



**Jersey Care
Commission**

Summary Report

Ronceray

Care Home Service

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

**Inspection Dates
25 & 26 March 2026**

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

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.

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>

The full report can be accessed from [here](#).