and review. The meeting was succinct and showed that staff had a detailed knowledge of care receivers' needs.

The home has a 'Resident of the Day' system which focuses on gaining feedback from the care receiver and/or their representative, reviewing the plan of care and identifying any areas for improvement. There is a comprehensive template used for this. Feedback from the care receiver is also gathered during the meetings held every other month.

The Regulation Officer joined care receivers for lunch in the large dining area on the ground floor. The atmosphere was warm and vibrant, with staff available and attentive to care receivers needs, and clearly aware of care receivers' food likes and dislikes. Meals can be taken in care receiver's rooms if they prefer. Care receivers spoke positively about the choice of meals available. They were aware they could request foods not on the menu if they wished; "*we can have anything we want*". At lunch and dinner times, there was a choice of three courses, and the ordering system was clear. The range of foods was nutritious, and care receivers described it as tasty.

Activities are arranged by the Lifestyle Coordinator, and the activity schedule showed a range of activities were offered. When not on duty, the co-ordinator leaves activities for colleagues to support with.

There were activity packs in the reception area for visitors to take and share with the care receivers during their visit. Care receivers gave positive feedback about the provision of activities.

The Regulation Officer viewed a sample of written agreements and was satisfied the documents met requirements.

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.

During the inspection it was evidenced that care and support were being delivered in line with the Statement of Purpose. There was a management structure in place that supported clear lines of accountability, which included the Registered Provider, Registered Manager, regional staff, and staff working within the home. The structure reflected the size and complexity of the home.

The Registered Manager attends regular meetings chaired by the RD and attended by other managers within the RD's region, which they both described as supportive. There are staff meetings in the home every other month. Meeting minutes evidence that there is a rolling agenda. It was encouraging to see this included reviewing actions from the previous meeting and discussing what had gone well since the last meeting. Also, recruitment, training, infection control, and any policy changes were discussed.

The Regulation Officer received positive feedback from managers and staff regarding teamwork. Staff explained that teamwork was supportive, and they could ask for advice from managers and peers. Examples were given of how the team had worked together to manage the transition of the information technology systems used for care records and a short period of low staffing levels.

The Regulation Officer reviewed the policies related to safeguarding, staff recruitment and grievance. All were in date and stated the date the next review was due. The safeguarding policy was comprehensive, and clearly defined types of abuse. It referred to Jersey legislation, Standards and guidance.

The grievance policy outlines the process for staff to follow if they wish to raise a grievance and provides timeframes. Additionally, the policy notes that there may be an opportunity for mediation and provides details for staff to access face-to-face and telephone counselling support. The recruitment policy covers relevant topics including job advertisement, the selection process, interviews, and the offer of employment. It covers topics of equality and diversity, referencing the Equality Act 2010.

However, neither the grievance nor the recruitment policy references Jersey legislation or Standards. Therefore, ensuring policies and procedures are in line with and reference relevant Jersey legislation, Standards, and guidance is an area for improvement.

What care receivers said:



IMPROVEMENT PLAN

There was one area 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 03/04/2026</p>	<p>The Registered Provider must ensure that policies and procedures are in line with and reference relevant Jersey legislation, Standards and guidance.</p> <hr/> <p>Response by the Registered Provider:</p> <p>We recognise that some of our current policies and procedures do not explicitly reference the relevant Jersey legislation. To address this, we are currently undertaking a full review of all policies and procedures to ensure all documents are fully aligned with, and reference, the appropriate Jersey legislative requirements.</p> <p>The home will continue to receive ongoing support from the Clinical Governance, Risk and Compliance teams to ensure a smooth and effective transition.</p>
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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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