



**Jersey Care
Commission**

INSPECTION REPORT

Rosemary Cottage

Care Home Service

**La Rue De La Vallee
St Mary
JE3 3DL**

**Inspection Date
10 June 2026**

**Date Published
3 July 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 Rosemary Cottage. The care home is operated by Rosemary Cottage Care Limited and there is a registered manager in place.

Registration Details	Detail
Type of regulated activity	Care Home Service
Mandatory Conditions of Registration	
Categories of care	Mental health, substance misuse (drug or alcohol)
Maximum number of care receivers	7
Age range of care receivers	40 years and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1 – 7 one person
Discretionary Conditions of Registration	
None	
Additional information	
None	

As part of the inspection process, the Regulation Office 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 and notice of the visit was provided to the Registered Manager six days in advance of the inspection day. The decision to announce the inspection ensured that the Registered Manager would be available and that residents were informed beforehand. This approach was considered important as the home operates within a small, domestic setting, and the Regulation Officer aimed to respect residents' privacy by not entering their personal spaces without their knowledge and consent.

To align with the service's Statement of Purpose the people living in this home will be referred to as residents.

Inspection information	Detail
Dates and times of this inspection	10 June 2026 8.50am – 3.20pm
Number of areas for improvement from this inspection	None
Number of residents accommodated on the day of the inspection	Seven
Date of previous inspection	14 July 2025
Areas for improvement noted at the last inspection	None
Link to the previous inspection report	RPT_RC_Inspection_20250714.pdf

3.2 Focus for this inspection

This inspection focused on 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, no areas for improvement were identified.

4.2 Observations and overall findings from this inspection

Safe recruitment practices are firmly established within the home. Staff files evidenced appropriate pre-employment checks, including Disclosure and Barring Service (DBS) checks and verified references, and were standardised for ease of review. Staff are supported from the outset with job descriptions and a comprehensive handbook covering training, policies, procedures, and required competencies.

Health and safety processes are robust and up to date. Regular checks, including fire safety and water management, are maintained. An emergency “grab bag” is readily available and contains key documentation such as evacuation plans, resident and staff information, and medication records, which are audited quarterly. Risk assessments across the environment, activities, and transport are regularly reviewed and remain relevant.

Medication is managed safely by trained and competent staff. Secure storage arrangements are in place, and records reviewed including MAR sheets and audit logs, were well maintained.

Staffing levels and skill mix were sufficient, supported by an on-call system, and all staff hold relevant qualifications. Training is a key strength, with full compliance in mandatory areas and additional specialist training provided.

The home is effective and responsive, with clear aims outlined in a comprehensive Statement of Purpose. Residents are supported to develop independence and maintain relationships. Feedback systems, audits, and incident reporting processes demonstrate a strong culture of learning and continuous improvement.

Care is compassionate and person-centred. Detailed assessments, personalised care plans, and active resident involvement ensure individual needs are met. Residents engage in a wide range of meaningful activities and contribute to daily living, including meal preparation. Feedback from residents and staff consistently reflects high satisfaction, strong relationships, and a supportive, inclusive environment.

Leadership is strong, with a clear structure and commitment to quality care. The environment is clean, homely, and well maintained, and management actively promotes training, communication, and continuous development.

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 our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection reports, the Statement of Purpose, 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 one professional external to the service.

As part of the inspection process, documents including policies, care records, incidents, training matrix and monthly reports were examined.

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

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager followed by a final feedback email on 16 June 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.

5.2 Sources of evidence.

Key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Health and safety records Risk assessments Medication management Recruitment files and job descriptions Induction programme Staff rota and on-call arrangements Training matrix Feedback from staff Observation
Is the service effective and responsive	Resident and staff feedback surveys Statement of Purpose Audits Review of website Written agreements Review of notifications Feedback from residents
Is the service caring	Personal plans Initial assessments Review of RQF qualifications Activities Nutrition Cleaning rota Feedback from residents and families Observation
Is the service well-led	Monthly quality reports Supervisions and appraisals Review of policies Discussion around student placements Environment Discussions with Registered Manager and Deputy Manager Feedback from staff

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Safe recruitment practices are in place and were evidenced during the inspection, with appropriate safety checks carried out, including Disclosure and Barring Service (DBS) checks and references. Recruitment files are standardised and easy to navigate. All support staff are provided with a job description. Additionally, staff receive a handbook on commencement of employment, which outlines training requirements, policies and procedures, and competencies.

Health and safety records were reviewed by the Regulation Officer and found to be up to date. Relevant water management and fire safety checks are in place. In the event of an emergency, a grab bag is readily accessible from the staff office. This contains personal emergency evacuation plans, the business continuity plan, next of kin details, a staff list, copy of resident's medications, a copy of insurance, and a fire plan. The contents are audited on a three-monthly basis to ensure they remain up to date.

The Regulation Officer viewed several risk assessments relating to the home environment, vehicle use, and activities, and found these to be relevant and regularly updated.

All medications in the home are managed by staff who have completed the appropriate training and have ongoing competency checks. Medications are stored in a locked drugs trolley that is secured to the wall. The Regulation Officer reviewed the controlled drugs book, returns book, medication administration record (MAR) sheets, medication audits, and the medication policy. Due to the nature of the service, staff are required to transcribe hospital prescribed medications; however, this is undertaken in line with transcribing guidelines by two staff members. This was evidenced during the inspection. The Regulation Officer advised that room temperatures should be recorded in line with the standards, which was acknowledged by the Registered Manager.

Staff rotas covering a two-month period were reviewed and demonstrated a sufficient skill mix and staffing levels to meet the needs of residents. All staff hold a Regulated Qualifications Framework (RQF) qualification. An on-call system is in place, covered by either the Registered Manager or Deputy Manager. They advised that it is unusual for them to be required on-site, and support is typically provided over the phone.

Training is an area of good practice within this home. The training matrix demonstrated 100 percent compliance with mandatory training, alongside additional training to meet registration requirements and residents' needs. This includes, but is not limited to, mental health, stress and conflict management, seizures, alcohol misuse, behaviour management, substance misuse, dementia, and learning disabilities. The Registered Manager is actively pursuing other training opportunities in relation to deescalation techniques.

Feedback from residents was overwhelmingly positive, particularly regarding the support provided by managers and staff. One resident stated, *"The staff are like an extension of my family,"* while another said, *"I would be dead if it wasn't for the Registered Manager."*

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.

A comprehensive Statement of Purpose is in place for the home, clearly outlining the aims of the home. These aims were consistently reflected throughout the inspection. Staff actively encourage residents to develop independence, acquire new skills, and maintain meaningful family connections, all while ensuring their wellbeing is effectively safeguarded.

The home's website is of a high standard, being both informative and visually engaging, with a professional layout.

It presents key information in a clear and accessible manner, enabling prospective residents and their families to make well-informed decisions.

All residents have signed written agreements detailing the terms and conditions of residence, including fees and contract termination arrangements. A sample viewed during the inspection were appropriately signed and dated.

The Regulation Officer discussed incident notification processes with the Registered Manager and reviewed the incident recording system. Evidence demonstrated that notifications received are compliant with regulatory standards. The management team is proactive in fostering a learning culture following incidents.

A staff competency questionnaire has been implemented, to be completed quarterly. This includes scenario-based questions covering all regulatory standards and provides an innovative approach to encouraging staff to engage in critical thinking and problem solving. A sample viewed was found to be both relevant and informative.

A range of audits is conducted regularly, supported by monthly quality reports and associated action plans. Samples reviewed were appropriate and aligned with applicable standards.

A variety of meetings takes place throughout the year including staff meetings every three months and director meetings. The Regulation Officer viewed a sample of minutes from the meetings. Additionally, feedback surveys are provided for staff and residents on a six-monthly basis. The resident surveys are easy to read and have a Likert scale (pictures to express feelings). The resident surveys viewed were very positive about the environment, staff, food, activities and safety. A recent staff survey showed the average length of employment to be 5.25 years and strengths were teamwork, communication, loyalty to residents and staff and empathy.

Feedback regarding the management team and support staff consistently highlighted the effectiveness and responsiveness of the home. Residents and their families praised the strong communication, transparency, and the extent to which they feel included in decision-making processes.

Is the service caring?

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

Prior to admission to Rosemary Cottage, the management team reviews a completed care needs assessment. This is followed by a meeting with the prospective resident, during which a detailed initial assessment is undertaken. Additional informal visits may also be arranged, such as meeting for coffee or inviting the individual to view the home and meet other residents. This approach ensures that the individual feels welcomed and is comfortable within the environment, including their ability to form positive relationships with existing residents.

Residents are required to sign a conduct agreement, as the home operates a strict policy prohibiting the use of alcohol or drugs.

This home assumes responsibility for the administration of medication. As such, residents are also required to sign a medication agreement.

Good practice was identified in the review of residents' personal plans. Care plans were detailed and demonstrated a strong person-centred approach. Those viewed by the Regulation Officer were individualised and holistic, covering all aspects of fundamental care, including addiction history, medical history, and personal goals and aspirations. In line with the Statement of Purpose, residents are actively encouraged to participate in reviewing and updating their care plans, which was confirmed through resident feedback.

During the inspection, residents were observed engaging in a wide range of activities. Many accessed the community throughout the day, with some attending work placements, charity shops, participating in Tai Chi, shopping, going for walks, playing games, swimming, gym, or going out for drives with support staff. Others chose to relax in the garden, enjoying the calm and peaceful surroundings. The home has vehicles available for resident use, supported by appropriate policies and risk assessments.

Residents spoke positively about shared mealtimes and expressed excitement for upcoming social events, including a planned barbecue and karaoke evening. Scrabble is played regularly in the evenings. Residents also go on family holidays, with the relevant information and support arrangements shared between staff and families to help ensure continuity of care.

Residents are fully involved in planning menus, with some actively participating in meal preparation and cooking for others in the home. All staff have achieved food hygiene qualifications, and documented procedures are in place to ensure food is prepared safely and served at appropriate temperatures. Residents were highly complimentary about the quality of food and their level of involvement.

Cleaning schedules are in place for both staff and residents, where appropriate. Staff undertake both day and night cleaning duties, while residents are encouraged to contribute to household tasks such as cleaning and laundry, promoting independence and shared responsibility.

Throughout the inspection, staff were observed to be professional, approachable, and friendly in their interactions with residents. Their approach combined kindness and humour, adapted appropriately to different situations. Staff feedback reflected a genuine commitment to their roles and a clear motivation to provide high-quality support.

Is the service well led?

The leadership, management and governance of the organisation assure delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

Throughout the inspection, it became evident that management is fully committed to ensuring residents experience the highest possible quality of life and are supported to thrive. A robust and effective management structure is in place, with clearly defined lines of responsibility.

A sample of staff supervision records and appraisals was reviewed. Supervisions are undertaken quarterly, with annual appraisals in place. These follow a structured format and provide staff with opportunities to reflect on their role, discuss aspirations, identify training needs, and address wellbeing.


The home actively supports student placements from a local college. This provides valuable opportunities for students to gain practical insight into supporting residents with a history of drug and/or alcohol addiction, mental health needs, and relapse prevention.

The Regulation Officer reviewed the suite of policies in place for this specialist home. These were found to be aligned with relevant legislation, clearly written, concise, appropriately dated, and subject to annual review. The staffing policy was updated during the course of the inspection.

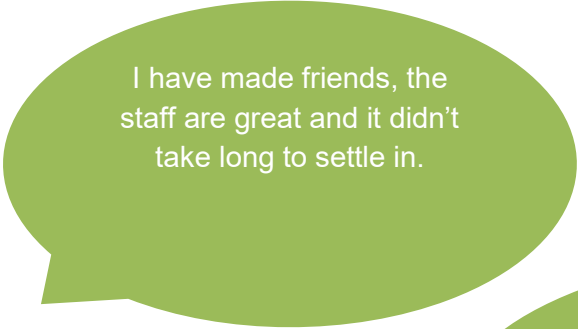
The care home environment was maintained to a high standard of cleanliness. Bedrooms were personalised to reflect individual residents' preferences, contributing to a homely and comfortable atmosphere. Communal areas were well ventilated and benefitted from ample natural light, including a bright and airy conservatory with a solid dining table. An accessible garden further enhanced the environment, offering views of a pond and local wildlife.

The management team demonstrated a strong commitment to the home, its residents, and staff. This was evident through maintaining the environment to a high standard, providing and proactively sourcing relevant training, investing in equipment to support residents in achieving their goals, offering good quality food to enhance the dining experience, and promoting a culture of open communication, shared values, and transparency.


What the residents said:



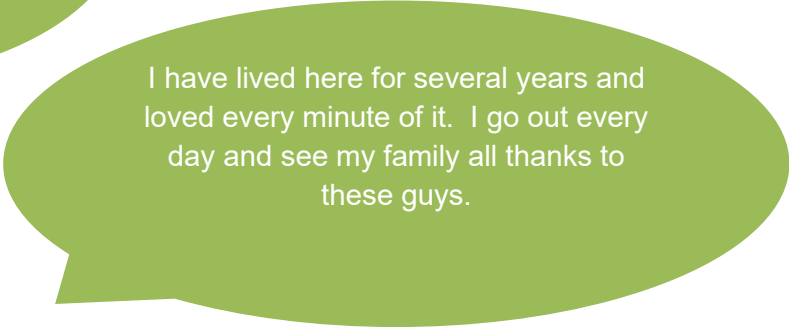
It's brilliant, took me about a week to settle and it was the best decision. Rosemary Cottage feels like a home with friends.



I have made friends, the staff are great and it didn't take long to settle in.



The staff are all amazing. I do some of the cooking and really enjoy that.



I have lived here for several years and loved every minute of it. I go out every day and see my family all thanks to these guys.

A professional's view:

I have always found the managers and staff very helpful, knowledgeable and hands on. Their reviews are comprehensive; they attend meetings and manage residents well both short term and long term.

I have never had a problem contacting the managers and they respond quickly to any issues. All my clients love living there.

Family feedback:

All the staff have Xxx best interest at heart, what a great team.

Rosemary Cottage is comfortable, homely and well maintained. We as a family value the whole team massively.

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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