



Jersey Care
Commission

INSPECTION REPORT

Ronceray

Care Home Service

**Rue du Huquet
St Martin
JE3 6HE**

**Inspection Dates
25 & 26 March 2026**

**Date Published
11 May 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 Ronceray. The care home is operated by Ronceray Care Home Ltd and there is a registered manager in place.

Registration Details	Detail
Type of regulated activity	Care Home Service
Mandatory Conditions of Registration	
Category of care	Dementia care
Maximum number of care receivers	22
Age range of care receivers	55 years and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1 – 23 (no 13) one person
Discretionary Conditions of Registration	
A discretionary condition was imposed by the Commission on 1 May 2025 relating to bed occupancy and subsequently removed on 17 June 2025.	
Additional information	
<ol style="list-style-type: none">1. Proposal to register manager approved 10 December 2025. Updated Statement of Purpose submitted to support Registered Manager application.2. Visit to Ronceray care home by two regulation officers June 2025 to assess for nursing beds. Care home deemed not suitable for nursing beds.	

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 unannounced, as the Regulation Officer wanted to ensure an accurate and authentic assessment of the quality of care provided. Both the Registered Manager and the Deputy Manager for Operations made themselves available on both inspection days, and the Deputy Manager for Care was available on the second day.

Inspection information	Detail
Dates and times of this inspection	25/03/2026 8:15 – 14:50 26/03/2026 8:10 – 16:00
Number of areas for improvement from this inspection	Three
Number of care receivers accommodated on the day of the inspection	22
Date of previous inspection	24 & 26 February, 19 March 2025
Areas for improvement noted at the last inspection	Eight
Link to the previous inspection report	RPT RCR Inspection 20250319.pdf

3.2 Focus for this inspection

This inspection included a focus on the eight 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, eight 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 significant progress has been made to address the areas for improvement. This means that there was evidence of:

- Improvements in medication management
- Safe recruitment practices
- Staff currently undergoing Regulated Qualification Framework (RQF) Level 2 and Level 3, or enrolled to start this year
- A structured induction programme for new care staff
- Policies reflecting best practice, with review dates
- Annual appraisals.

The remaining two areas for improvement were discussed during this inspection, and it was noted that although an activities co-ordinator was employed in 2025, they have since left employment, and the Registered Manager is actively employing more care staff to provide dementia friendly activities.

Limited progress has been made in relation to publishing the care home fees. An updated Statement of Purpose reflects this, however the website does not, therefore this remains an area for improvement.

4.2 Observations and overall findings from this inspection

Since the last inspection, there have been changes to the management structure at Ronceray. There is now a permanent registered manager who is supported by two deputy managers, one responsible for operations and one for care. New employees have also joined the staff team, mainly from a recently closed sister care home, and they bring experience in health care.

Staff recruitment is carried out safely and follows the organisation's policy, which is currently being updated to reflect the new staff handbook and staff contracts.

Medication management has improved since a medication inspection on 24 February 2025. All care staff now complete in-house 'Introduction to Drug Administration' training before beginning their RQF Level 3 qualification in medication administration. This ensures they have a basic understanding of medication processes from the outset.

The care home employs an experienced healthcare professional to complete monthly governance reports, carry out audits, and provide tailored training for staff working in dementia care settings.

Care receivers are offered a range of daily activities, along with opportunities for walks or outings using the home's minibus. However, the minibus cannot accommodate care receivers with mobility issues, and this will be discussed further in the main report.

Nutrition and hydration needs are met through a varied range of nutritious meals provided daily. Care receivers are offered a choice of hot and cold drinks throughout the day to support adequate hydration. The home's most recent *Eat Safe* inspection awarded a 5-star rating, demonstrating a high standard of food safety and hygiene.

A newly installed menu board is displayed prominently in the dining room. This includes clear pictures of the meals available and an integrated clock, helping care receivers to easily identify whether it is breakfast, lunch, or dinner. This supports orientation, informed choice, and independence, particularly for those living with cognitive impairment.

A recent infection prevention and control audit was completed by the Community Infection Control Nurse and overall, the findings were positive.

Staff supervisions take place four times a year, along with annual appraisals. These follow a standard template and provide staff with an opportunity to openly discuss their roles and future development.

Staff who were consulted during the inspection gave positive feedback about changes made in the home over the past year, particularly improvements in leadership, staff training, and the overall structure of care provided to care receivers.

This inspection identified three areas for improvement, which will be outlined in the main report.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care and Support Services with Accommodation Standards were referenced throughout the inspection.¹

Prior to the inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection reports, the Statement of Purpose, variation requests, discretionary conditions of registration and notification of incidents.

The Regulation Officer chatted with several care receivers during the inspection and gathered feedback from six of their representatives. They also had discussions with the service's management, and all staff were given anonymous questionnaires to complete. Additionally, feedback was provided by three professionals external to the service, although requests were made to five.

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, monthly provider reports, incidents, duty rotas, and training matrix were requested and viewed.

At the conclusion of the inspection visits, the Regulation Officer provided verbal feedback to the Registered Manager and confirmed the identified areas for improvement by email on 7 April 2026. Details of the follow-up actions required to evidence that improvements have been made were also set out by the Regulation Officer.

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. Where specific improvements are required, these are set out in detail and accompanied by a defined improvement plan at the end of the report.

5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	Evidence Reviewed
Medication management	Reviewed documentation in relation to fridge, room and drug trolley temperatures PRN protocols specific to care receivers viewed Controlled drug (CD) book and stock count completed CD and medicine disposal books viewed Topical medicines charts Review of all MAR charts Audit review
Safe recruitment	Policy Review of documentation for new staff
RQF Level 2 Diploma training for care staff	Discussion with the Registered Manager and review of duty rotas for February
Induction programme	Two completed induction programmes seen
Appointment of an activities co-ordinator	Discussion with the Registered Manager
Review and update of policies	A selection of policies printed off as requested by the Regulation Officer
Scale of fees to be published	Seen on updated SOP but not on website
Annual appraisals	Documentation viewed

Key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<ul style="list-style-type: none"> Recruitment files and discussion Staff induction Duty rota for February Staff training matrix Health and safety checks Safeguarding policy and training and discussion Review of Significant Restriction of Liberty authorisations
Is the service effective and responsive	<ul style="list-style-type: none"> Feedback surveys from care receivers and staff Notifications Activities schedule and observations Discussions with staff and management observations Website
Is the service caring	<ul style="list-style-type: none"> Observations Written agreements Risk assessments Nutrition and hydration charts Care plans Observation of care receivers getting on and off the minibus Staff skills in relation to dementia care Walk round of the environment
Is the service well-led	<ul style="list-style-type: none"> Policy review Statement of Purpose Monthly reports Organisational chart and discussions Feedback from relatives, professionals and staff Supervisions and appraisals

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

A previous area for improvement around safe recruitment has been addressed and evidenced at the inspection. The Regulation Officer viewed two files and was reassured all safe recruitment checks have been completed including appropriate references, and Disclosure and Barring checks. The Registered Manager advised that the recruitment policy is being updated to reflect a change to staff contracts and the staff handbook. The Quality Assurance Officer employed by the company has completed audits of the files.

Staff induction is embedded into practice, supported by a comprehensive induction booklet completed by both the inductee and their mentor. Additionally, staff who relocated from the sister home completed an induction programme at Ronceray Care Home. A sample of completed staff induction booklets was reviewed.

A good area of practice relating to face-to-face staff training was identified during the inspection. Dementia-specific training workshops, delivered by an experienced health professional, have been introduced and are attended by all staff, including carers, housekeeping, maintenance, and catering. The workshops cover the following topics:

- Dementia end-of-life care
- Dementia activities
- Dementia lifestyle
- Dementia care planning
- Dementia emergencies.

These workshops will be repeated in April and May this year. The benefit of these workshops was noted at the inspection, especially around activities, communication and care plans. Additionally, the Registered Manager prints dementia-related articles of interest for staff to read and sign. All staff are up to date with mandatory training, the majority of which is now delivered face-to-face, with occasional online courses.

The previous two inspections highlighted the need for at least 50% of staff on duty at any one time to have completed, as a minimum, a relevant Level 2 Diploma in Adult Health and Social care. This area for improvement is currently being addressed, with several care staff due to complete the qualification imminently and a further seven staff scheduled to begin the course in May this year. All senior care staff already hold either a Level 3 Diploma or an equivalent qualification.

It was noted that staff are currently required to contribute financially towards obtaining a qualification that is a requirement of their role. This arrangement could potentially discourage future staff from undertaking the necessary training. One possible solution would be to review and amend staff contracts.

Duty rotas covering a four-week period were reviewed and demonstrated a good skill mix of staff, meeting the minimum requirements for a dementia care home. A senior member of staff is always on duty to support care staff. As most of the staff are either enrolled on or actively working towards an RQF diploma, this is no longer considered an area for improvement.

The home's safety requirements are being met, with designated maintenance staff carrying out regular checks to ensure the environment is safe, secure, and well maintained.

The management team place a high level of importance on safeguarding care receivers. All staff receive safeguarding training, and a clear safeguarding policy is in place and readily available for staff to refer to.

It was positive to note that, following a medication inspection on 24 February 2025 which identified six recommendations, medication practices have improved significantly. All staff who administer medication are RQF Level 3 qualified and complete annual competency assessments. In addition, the senior team have developed an 'Introduction to Drug Administration' programme, which staff complete prior to undertaking formal medication training.

Fridge and drug trolley temperature checks are completed and appropriately documented. All creams and liquid medications are clearly labelled with the date of opening and kept in a dedicated trolley. PRN protocols and drug returns records are in place. The Medication Administration Record (MAR) charts reviewed were completed accurately, with medications correctly recorded and signed for and had up to date photos of the care receivers. The signature list was completed for staff qualified to administer medications. The Regulation Officer did a check of the controlled drug book and stock, this was correct. Regular medication audits are undertaken by the Quality Assurance Officer.

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.

While recent improvements are acknowledged and welcomed, the physical environment requires additional attention. The décor is tired in places, the carpets are mismatched, the lighting is inconsistent, bathroom tiles don't match, and the setting is not yet fully supportive of people living with dementia. The outside of the building is also in need of refreshing to create a more welcoming environment. Updating the environment will promote orientation particularly for care receivers living with dementia. This is an area for improvement.

The Registered Manager advised that as there is no longer an activities coordinator employed the amount of care staff would increase to enable meaningful activities both inside and outside the home to continue. The Regulation Officer did observe numerous activities during both the inspection days including trips out in the minibus, armchair exercises, dancing to music, bingo, easter egg colouring and easter crafts as set out in the weekly planner for everyone to see. An allocated carer each day organises and delivers the activities, however all care staff get involved.

Feedback from both care receiver's representatives and staff confirmed that there is always something happening in the home and the range of activities has improved and are adapted to the likes and dislikes of care receivers. Additionally, feedback received from students on placement at the care home was overwhelmingly positive about the number of activities they had been involved with and the staff being so motivated.

Although the home has access to a minibus, which is used twice daily, it was observed to be in a poor state of external repair, and the wheelchair lift was not operational. As a result, five care receivers are currently unable to participate in outings, which limits their opportunities for community engagement and social inclusion. In addition, there is no safe step in place to support care receivers with mobility difficulties when boarding the vehicle. Feedback from relatives confirmed this along with the Regulation Officer observing care receivers getting on and off the minibus. This has been identified as an area for improvement.

The Regulation Officer was shown results from recent surveys completed by care receivers and staff. The care receivers were asked a series of questions and shown a range of faces from smiling to unhappy to choose from. The results were positive overall. The staff were asked questions relating to job satisfaction, team building and communication, management and leadership. The results were mainly positive; however, staff expressed a need for increased pay. These are intended to be completed two to three times a year along with a food survey which is done twice a year.

Incidents were notified to the Commission within the required time frames. The Regulation Officer followed up on some incidents that were notified and found good management of incidents and identified areas of learning actioned. The home demonstrated openness and transparency in respect of safeguarding alerts that had been raised. There was evidence that safeguarding concerns had been investigated thoroughly and the home cooperated with other agencies. All staff have completed safeguarding training and there is a policy in place which all staff have access to.

Prior to the inspection, the Regulation Officer reviewed the care home's website to obtain background information about the home and the care provided. The website was found to be significantly outdated, containing information relating to COVID-19, reference to a CQC report, and a newsletter associated with another care home. In addition, there was no information available regarding the fees or costs associated with living at the home. This is an area for improvement.

The Registered Manager has implemented thoughtful practices to recognise and reward staff, including the provision of fruit baskets on staff birthdays and upon the completion of RQF qualifications. This approach supports staff wellbeing and acknowledges individual achievements.

Is the service caring?

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

The Regulation Officer viewed several signed written agreements, which were found to be robust and transparent in clearly outlining fees and any additional costs. For care receivers and their families, transparent information about fees, services, and additional costs allows them to understand exactly what they are agreeing to.

During the second day of the inspection, the Regulation Officer spent time with the Deputy Manager responsible for care and reviewed the care plans and personal folders of four care receivers. The care plans addressed a wide range of needs, including elimination, communication, sleep, and medication management, as well as disease specific care plans adapted to suit each individual care receiver. These were supported by a comprehensive range of risk assessments, all of which are reviewed monthly, clearly documented, and updated where necessary. The Regulation Officer pointed out that if care receivers have a preference for either a male or female carer then this must be included in their personal hygiene care plans. They also advised that if there was challenging behaviours then this must be included on care plans for staff to follow.

The personal folders were found to be detailed and person centred, reflecting the individual needs of each care receiver. They included records of professional visits, any Significant Restrictions on Liberty authorisations, capacity assessments, and personal emergency evacuation plans. Advance care plans and records of communication with family members were also appropriately maintained within the folders.

The care home benefits from regular visits by a dentist, hairdresser, chiropodist, mobile hearing aid service and all care receivers see their own GP's every three to six months or when needed. They are struggling to find a mobile optician therefore staff will accompany care receivers to have their eyes tested where required.

Throughout each shift, care staff complete and update monitoring charts where required, relating to nutrition, hydration, elimination, and any challenging behaviour specific to individual care receivers.

Staff were observed to be highly motivated, compassionate, and eager to support care receivers. They were actively involved in activities and demonstrated experience and attentiveness in encouraging care receivers to eat and drink throughout the day, particularly during mealtimes. Staff were also noted to interact frequently and meaningfully with care receivers, promoting engagement and wellbeing. One relative stated "*the staff are amazing here; there is always something going on.*"

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.

Since the restructuring of the management team and the appointment of a new Registered Manager, the home has demonstrated significant improvements. Several relatives and members of staff commented positively on how approachable the management team is, noting that feedback is actively listened to and acted upon. As a result, meaningful changes have been implemented, leading to an improved quality of service.

The home's Statement of Purpose states:

“Ronceray Care Home aims to provide high quality care in a dignified way, ensuring residents have the right to independence, choice, privacy and respect. We aim to make our care plans person-centred and take a holistic approach.”

These aims were reflected in the findings of the Regulation Officer. The home displayed a welcoming and friendly atmosphere throughout the inspection. Interactions between care receivers and staff were observed to be respectful, calm, and individualised, complementing the personalities of care receivers while maintaining appropriate professional boundaries.

It was evident that care staff had received training in dementia care, demonstrated a good understanding of individual care receivers' needs, and recognised the importance of delivering person-centred care and support.

A review of the home's policies showed that, while they were generally of a good standard, some amendments were required to ensure full alignment with Jersey legislation. The Registered Manager has taken this feedback on board and is actively ensuring that all necessary updates are completed.

The Quality Assurance Officer completes the home's monthly quality reports, which were found to be robust and comprehensive.

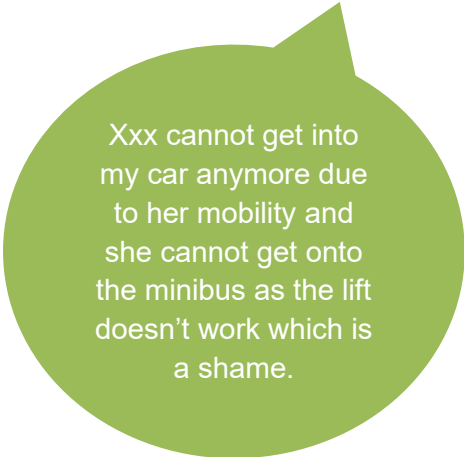
In addition, the home plans to further strengthen quality assurance arrangements by focusing on one standard per month to support ongoing compliance.

The home has also demonstrated that staff now receive quarterly supervision and annual appraisals, an area previously identified for improvement. This was evidenced during the inspection and reinforced through staff feedback.


The staff questionnaire achieved a completion rate of 64%. Overall, the results were positive. Staff reported that they receive sufficient training to perform their roles effectively and feel well supported by the management team. They highlighted the value of regular supervisions and described a strong culture of peer support within the staff team.

Although some improvements have been made, the physical environment remains an area of concern and requires further work to ensure it fully meets the needs and promotes the wellbeing of people living with dementia. Despite this, care receivers were observed to be well presented and appeared content, settled, and comfortable within their living environment.

What relatives said:



Xxx cannot get into my car anymore due to her mobility and she cannot get onto the minibus as the lift doesn't work which is a shame.



The staff and residents love a party at Ronceray and they celebrate different occasions.

Xxx is always tidy and well looked after. He has a good rapport with the staff, and they know what he likes. The communication is great and I always get told when the GP has been and if any changes are needed to his care plans.

Mum comes down to the dining room for meals and enjoys the food. Staff are engaging and caring.

I dropped Xxx off and he couldn't wait to get back in and see the carers. He loves dancing with the staff.

The view of professionals:

The building may look shabby, but the quality of care is top notch.

The care plans have more detail relevant to the individuals. The residents seem more engaged and present.

There is always something going on including outings, and the staff appear to have a better knowledge of the residents.

IMPROVEMENT PLAN

There were three 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 9.1 & 9.2</p> <p>Regulation 18</p> <p>To be completed: by 31 August 2026</p>	<p>The Registered Provider must enhance the environment to include:</p> <ul style="list-style-type: none"> • Matching flooring • Consistent lighting • Matching tiles • Refreshing the interior • Refreshing the exterior <p>Response by the Registered Provider:</p> <p>These items will be included in our next quarterly refurbishment Action Plan.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 4.5,4.5, 8.7</p> <p>Regulation 7 & 10</p> <p>To be completed: by 30 June 2026</p>	<p>The Registered Provider must ensure that care receivers have access to vehicles for community-based activities. All vehicles must be fit for purpose, safe and suitable for the regulated activity.</p> <p>Response by the Registered Provider:</p> <p>We are looking to purchase an electric accessible vehicle and are reviewing the most suitable models available.</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 1.2</p> <p>Regulation 25</p> <p>To be completed: 30 April 2026</p>	<p>The Registered Provider must publish its full scale of charges, including any additional or optional charges, on its website and ensure the website is kept up to date with information pertaining only to Ronceray Care Home.</p> <p>Response by the Registered Provider:</p> <p>This Area for Improvement has been completed.</p>

To ensure there is clear evidence that the required improvements have been made, the following action will be taken:

- The Provider must submit written confirmation to the Commission when the areas of improvement have been achieved

These actions will be used to track progress, confirm completion, and provide assurance that the necessary improvements have been achieved.

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