



**Jersey Care
Commission**

INSPECTION REPORT

Rosevale

Care Home

**Les Amis Limited
La Grande Route de St Martin
St Saviour
JE2 7GS**

**Inspection Date
24 March 2026**

**Date Published
22 April 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 Rosevale. The Care Home is operated by Les Amis Limited. The Registered Manager supports this service and one other, dividing their time equally between the two.

Registration Details	Detail
Type of regulated activity	Care Home Service
Mandatory Conditions of Registration	
Categories of care	Learning disability and autism
Maximum number of care receivers	Four
Age range of care receivers	18 and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1-4, one person
Discretionary Conditions of Registration	
None	
Additional information	
An up-to-date Statement of Purpose was provided to the Regulation Officer in advance of the inspection. This was discussed at inspection and found to be reflective of the service provided.	

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

The inspection was announced seven days in advance to ensure that care receivers were informed. This was considered important because the home operates as a domestic environment, and the Regulation Officer wanted care receivers to be aware of the inspection. The Registered Manager was present for the announced visit.

Inspection information	Detail
Date and time of this inspection	24 March 2026 13:00-16:00
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	Three
Date of previous inspection	16 and 23 April 2025
Areas for improvement noted at the last inspection	One
Link to the previous inspection report	RPT_RSV_Inspection_20250423.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection, as well as these specific lines of enquiry:

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

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for improvement identified at the last inspection

At the last inspection, one area for improvement was identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how this area would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that the area for improvement had been made. This means that there was evidence of enhanced refurbishments in the home, this will be further elaborated in the main body of the report.

4.2 Observations and overall findings from this inspection

Rosevale provides a safe and supportive environment, with systems in place to protect care receivers from harm. Recruitment follows the Commission's Standards. Staff receive the checks they need before starting work, and health and safety arrangements are well managed. The home is clean, well maintained, and improvements completed since the last inspection have created a more pleasant and homely setting. Staff understand how to report incidents, and learning is shared to support safe practice. Medication is managed safely, with trained staff and secure storage systems in place.

Care at Rosevale is effective and responsive. Staff use different communication tools, including picture-based tools and easy read information, to support each person's needs. Care receivers are involved in their care planning and reviews, and advocacy is available when needed. Activities are varied and meaningful, with a monthly programme that includes social events, exercise, community outings and occasional trips off Island. This helps care receivers to stay active, connected and engaged.

The service is caring. Staff know each care receiver well and provide respectful and personalised support. Care plans are detailed and reflect each person's routines, preferences and goals. Health needs are monitored closely, and staff seek professional advice when required. Care receivers are supported to make choices about their daily lives, including meals and routines. Emotional support is offered, and dignity is prioritised during all aspects of care.

The Registered Manager provides consistent oversight across both homes they are responsible for. Governance systems align with the Commission's Standards and ensure good monitoring of incidents, staffing and quality. Staff feel supported, and the culture is open and focused on improvement. Feedback is encouraged, and information is accessible to care receivers. Overall, Rosevale continues to provide safe, person-centred and well-managed care.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care and Support Services with Accommodation Standards were referenced throughout the inspection¹.

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report, the Statement of Purpose, and notification of incidents.

The Regulation Officer gathered feedback from three care receivers and sought views from two of their representatives, with one response received. Discussions also took place with the service's management and other staff. Feedback was requested from two external professionals, but no responses were provided.

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

As part of the inspection process, documents including policies, care records and incidents were examined. On 12 March 2026, regulation officers met at the head office with the Human Resources, Learning & Development Manager and the Head of Governance. The meeting included a review of staff files, a discussion about training, and an overview of Les Amis' governance processes.

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and followed up on by email eight days post inspection.

This report presents our findings from the inspection and outlines the range of observations made. Throughout the report, we may highlight any areas of good practice identified, along with suggestions where practice could be strengthened or further enhanced.

5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	Evidence Reviewed
Environment	Tour of the environment in and out of the home, including the garden Staff and care receivers' feedback Care receivers feedback
Key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Staff recruitment files Training logs Staff rota Risk assessments Feedback from staff, care receivers and relatives Recruitment policy Health and Safety policy Meeting with Human Resources, Governance, Learning and Development Manager. Medication administration record (MAR)
Is the service effective and responsive	Care plans Statement of Purpose Care receivers' supervisions Feedback from staff, care receivers and relatives Tour of the environment – information boards, weekly menus, cleaning schedules

Is the service caring	Care plans Feedback from staff, care receivers and relatives Activity schedules Tour of the environment – bespoke décor, environmental adaptations
Is the service well-led	Monthly quality reports Incident logs Incident-Accident policy Equality and diversity policy Anti-discrimination policy Feedback from staff, care receivers and relatives Staff rota Care receivers needs assessment Staff and care receivers' supervision records

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The inspection found that Rosevale has effective systems in place to keep care receivers safe. Regulation officers reviewed staff files at the head office on 12 March 2026 and found that the recruitment processes are thorough and follow the Commission's Standards. References are taken from the staff members' previous two employers, barred list checks are completed, and a Disclosure and Barring Service check before employment starts. Les Amis' safe recruitment policy also follows the Commission's Standards and sets out clear steps for safeguarding, selection, and employment checks. These processes help ensure that only suitable people work in the service.

The service has a clear health and safety policy and procedure. These cover fire safety, risk assessments, emergency procedures, staff training, and record keeping. The policy explains responsibilities and reporting systems used, which supports good governance and accountability.

The environment is well maintained and meets health and safety standards. Each care receiver has their own front door key, unless there are agreed reasons not to. Communal areas such as the lounge, kitchen, and garden are clean, safe, and welcoming. The garden has been improved and looks well cared for, and several areas of the home have been redecorated. Further work is planned. These improvements create a homely setting that supports care receiver's wellbeing and independence, and this is no longer an area for improvement for Rosevale.



Care receiver's feedback:
This is home and I love it here.

Staff understand how, when, and to whom incidents must be reported. All required notifications had been submitted internally and were discussed during the inspection. One renewal of a Significant Restriction of Liberty had not been applied for to the relevant department, and the Registered Manager submitted this before the inspection process was concluded. This demonstrates that the service responds quickly to maintain compliance with related legislation. Learning from incidents is recorded and shared with staff to support continuous improvement.

Training records show that all mandatory subjects required by the Commission are covered. Most training is in date, and refresher sessions are booked where certificates have expired. The learning and development policy follows the

Commission's Standards and supports staff competence, induction, and ongoing professional development.

The safeguarding policy meets the Commission's Standards and sets out clear reporting duties and multi-agency responsibilities. Staff know how to recognise and report concerns about abuse or neglect, which helps keep care receivers safe and supports an open and transparent culture.



Staff feedback:
Training is very robust.

Medication is managed safely. Staff competency is checked every six months or sooner if needed, in addition all staff have completed level 3 medication training. Medication charts were completed correctly, and there were no errors in the sample reviewed. Protocols were in place for 'when required' medicines.

Overall, the inspection found that the service operates safely. Policies and procedures meet regulatory expectations, staff are trained appropriately, and the environment is safe and well maintained.

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.

Rosevale supports effective communication for all care receivers. The home uses a range of communication methods tailored to each person's needs. These include picture-based aids, easy read documents and visual boards that help care receivers understand daily routines and make choices. A menu board and staff photo display also support recognition and orientation. Care receivers can access advocacy and staff help them contact other sources of advice when needed. This approach promotes inclusion and helps care receivers express their wishes and concerns clearly.

Care receiver's feedback:

If I have something to say, I know I can just say it, and I will be listened to.

Care receivers help develop and review their own care plans. They can access their plan, and staff support them to set goals and decide what is important to them. This ensures that care remains person-centred and responsive to changing needs.

The welcome pack shows the home's commitment to person-centred care. It explains care receivers' rights, dignity and respect, and sets how the service promotes equality and independence. It also includes information on safety, risk management, access to healthcare, and safe medication practices. The pack explains how care receivers can give feedback or make a complaint and signposts to advocacy services. Easy-read policies, such as the complaints policy, help make information accessible to everyone.

Activities are planned to support social, physical, and emotional wellbeing. Care receivers can take part in a monthly programme organised through the Residents Social Club. Choices include games, exercise classes, music and dance sessions and outings around Jersey. There are also opportunities for trips off island, such as a day visit to St Malo. Care receivers choose which activities they want to join, and participation is flexible depending on how they feel each day. This supports independence, encourages meaningful interaction, and promotes positive wellbeing. This was seen as an area of good practice.

The inspection found that care receivers benefit from an environment that values communication, choice, and participation. The service responds well to individual preferences and promotes involvement in both care planning and daily life. This leads to improved wellbeing and a sense of belonging for care receivers living at Rosevale.

Is the service caring?

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

Staff provide care that is respectful and centred on each person's individual needs. Care plans are personalised and show a clear understanding of each person's routines, communication style and preferences. Staff follow these plans consistently, which helps to reduce anxiety, support communication and promote dignity. The plans clearly identify risks, and staff use structured strategies to promote safety both in the home and in the community.

Leadership oversight is evident throughout the care planning process. The Registered Manager reviews plans regularly, to make sure risk assessments stay up to date and that staff understand their responsibilities. Records show frequent entries to about care receiver's wellbeing, and staff follow the agreed plan. Behavioural episodes are recorded, and staff respond in a proactive and supportive way. This shows that staff know care receivers well and act quickly when needs change.

Health-related needs are monitored daily, including nutrition, skin care, continence and medication. Staff respond to concerns and seek professional advice when needed. Medication is administered in line to the medication administration record, with clear procedures in place if issues arise. Staff coordinate medication reviews and healthcare appointments, which supports safe and effective care.

Staff understand safeguarding principles. Emotional wellbeing is monitored carefully, and staff respond sensitively to any signs of distress. Support from a mental health nurse provides additional oversight when required. Communication aids are used to help care receivers express their wishes and make choices about their care.

Care receivers are involved in decisions about their daily routines as much as possible. Profiles are updated regularly to reflect changing preferences. Staff respect personal choices, including preferences for male or female staff, which are clearly recorded and followed.



Menus are planned with care receivers and reflect their wishes and dietary needs. Menus change weekly and are displayed in communal areas to support communication and understanding. This inclusive approach promotes dignity, and independence.

Staff receive training specific to the needs of the care receivers they support. Regular supervision and management oversight help maintain staff competence and confidence. Staff follow evidence-based approaches for areas such as pressure area care, and checks are in place to monitor skin integrity. This ensures that care is safe, consistent and responsive to individual needs.

Overall, the service provides safe, compassionate and person-centred care. Staff treat care receivers with kindness and respect, communicate well and promote wellbeing in all aspects of daily life.

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 provides effective leadership across two homes and maintains daily contact with both. This ensures consistent oversight and continuity of care. Staff said the manager is approachable and available to discuss any concerns.

Les Amis has a clear governance framework. Monthly provider reports show oversight, stable staffing, and safe medication management. Health and safety checks are completed routinely. There were no incidents, safeguarding concerns, or complaints recorded across three months of reporting. The only repeated issue was delayed bathroom repairs, which have since been resolved.

Feedback from care receivers is gathered through monthly supervisions carried out by different staff members. This ensures everyone has regular opportunities to share their views. The service also uses a wider feedback and engagement framework that meets Commission Standards. This includes accessible feedback routes, structured data collection and analysis, and clear escalation and reporting processes.

Staff feedback:

I feel heard and the manager understands us.

The staff supervision policy supports safe practice, performance management, staff wellbeing, and regulatory compliance.

The provider has an equality and diversity policy that promotes dignity, respect, fairness and non-discrimination. Clear procedures are in place for reporting and investigating any discrimination concerns. This shows a commitment to an inclusive and respectful culture.

Staffing arrangements are well managed. A dependency tool is used to determine staffing levels and skill mix. This tool is known as 'diary support' and is updated when required. Rotas meet the Commission expectations for safe numbers, continuity, and supervision. Cover is provided from 07:30 to 22:30, with nightly sleep-ins. Weekly staff hours stay below 48 hours, and staff receive adequate rest periods. The provider continues to monitor breaks and fatigue.

The staff team is suitably qualified. Three staff hold a Level 3 qualification, and one holds Level 5. There are plans for a new member of staff to join the team, who will also have a Level 3. This shows a commitment to staff development and competence.

Learning from incidents is used effectively to prevent recurrence. The Registered Manager oversees all accidents and incidents, and lessons learned are shared and embedded into practice. The incident and accident policy distinguishes between incidents, accidents, behavioural data, near-misses, and medication errors, which supports safe practice and risk management.

Complaints and suggestions are welcomed. A complaint policy in easy-read format is available, which supports accessibility. The Registered Manager responds promptly to any concerns raised.

Overall, the service is well led. There is evidence of compliance with the Commission Standards, effective governance, and a positive staff culture. The provider should continue to strengthen feedback collection from care receivers, families and professionals to show how their views shape future improvements.

What care receivers said:

We are a family here. We take care of each other. I love being home with them.

When asked about communication within the home relatives said:

I am very happy with the service. They enjoy being there, and I feel grateful for the support they receive.

Communication is excellent, and whenever I phone with a question or concern, I receive a clear explanation straight away. On the few occasions when I raised something, it was dealt with immediately and to my satisfaction.

A staff member's views:

We have a high quality of person-centred care provided for the residents, very thorough medical care provided...close links to health providers, regular renewal of staff medication and finance competences and regular good quality training. Also, very good access for the residents to social events which are fun and meaningful.

We have a great manager who leads by example and is also very approachable and also very supportive.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection, therefore; 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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je