Jersey Care Commission

Summary Report

Highlands Care Home

Care Home

La Rue du Froid Vent
St Saviour
JE2 7LJ

Inspection Dates
1, 2 and 23 July 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.

On arrival at the home, the regulation officers observed a calm and well-organised atmosphere, despite the first visit being unannounced. The environment was clean, and free from odours. Care receivers spoke positively about the service and said that they enjoyed living there.

It was noted during the inspection that sections of the external perimeter fencing had fallen, resulting in an unclear boundary around parts of the home. Consequently, this has been identified as an area requiring improvement. It is positive to note that the Registered Provider took prompt action to address this issue following a discussion during the inspection.

Feedback from care receivers and their representatives was generally positive regarding the care and support provided. However, both care receivers and relatives commented that they missed having access to the service's minibus for activities and outings. This has been identified as an area for improvement arising from this inspection.

Staff described the Registered Manager as supportive and highlighted a positive team culture, with colleagues working collaboratively and providing mutual support. However, the inspection identified weaknesses in the Provider's quality assurance and governance arrangements. Although there was evidence of regular contact between the Registered Manager and Regional Manager, the quality monitoring reports and audits had not identified or addressed a number of the issues found during the inspection. This indicates that existing oversight arrangements were not always effective in identifying areas requiring improvement.

Inspection evidence demonstrated that staff had access to mandatory training. However, improvements were required in relation to training specific to the specialist care provided by the service and its registered categories of care. This finding contributed to an area for improvement, which is discussed in more detail later in the report.

In addition to the specialist training requirements, the inspection identified that improvements were needed in relation to medication training and staff competency

assessments. This has been identified as an area for improvement under medication management.

IMPROVEMENT PLAN

There were seven areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

Area for Improvement 1 **Ref:** Standard 4.5 & 8.7 Regulation 7 & 18 **To be completed:** by 23/10/2026	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. **Response by the Registered Provider:** **New minibus is on site to ensure that residents have access to community based activities. We will also continue to use taxi service for group activities if the number of residents participating in activities exceeds the number of residents allowed in the minibus to allow equality opportunities for all residents.**

Area for Improvement 2 **Ref:** Standard 9.2, 8.3 & 8.4 Regulation 10 & 18 **To be completed:** by 23/10/2026	The Registered Provider must ensure that the home environment is kept safe and secure. The fencing securing and identifying the home's perimeter needs replaced. **Response by the Registered Provider:** **The fencing securing and identifying the home's perimeter has been put in place.**

Area for Improvement 3 **Ref:** Standard 7.11, & 7.12	Medication will be managed in compliance with legislative requirements, professional standards and best practice guidelines, including the administration of medication by staff who have completed a Level 3 Medication Administration Module and have been assessed as competent.
Regulation 14 & 17 **To be completed:** 23/01/2027	**Response by the Registered Provider:** **Four of our seniors who do not have level 3 qualifications are booked into Care College on the 12th of November to complete the Level 3 Medication Administration Module and competencies will be assessed as part of the module. PRN protocols have been rewritten with accurate person centred information and staff know how to access them. Clinic fridge and room temperatures have been discussed with staff and the HM will monitor twice daily completion. Opening dates will be added to all appropriate medication on the next cycle. Running stock balances will be completed and resident photos will be updated on the Atlas system. A new sharps bin is in place, dated and is stored at the correct height.**

Area for Improvement 4 **Ref:** Standard 7.3	The Registered Provider must ensure that care/support workers are provided with opportunities for more advanced and specialised training to meet the needs of the people they are caring for.
Regulation 17 **To be completed:** 23/01/2027	**Response by the Registered Provider:** **Training has been adjusted with the addition of: Leadership-supervision-effective communication. Neuro Diversion-Autism-Schizophrenia awareness being added. In house training for moving and handling, First Aid, Dementia and Fire Safety to be carried out on the 14th of September for all new staff and staff whose courses require updating by our Regional Trainer.**

Area for Improvement 5 **Ref:** Standard 1.6 & 1.8	The Registered Provider must arrange for a representative of the service to report monthly on the quality of care provided and compliance with registration requirements, standards and regulations. In addition, there will be systems in place to monitor, audit and review the quality of care within the service.
Regulation 19 **To be completed:** 23/10/2026	**Response by the Registered Provider:** **The Regional Manager will be visiting the home every 4 weeks with a weekly teams meeting in between visits. The Regional Manager will complete an on site report during each visit which will identify any actions required. Follow up on actions completed will be evidenced. They will also oversee the completion of any actions identified during the audits completed each month.**

Area for Improvement 6 **Ref:** Standard 6.7 Regulation 17	The Registered Provider will ensure that care/support workers are suitably qualified, including: • Meeting the minimum Level 2 RQF qualification requirements for care/support workers; and • Ensuring that staff undertaking senior, supervisory, assessment and care planning responsibilities hold, or are working towards, the qualifications required for their role.
To be completed: 23/10/2026	**Response by the Registered Provider:** **Two senior members of staff have their names down to commence their level 3 qualifications in February 2027. Two care assistants will also commence their level 2 qualification. In August 2026 one senior member who already has level 3 and two care assistants who have their level 2 were recruited. The provider is recruiting a Deputy Manager and is hopeful of appointing a candidate who already has a level 3.**

Area for Improvement 7 **Ref:** Standard 1.1 & 1.7	The Registered Provider will strengthen management oversight and governance arrangements to ensure there are clear lines of accountability and effective systems for identifying, escalating and managing both emerging and existing risks within the service.
Regulation 5 **To be completed:** With immediate effect.	**Response by the Registered Provider:** **This has been actioned and will be supported by the Regional Manager. The Regional Manager will provide oversight of the weekly Clinical Risk Meeting and monthly Operations Review.**

The full report can be accessed from here.