



**Jersey Care  
Commission**

**Lavender Villa**

**Care Home Service**

**La Rue a Don  
Grouville  
JE3 9DX**

**Inspection Dates  
11 and 14 May 2026**

**Date Published  
8 June 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 Lavender Villa. This Care Home is operated by LV Care Group 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	Adult 60+
Maximum number of care receivers	13
Age range of care receivers	60 years and above
Maximum number of care receivers that can be accommodated in each room	One person in rooms 1,2,3,4,5 on the ground floor and rooms 9,10,11,12,14,19,20 and 21 on the second floor.
Discretionary Conditions of Registration	
None.	
Additional information	
None.	

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 was an unannounced inspection. Unannounced inspections form part of the Commission's balanced approach to regulation and are important in maintaining public trust in the regulatory process. They allow the Regulation Officer to observe the service as it operates on a normal day and to assess ongoing compliance with regulatory requirements.

Inspection information	Detail
Dates and times of this inspection	11/05/2026 – 8.35am to 5.20pm 14/05/2026 – 8.40am to 2.20pm
Number of areas for improvement from this inspection	None.
Number of care receivers accommodated on the day of the inspection	13
Date of previous inspection	17, 18 and 19 June 2025
Areas for improvement noted at the last inspection	One
Link to the previous inspection report	<a href="#">RPT LV Inspection 20250619.pdf</a>

#### 3.2 Focus for this inspection

This inspection included a focus on the area 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 improvement had been made. This means that there was evidence of a suite of newly revised policies that are now relevant to Jersey legislation and guidance.

### **4.2 Observations and overall findings from this inspection**

The Regulation Officer found that the home is safe, effective, responsive, caring, and well-led, with effective systems in place to support high-quality care delivery.

Staffing levels consistently exceeded minimum standards, supported by a dependency assessment tool that ensured staffing ratios reflected care receivers' changing needs. Most staff were appropriately qualified, with no turnover of staff since the previous inspection in June 2025. Disclosure and Barring Service (DBS) checks for existing staff were routinely completed. Training compliance was high, with plans to enhance dementia care knowledge in June 2026.

Health and safety arrangements were comprehensive, including risk assessments, fire safety procedures, infection control, and maintenance checks. The home achieved a five-star Eat Safe rating, indicating excellent food hygiene standards. Incident management systems were robust, with effective oversight and learning outcomes noted. Medication management was safe overall, although improvements were recommended in recording as required medication.

Care was person-centred and responsive, supported by detailed assessments, regularly reviewed care plans, and effective communication systems within the home. Care receiver falls had reduced due to improved preventative measures. Collaboration with external professionals and agencies ensured care receivers get the right continuity of care. Quality assurance systems were well established, including regular audits and the 'resident of the day' initiative to maintain personalised care.

Care delivery was observed to be compassionate and respectful, promoting dignity, choice, and independence. Care receivers benefitted from a varied activity programme and regular opportunities for community engagement. Feedback systems were in place and actively used to improve services. The environment was clean, well-maintained, and dementia friendly.

Feedback from care receivers, their relatives, care staff and professionals were consistently positive.

Leadership and governance were effective, with clear policies aligned to the Standards, local legislation and best practice. Staff were well supported through supervision, appraisal, and wellbeing initiatives. Overall, the home demonstrated a clear commitment to continuous improvement and positive outcomes for care receivers.

## 5. INSPECTION PROCESS

### 5.1 How the inspection was undertaken

The Care and Support Services with Accommodation Standards were referenced throughout the inspection.<sup>1</sup>

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, complaints and notification of incidents.

The Regulation Officer gathered feedback from six care receivers and two of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by two professionals external to the service.

As part of the inspection process, documents including policies, care records, incidents and complaints were examined.

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and followed up with an overview of the inspection finding by email on 21 May 2026.

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.

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<sup>1</sup> 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
<b>Policies and Procedures</b>	Review of key policies
Key lines of enquiry	
Focus	Evidence Reviewed
<b>Is the service safe</b>	<ul style="list-style-type: none"> <li>Safe recruitment and staffing rota</li> <li>Staff induction and training</li> <li>Review of notifiable events, complaints and safeguarding</li> <li>Health and safety (home risk assessments, infection control, fire, water and electrical safety)</li> <li>Incident, accident and near miss management</li> <li>Medications Management (including medications policy)</li> </ul>
<b>Is the service effective and responsive</b>	<ul style="list-style-type: none"> <li>Initial assessment of care receivers needs</li> <li>Information sharing (welcome pack)</li> <li>Care planning (including advanced care planning)</li> <li>Person centred care (for example communications and nutritional)</li> <li>Collaborative working and professional feedback</li> <li>Quality assurance activity</li> <li>Care receiver feedback</li> </ul>
<b>Is the service caring</b>	<ul style="list-style-type: none"> <li>Observations of care delivery</li> <li>Care receiver choice, control and consent</li> <li>Review of activities and wellbeing of care receivers</li> <li>Observations of environment</li> <li>Feedback from care receivers and their relatives or representatives</li> </ul>
<b>Is the service well-led</b>	<ul style="list-style-type: none"> <li>Statement of Purpose</li> <li>Development plan</li> <li>Organisation plan</li> <li>Monthly reports</li> <li>Policies and procedures</li> <li>Approaches to Diversity, Equity and Inclusion</li> <li>Workforce wellbeing and supervision</li> </ul>

## 6. INSPECTION FINDINGS

### Is the service safe?

People are protected from abuse and avoidable harm.

The Regulation Officer reviewed staffing rotas for the three months prior to the inspection and noted that the home was consistently above the minimum ratios as set out in the Standards.

The home operates a dependency assessment tool that identifies the additional care needs of residents. This tool calculates the extra care hours required, which are then incorporated into the daily staffing ratio. As a result, increases in residents' dependency levels are directly reflected in staffing numbers, ensuring that the level of care provided remains appropriate and responsive to individual needs.

The majority of staff were appropriately qualified, holding at least a Level 2 Diploma in Health and Social Care (or equivalent), which supported compliance with required standards and ensured sufficient numbers of competent staff were deployed at all times.

There had been no staff turnover since the last inspection in June 2025; therefore, safe recruitment processes could not be reviewed during this inspection. However, a system was in place to ensure that regular DBS checks were undertaken.

Similarly, staff induction processes could not be directly observed during this inspection; however, records showed that inductions for existing staff had been completed thoroughly. Training records demonstrated a high level of compliance with the home's mandatory training requirements, supported by a system that effectively identifies when refresher training is due. The Registered Manager also advised that the staff team will soon undertake dementia training to further enhance the quality of care provided to care receivers living with dementia.

Notifiable events submitted to the Commission were appropriate, as were the actions taken in response. No formal complaints or safeguarding referrals had been received or made since the last inspection in June 2025. Through discussion with the Registered Manager, the Regulation Officer was assured that they were fully aware of their responsibilities in relation to protecting care receivers from harm.

The Regulation Officer reviewed the home's health and safety arrangements to ensure it was operating safely and protecting care receivers, visitors, and staff from harm. This review provided evidence of the following:

- Home risks assessments were in place, for example slip, trips and falls and the building works
- Fire safety, such as testing, drills, personal emergency evacuation plans and servicing of equipment
- Water testing and flushing, including regular temperature checks and annual servicing of the water tank
- Portable appliance testing was taking place
- Effective infection control measures were in place
- Five star Eat Safe rating, indicating excellent compliance with food safety legislation and a very high standard of food hygiene and management practices.

The Health and Safety Policy clearly outlines the procedures for managing incidents, accidents, and near misses. These are appropriately recorded by care staff and are overseen by the Registered Manager, with additional auditing and oversight provided by the Assistant Clinical Director to ensure that appropriate actions are taken and the process is fully completed, including any learning outcomes.

Medication administration was observed to be safe and well-managed. Staff demonstrated a good understanding of procedures, and medicines were administered in accordance with prescribed guidance. Records were maintained, and systems were in place for the storage, handling, and auditing of medication, supporting the safe management of medicines within the home.

However, inconsistencies were identified in the recording of as required medication on the medication administration record. It is recommended that the Registered Manager incorporates a review of this area into the fortnightly audit to ensure accuracy and compliance. All staff administering medication have the requisite Level 3 qualification in the Administration of Medication and there was evidence of annual competency checks being carried out.

The Regulation Officer was satisfied that staff responsible for administering and monitoring diabetes-related medication had received appropriate training, including annual competency assessments delivered by a reputable provider. Staff demonstrated a clear understanding of the importance of liaising with specialist diabetes services to support the accurate interpretation of blood glucose readings and ensure appropriate clinical responses. Additionally, care receivers are appropriately asked to provide informed consent for staff involvement in their diabetes management.

### **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.
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Care receivers are provided with a comprehensive welcome pack, which includes key information about the home, their rights, how to raise a complaint, concern or compliment, and the various consents required for their care.

Initial assessments were in place and provided a person-centred overview of each care receiver's preferences, background, and individual needs, which informed the development of tailored and responsive care plans. Where risk assessments were required, such as for pressure care, swallowing, or nutrition, these were in place and clearly documented within the care records sampled.

The Regulation Officer sampled four care receivers' care plans. These were detailed, easily accessible, and reviewed monthly or as required. Daily notes were consistently updated, evidencing that care tasks had been completed and recording relevant monitoring information, such as hydration and elimination. The Regulation Officer also noted that key information, including medical conditions, advanced care planning decisions, communication needs, and allergies, were clearly highlighted within the electronic records, supporting safe and informed care delivery.

Advance care planning discussions form part of routine practice, with the Regulation Officer observing thorough and comprehensive record-keeping. Documentation is maintained both electronically and in physical format, with key health information and current prescribed medications clearly organised and readily accessible. The Registered Manager ensures that advance care planning decisions are reviewed at least once per year.

The Regulation Officer reviewed falls prevention and management with the Registered Manager. Incidents had significantly reduced since the previous inspection period, which the Registered Manager attributed to improved responses following falls and the increased use of preventative measures such as sensory mats.

The Registered Manager described effective collaboration with partner agencies, including for care receivers needing nursing, palliative, or specialist communication and mobility support. This approach helped ensure coordinated, person-centred care, improving access to appropriate services and supporting better outcomes and continuity of care.



Staff meetings were held regularly and followed a structured agenda, with agreed actions clearly recorded, including named leads and any defined timeframe for completion. Minutes were shared with care staff and translated into Portuguese to support accessibility and understanding.

Comprehensive handovers between shifts ensured that all care receivers were discussed, and important updates were communicated effectively across the team. Communication in this home is inclusive and organised, which supports safe, consistent and person-centred care delivery.

The home had an established quality assurance programme comprising 18 audit activities undertaken throughout the year. This was implemented effectively, with actions identified and managed to improve care delivery and safety. Monthly reports were completed comprehensively in line with standards, with action plans clearly recorded and monitored through subsequent reports. The home operates a 'resident of the day' system, whereby each care receiver received a dedicated, in-depth review of their care needs, preferences, and documentation to ensure care remained person-centred, responsive, and up to date.

Additional feedback from professionals:

*"The staff here are amazing, and the care receivers are well cared for. I visit many similar homes in Jersey, and I can genuinely say this is one of the best."*

*"Staff are always well prepared for our visits. If I needed a care home when I am older, I would choose this one."*

## Is the service caring?

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

The Regulation Officer observed care delivery and found it was provided with dignity, respect, compassion, and humour. Care receivers were not rushed and were given sufficient time and attention, supporting a positive and person-centred experience. The Regulation Officer also noted that care receivers were supported to exercise choice and control in daily activities, including decisions about clothing, meal options and alternatives, participation in activities, and the provision of consent.

One professional commented:

Care receivers are always well dressed and there is a calm atmosphere in the home.

The Regulation Officer reviewed a sample of care receiver records and found that residency agreements were in place and appropriately signed, with fees clearly outlined. A range of signed consent forms were also present, including those relating to data privacy and photography.

A dedicated Activity Coordinator delivers a programme of daily activities for care receivers, both within the home and in community settings. In the mornings, care receivers engage in self-led activities such as word and number games, as well as arts and crafts, followed by an organised exercise session and trivia prior to lunch.

The Regulation Officer reviewed the activities calendar, which is planned one month in advance, and was satisfied that care receivers are provided with a varied and meaningful range of activities. These include flower arranging, visits from choirs and musicians, and sessions delivered by a local historian.

One care receiver commented:

The staff are fantastic, so busy, but they always have time for me. I am kept busy enough and there is always something to do.

At least one community-based activity is arranged each week, with additional opportunities available through use of the home's dedicated wheelchair-accessible vehicle.

The environment was observed to be clean, well-maintained, and dementia-friendly, with sufficient space provided in line with relevant standards.

One relative commented:

My mother has been a resident at Lavender Villa for several years now and I can honestly say that the staff there are amazing.

Feedback from care receivers was sought on a monthly basis using questions developed by staff within the home. The Regulation Officer observed positive engagement in this process, with care staff supporting care receivers to express their views. There was evidence that feedback was reviewed, evaluated, and acted upon to improve the care experience.

Additional feedback from care receivers:

*"Yes, believe me, if I was unhappy with the care I receive, I would say, but it is great and I have no complaints."*

*"The food is excellent, there is always good choice, and I can have something else if I want it."*

*"I have not been bothered by the building works On the contrary it has been quite entertaining. The night staff are fantastic, you press the call bell, and they are with you immediately."*

*"The home is a lovely place to live, and the staff are so kind."*

*"I have no complaints and I am well cared for. The food is great and the staff are fantastic."*

*"I have plenty of opportunities for outside activities if I wish; but don't always want to go out."*

Additional feedback from relatives:

*“Overall, my experience has been positive. The staff consistently demonstrate a caring approach and treat residents with dignity and respect.”*

### **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.

One staff member commented:

The Registered Manager is very supportive to us and if there are any problems or challenges, we work together to solve it.

The Statement of Purpose accurately reflects the home’s operational approach to meeting the needs of care receivers, demonstrating a person-centred model underpinned by appropriate assessment processes, staffing levels, and accommodation arrangements.

The service development plan for 2026 demonstrates a commitment to maintaining quality and continuous improvement, supported by regular audits, feedback systems, and engagement with residents and professionals. It reflects a person-centred approach and highlights staff training and community involvement. This plan enables the home to demonstrate how it achieves positive, measurable outcomes for care receivers and adapts to meet both current and future needs.

Since the last inspection in June 2025, the wider LV Group has undertaken a comprehensive review of its policies. Policies now reference relevant local and national legal and regulatory frameworks, as well as recognised best practice, and meet the required standards. This is no longer considered an area for improvement.

The Regulation Officer paid particular attention to the Anti-Discrimination, Equality, Diversity and Inclusion Policy and concluded it demonstrates good alignment with the Commission’s Standards and relevant legislation. It reflects a clear commitment to promoting dignity, inclusion, and person-centred care, with clear expectations for staff and governance arrangements in place.

A sample of staff personnel records was reviewed and found to be well organised, demonstrating that supervision and appraisal processes were carried out in line with the Standards.

In addition to formal supervision undertaken in March 2026, the Registered Manager completed wellness action plans to support care staff mental health, including consideration of individual personality styles to promote person-centred management approaches. The Registered Manager also routinely provides written summaries following supervision, including reflective feedback and positive reinforcement of care practices. Supervision and staff support was identified as a good area of practice.

The Regulation Officer carried out a survey with care staff which resulted in staffing reporting strong management support, effective supervision, and a culture where concerns are listened to and acted upon. Most felt staffing levels were sufficient and demonstrated a clear commitment to person-centred care. Overall, feedback reflects a well-led home with a motivated and supported workforce.



Additional feedback from care staff:

*“We have a great team and a fantastic boss. We are like a big family, and we cover for each other for our holidays.”*

*“12-hour shifts work for me as we are provided with regular breaks.”*

## **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.



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