



**Jersey Care
Commission**

Summary Report

Beaumont Villa

Care Home Service

**Rue de Craslin
St Peter
JE3 7HQ**

**Inspection Dates
22 & 23 April and 1 May 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, five 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 four out of five improvements had been made. This means that there was evidence of:

- Care workers not working more than 48 hours per week unless in exceptional circumstances
- Increased compliance in medication management
- Kitchen at Beaumont Villa being used to prepare and cook meals since January 2026
- Structured induction programme.

The fifth area for improvement around making adaptations to the home to suit the needs of care receivers with dementia is ongoing, this will remain an area for improvement and will be discussed in the main body of the report.

4.2 Observations and overall findings from this inspection

This care home is a secure environment designed to protect care receivers with dementia while supporting independence safely. An area for improvement continues from the previous inspection to ensure the environment is adapted to suit care receivers with dementia. This programme of work is ongoing.

Significant Restrictions on Liberty (SRoL) authorisations were found to be current and appropriately authorised, reflecting the cognitive needs of the majority of care receivers.

Staff recruitment remains challenging due to island workforce pressures, and this service currently has vacancies across several roles. Recruitment processes were found to be robust, with appropriate checks completed prior to appointment.

Staff training arrangements show a generally positive position, although dementia specific training compliance is lacking. This is being addressed and will be delivered by a Dementia Wellbeing Manager through the organisation imminently.

Maintenance, health and safety checks and compliance related monitoring was evidenced by the maintenance team who demonstrated a high standard of organisation and professionalism.

Quality assurance systems are well established, with comprehensive monthly home appraisal reports completed, notifications to the Commission were made appropriately, and learning from incidents embedded through supervision and meetings.

The Regulation Officer observed practice across the home and noted a warm, relaxed and homely atmosphere, with staff consistently treating care receivers with kindness, respect and humour where appropriate.

There is currently a lack of structured activity provision, with no activity coordinator in post and minimal activities demonstrated. Outings have been severely restricted due to the one minibus for two homes being out of service for an extended period, resulting in reliance on taxis or families. No outings took place during the inspection visits, and this was highlighted as an issue by relatives and staff during feedback. Activities provision and access to suitable transport for community engagement are areas for improvement.

Policies and procedures were also identified as an area for improvement, as they require updating to fully reflect local legislation and Commission standards. Supervision, appraisals, safeguarding responses, and regulatory engagement were found to be appropriate and aligned with standards.

IMPROVEMENT PLAN

There were four 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 2.7</p> <p>Regulation 5</p> <p>To be completed: by 25/09/2026</p>	<p>The registered provider must undertake a full review of all policies and procedures to ensure that they are Jersey specific in terms of legislation references, Jersey best practice procedures and the requirements of the Commission.</p> <hr/> <p>Response by the Registered Provider:</p> <p>A full review of all policies and procedures will be undertaken to make sure these reflect Jersey specific legislation and the requirements within the Care Home Standards when L'Hermitage transfers to Care UK and will be completed before 25.09.26.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 5.1</p> <p>Regulation 7</p> <p>To be completed: Effective Immediately</p>	<p>The registered provider will facilitate a programme of activities, which will provide positive and meaningful outcomes for people, based on their personal interests, needs and preferences.</p> <hr/> <p>Response by the Registered Provider:</p> <p>In addition to the schedule of planned activities for residents which is in place, a full review of individual needs and preferences is being undertaken to identify any particular gaps in the supporting meaningful engagement both in the home and local community. This is being supported by the Quality Development Manager and will be completed by the end of 30 June 2026. The appointment of a new Lifestyle Co-ordinator will be in place by the end of June to enhance the development and delivery of activities and this will include a monthly evaluation of the provision; for the individual, through the Resident of the Day process and for the service through a</p>

	<p>quarterly audit. The regular review of activities includes the offer and take-up of external activities and this will be used to inform future planning. This also includes providing clearer detail of when transport is needed and used. The home shares a minibus with its sister home L'Hermitage but also makes use of community resources, for example taxis when this is more suitable. Whilst these resources are in place, we are increasing the number of drivers for the minibus through appropriate training, and this will be complete by the end of 2026.</p>
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<p>Area for Improvement 3</p> <p>Ref: Standard 8.7</p> <p>Regulation 18</p> <p>To be completed: Effective Immediately</p>	<p>The registered provider must have vehicles of a sufficient size, fit for purpose, safe and suitable to accommodate care receivers for regular outings and engagement in the community.</p> <hr/> <p>Response by the Registered Provider:</p> <p>Whilst it is recognised there had been a lack of consistent availability of the minibus, which is shared with Beaumont Villa's sister home L'Hermitage due to extensive repairs, this has been back in use since 8 May 2026. In addition to the minibus, the home makes use of a regular taxi service; including using wheelchair accessible vehicles where needed. The home is due to complete transfer to a new provider, and a further review of vehicles will be undertaken in 2026.</p> <p>We believe that the home continues to meet Standard 8.7 in relation to the specific requirements for insurance requirements • driver requirements • vehicle requirements (road worthiness etc.) • restraint requirements (seatbelts, height/age-appropriate car seats etc.) • individual care requirements (risk</p>
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	assessment, moving and handling, support/care, escorts etc.) and that the improvements in providing transport so that care receivers can have regular outings and engagement in the community is considered within Area for Improvement 2.
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Area for Improvement 4 Ref: Standard 9 Regulation 18 To be completed: 01/08/2026	The registered provider must ensure the accommodation is designed to meet the needs of care receivers with dementia.
	Response by the Registered Provider: An initial review of the accommodation by the new provider has already been undertaken to improve the design and furnishings of Beauont Villa. Items such as signage, flooring and lighting have already been agreed and will be completed once the service has been transferred – there is a system to track how these are progressed and when they will be completed. In addition, there is a new Dementia Strategy which has been developed and Beaumont Villa will be included in the plans and implementation. There has been a Specialist Dementia Lead who has been appointed to support the Jersey homes and will provide up to date reports as well as visit the homes. In the meantime, The Home Manager tracks agreed actions through the Continuous Improvement Plan.

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.

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