Jersey Care Commission

INSPECTION REPORT

St Ewolds

Care Home Service

Balmoral Drive
La Route de la Trinite
St Helier
JE2 4NJ

Inspection Dates
17, 18, and 21 August 2026

Date Published
17 September 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 St Ewolds care home. The Care Home Service is operated by the Parish of St Helier 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	63
Maximum number in receipt of nursing care	5
Age range of care receivers	65 and above
Maximum number of care receivers that can be accommodated in each room	First Floor: 21 bedrooms – 100 – 120 (one person) Second Floor: 20 bedrooms – 200 – 206 and 209 – 220 (one person) Second Floor: 207 1 bedroom (2 persons) Third Floor: 21 bedrooms – 300 – 320 (one person)
Discretionary Conditions of Registration	
None	
Additional information	
A new main contact partner was registered on 8 April 2026	

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 inspection was announced and notice of the inspection visit was given to the Registered Manager four days prior to the first inspection visit. This was to ensure that the Registered Manager would be available during the visit.

Inspection information	Detail
Dates and times of this inspection	17 August 2026 – 09:00 – 17:10 18 August 2026 – 13:10 – 17:05 21 August 2026 – 09:10 – 13:00
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	62
Date of previous inspection	9, 13, and 16 October 2025
Areas for improvement noted at the last inspection	None
Link to the previous inspection report	RPT SE Inspection 20251016

3.2 Focus for this inspection

This inspection included a focus 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

The home benefits from an established senior management team that provides effective oversight of care delivery and clinical practice. Robust arrangements were in place to assess and maintain staff medication competencies, with records reviewed evidencing a strong commitment to safe medication management and workforce development.

New staff complete a structured induction programme, including mandatory training and shadowing opportunities, to develop the knowledge and skills required for their role. This helps ensure staff are confident, competent and able to provide safe and effective care in line with the home's policies and procedures.

The home demonstrated a strong commitment to staff development, supporting care staff to achieve ongoing qualifications, including the Regulated Qualifications Framework (RQF) Level 3 in Adult Care and Medication Management. This approach promotes a skilled workforce, with the majority of care staff trained and competent to administer medication safely, promoting flexibility in staffing and ensuring care receivers have timely access to their medicines. This was identified as an area of good practice.

The home does not provide specialist dementia care; however, staff support a number of care receivers with mild to moderate cognitive impairment. While staff demonstrated an understanding of these individuals' needs, there is an opportunity to further enhance the environment through the introduction of more dementia-friendly features and by seeking specialist advice on environmental adaptations to better support orientation, independence and wellbeing.

The Regulation Officer observed consistently positive and respectful interactions between staff and care receivers throughout the inspection. Staff demonstrated a good understanding of individuals' needs and preferences, providing kind, person-centred support. Feedback from care receivers was overwhelmingly positive, with comments highlighting staff as caring, considerate and respectful.

The home provides a varied programme of daily activities that promotes social engagement, physical wellbeing and emotional health. A dedicated activities coordinator oversees the programme, which includes exercise sessions, games, entertainment, community outings using the home's minibus, and opportunities for spiritual wellbeing through regular religious services and support to access other faith-based activities where requested.

The provider has demonstrated a commitment to improving the home environment through an ongoing refurbishment programme, including the installation of en-suite shower facilities within bedrooms. Although progress has been slower than initially planned due to the prioritisation of other safety-related improvements, care receivers spoke positively about the planned upgrades and expressed enthusiasm about the enhanced facilities.

There was a clear process in place for reporting and managing incidents and accidents, with records maintained electronically and oversight provided by the Registered Manager and the provider organisation's health and safety team. Incidents were reviewed and, where necessary, investigated to identify learning opportunities, with trends monitored through regular senior leadership oversight to support continuous improvement.

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 report, the Statement of Purpose, and notification of incidents.

The Regulation Officer gathered feedback from eight care receivers and five of their representatives. They also had discussions with the service's management and other staff. Feedback from six professionals external to the service was requested, however, none responded.

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

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and followed up in writing by email on 3 September 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.

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

5.2 Sources of evidence.

Key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Review of recruitment records Health and safety processes and procedures Fire procedures including Personal emergency evacuation plans (PEEP) for individual care receivers Medication management Supervision records Staffing rotas Review of notifiable events Risk assessments
Is the service effective and responsive	Care records including initial assessments Evidence of multi-agency working with external professionals Monthly quality assurance reports Audit records Feedback from care receivers and their representatives Care receiver surveys
Is the service caring	Observations of delivery of care Meal options and choice Activity timetable Observation of activities Feedback from care receivers and their relatives Feedback from staff Care receiver feedback questionnaires
Is the service well-led	Audit records Refurbishment progress Overall environment Statement of purpose Monthly governance reports Supervision records Policies and procedures Training and induction programme Feedback staff

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Safe recruitment practices were found to be effective within the home. The recruitment records of the most recent new members of staff were reviewed by the Regulation Officer. These records demonstrated that appropriate pre-employment checks were completed before staff commenced work, including references, employment history verification and relevant background checks. These processes help to ensure that suitable individuals are employed and support's the home's commitment to providing safe care for care receivers.

The Registered Manager advised that the home continues to attract a high level of interest from local applicants when recruiting for care roles, which supports the service's ability to maintain appropriate staffing levels. Staff retention was reported to be good, with the home experiencing low turnover and few difficulties in retaining experienced members of staff.

New staff members complete a structured induction programme to help them develop the knowledge and skills required for their role. This includes completion of mandatory training relevant to their responsibilities, alongside opportunities to shadow experienced colleagues and observe best practice. These arrangements support staff to become familiar with the home's policies, procedures and expectations, helping to ensure they are competent and confident in providing safe and effective care.

The senior leadership team comprised of the Registered Manager, three nurses and a team of senior carers, providing effective oversight of clinical practice and care delivery within the home. Nurses were responsible for completing annual medication competency assessments for all care staff involved in medication administration. The Regulation Officer reviewed evidence of completed competency assessments, which included direct observations of medication administration alongside a structured set of competency questions completed by staff.

Records demonstrated a robust approach to ensuring staff maintained the knowledge, skills and competence required to administer medicines safely, supporting the home's commitment to safe medication management practices and ongoing professional development.

The home had appropriate health and safety systems in place to help maintain a safe environment for care receivers, visitors and staff. Oversight of statutory and routine health and safety requirements was supported by an external specialist company, which monitored compliance and scheduled mandated checks. This included areas such as fire safety, legionella management and other regulatory testing and maintenance requirements.

The external company completes an annual health and safety risk assessment, which assists the service in identifying areas requiring attention and prioritising any necessary improvements. This external oversight, together with the home's internal monitoring arrangements, supports a proactive approach to health and safety management and continuous improvement. An example of learning from the annual health and safety review was the identification of a 20mph speed limit for the internal perimeter road. As the road is situated on parish land and is used exclusively by the home and an attached hospital facility, it was recognised that a lower speed limit would further enhance the safety of care receivers, visitors and staff. Action to implement this change is currently underway.

Safeguarding arrangements were in place to support the safety and wellbeing of care receivers, with appropriate procedures available to guide staff and management in responding to concerns. The Registered Manager demonstrated an understanding of safeguarding responsibilities and was able to provide an example of a recent incident that had been escalated through the safeguarding process. Although the incident had been managed internally, a safeguarding referral was made to ensure appropriate advice, oversight and independent scrutiny were available. This proactive approach demonstrated a commitment to openness, transparency and ensuring that potential safeguarding concerns are managed appropriately, with opportunities for learning identified where necessary.

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.

Staffing rotas demonstrated that there were sufficient numbers of staff deployed to meet the needs of the current care receiver population in the home. The Registered Manager explained that an additional care staff member is rostered on each shift to provide extra support across the teams as required. This flexible approach helps ensure that care receivers receive timely assistance, enables staff to respond to changing needs, and supports the delivery of safe and person-centred care.

The home demonstrated a strong commitment to staff development and workforce competency through its investment in ongoing training and qualifications. Applicants for care roles are required to hold a minimum of a Level 2 RQF in Adult Care, ensuring a foundation of knowledge and skills from the outset. Staff are actively supported to further their professional development by undertaking additional qualifications, including the RQF Level 3 in Adult Care. In addition, almost all care staff complete the Level 3 RQF qualification in Medication Management, enabling a broad range of staff to safely administer medications.

This approach is an area of good practice, as it ensures that medication administration is not limited to senior carers, increasing flexibility within the workforce and helping to ensure care receivers have timely access to their medicines. The model promotes a highly skilled staff team, enhances service resilience, and supports the safe and effective delivery of care.

Members of the senior team demonstrated a clear understanding of their responsibilities in relation to delegated healthcare tasks. Where care receivers receiving residential care required additional interventions that constituted delegated tasks, the home worked collaboratively with external healthcare professionals, including Family Nursing & Home Care (FNHC), to ensure appropriate arrangements are in place. This includes obtaining specialist training, guidance and competency assessments for staff undertaking the delegated tasks.

The home recognises its responsibility to ensure staff are appropriately trained, competent and confident to perform delegated procedures safely, with ongoing supervision and regular competency reviews.

Several care receivers were subject to Significant Restriction of Liberty (SRoL's), with appropriate processes in place to ensure these authorisations are reviewed within the required timescales. The home demonstrated a good understanding of its responsibilities under the SRoL framework, with systems in place to monitor, track and progress assessments and reviews in a timely manner.

The Registered Manager explained that the home does not provide specialist care for individuals with more complex dementia. However, a number of care receivers living in the home have varying levels of cognitive impairment, and this is supported by the staff team to meet their needs and maintain their wellbeing. While the environment was not specifically designed as a dementia-friendly setting and there were limited dementia-friendly features evident throughout the home, opportunities exist to further enhance the environment for those experiencing cognitive decline. For example, when reviewing and updating signage within the home, engagement with Dementia Jersey or a similar specialist organisation could provide valuable guidance on environmental adaptations and design principles that support orientation, independence and wellbeing for people living with dementia. Such enhancements would further support those care receivers with cognitive impairment who reside within the home.

All care receivers are provided with a written agreement when they move into the home, which forms the contractual basis of their residency. A review of the agreement's confirmed that it clearly outlines the services and support to be provided, the applicable monthly fees, and the terms and conditions associated with living in the home. The agreement provides care receivers and, where appropriate, their representatives with important information about the care offered and the expectations of both parties, helping to promote transparency, understanding and informed decision-making from the outset of their stay at the home.

Is the service caring?

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

The Regulation Officer had the opportunity to observe care delivery throughout the inspection and to speak with a number of care receivers about their experiences of living at the home. Positive and respectful interactions were consistently observed between staff and care receivers, characterised by kindness, patience and a good sense of humour. Staff appeared to know the care receivers well and demonstrated a clear understanding of their individual personalities, preferences and support needs. Interactions were warm and engaging, with staff taking time to provide reassurance, companionship and person-centred support. Feedback from care receivers about the care they received was overwhelmingly positive, with comments including: *"they do everything well, they are all so kind, and the staff are considerate and respectful.",* reflecting the positive relationships that had been developed between staff and those living in the home.

Care receivers are provided with a daily menu offering a choice of meals, typically including two main options, with flexibility for alternative choices to be requested where preferred.

Feedback received from care receivers regarding the quality and variety of food was predominantly positive, with many describing meals as enjoyable and well prepared. Some care receivers commented that portion sizes, particularly at the evening meal, could be larger than they required and suggested that lighter meal options or smaller portions may help to reduce food waste. The Registered Manager acknowledged that catering is a topic frequently discussed through resident feedback questionnaires and residents' meetings. They explained that preferences can vary considerably between individuals, with some care receivers requesting more variety, while others prefer lighter meals. The service continues to seek feedback and adapt its catering provision to meet the diverse needs and preferences of those living in the home.

The home utilises a combination of electronic and paper-based records to support the delivery and monitoring of care. Care plans, risk assessments and other key care documentation were maintained electronically, while some daily monitoring records, such as weight charts and bowel monitoring charts, were recorded in paper format. The Regulation Officer reviewed a sample of care records and found care plans to be of an adequate standard, with evidence that they were reviewed regularly to ensure they remained reflective of individuals' current needs. Initial assessments, risk assessments and 'This is my life' documents were available within the records sampled and provided information to support person-centred care. In the majority of records reviewed, an advanced care plan had been completed, demonstrating consideration of individuals' future wishes and preferences for care. Records also evidenced that Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions, where applicable, were clearly documented and readily accessible. Overall, the records reviewed demonstrated that systems were in place to document, monitor and review the care and support provided to care receivers.

The home provides a varied programme of activities that offers care receivers daily opportunities for social engagement, and enjoyment. A dedicated activities coordinator is responsible for planning and facilitating the programme, with care assistants supporting this role when required to ensure continuity of provision. A weekly timetable of activities is available and includes a range of opportunities designed to promote physical wellbeing, emotional health and cognitive stimulation. Activities advertised on the timetable included gentle exercise, games and pampering sessions, as well as entertainment provided by visiting musicians and opportunities for care receivers to listen to their favourite music and watch movies.

The home has a new minibus, which is used to support community outings with opportunities being advertised twice a week. Opportunities are available for care receivers to practise their faith and maintain their spiritual wellbeing. A local vicar regularly visits the home to facilitate religious services, and support can be arranged for care receivers of other faiths or denominations to access appropriate religious services or places of worship where requested.

Regular feedback is sought from care receivers and their representatives through residents' meetings, which are held approximately every six weeks, and through feedback questionnaires distributed by the home. These arrangements provide opportunities for individuals to share their views on the service and raise any suggestions or concerns. The Registered Manager advised that feedback received is reviewed and analysed by the senior team, with responses provided where appropriate. Where feasible, suggestions and ideas from care receivers and their representatives are incorporated into service developments and operational changes, demonstrating the home's commitment to listening to feedback and promoting continuous improvement. A recent resident questionnaire highlighted concerns that staff did not always knock before entering bedrooms. In response, the home has introduced door notices to indicate when personal care is being provided, helping to promote privacy and dignity.

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.

The provider has demonstrated a commitment to improving the home environment through an ongoing refurbishment programme, which includes the installation of en-suite shower facilities in each of the 63 bedrooms.

At the time of inspection, one room had been completed. Progress had been delayed due to the need to prioritise other safety improvement works within the home. Several care receivers spoke positively about the planned upgrades and said they were looking forward to having their own en-suite facilities.

The home provided a clean and comfortable environment for care receivers. While the communal lounges and dining areas were well used and functional, refurbishment of these spaces would further enhance the overall environment and contribute to a more modern and welcoming setting for care receivers and their visitors.

There were regular audit programmes in place which were completed by the Registered Manager and members of the senior team. The Regulation Officer reviewed a sample of recently completed audits, including those relating to medication management and care records. Audit checklists were completed and any identified gaps or areas requiring attention were appropriately noted. Opportunities were identified to further strengthen the audit process through the inclusion of documented action plans, evaluation of findings, and recording of outcomes achieved. The Regulation Officer recommended that learning arising from audit activity is more clearly evidenced, recorded and shared with staff to support continuous improvement and demonstrate how audit findings are used to inform practice and enhance service delivery.

The Registered Manager explained that a programme of annual appraisals is in the process of being implemented across the staff team. While the home has not historically undertaken formal annual appraisals, there was clear evidence that a structured appraisal framework had been developed and was due to be introduced imminently. This was discussed during the inspection, and both the Registered Manager and the Regulation Officer recognised that the planned implementation of the appraisal programme would further strengthen existing staff support and development arrangements. In view of the progress already made and the imminent rollout of the process, this was not identified as an area requiring improvement.

The home has a structured supervision programme to support the wellbeing, development and performance of its staff team. Members of the senior team provide quarterly supervision sessions for care staff, while the Registered Manager receives supervision from an external consultant with specialist expertise. The supervision model is strengths-based, focusing on recognising good practice, supporting staff wellbeing and encouraging ongoing professional development. A supervision matrix was available for review and evidenced a high level of compliance across the care team. The Registered Manager explained that supervisors meet regularly to discuss their approach to supervision, helping to promote consistency in practice, share learning and ensure that staff receive a similar quality of support and guidance regardless of their supervisor.

Medication is stored in locked cupboards within care receivers' bedrooms, with the exception of controlled drugs and medicines requiring refrigerated storage, which were managed separately in accordance with appropriate procedures. The Registered Manager described this model of medication storage as offering a number of benefits, including convenience for care receivers and supporting medication administration within their own rooms. However, it was also recognised that there could be occasional challenges, such as when care receivers were not present in their rooms at the time medicines were due to be administered. The Registered Manager demonstrated an awareness of both the advantages and limitations of this approach. Overall, medication management was found to be safe and effective, supported by a medication policy and clear procedures governing the ordering, receipt, storage, administration and disposal of medicines. Appropriate systems were in place to help ensure that care receivers received their medications safely and as prescribed.

There was a clear process in place for the reporting and management of incidents and accidents within the home. Incidents were reported to members of the senior team and recorded electronically, with automatic alerts sent to the Registered Manager and the provider organisation's health and safety team. Where appropriate, incidents were subject to further investigation to identify any learning or preventative actions required. The Registered Manager advised that incidents and trends are also reviewed at the provider organisation's monthly senior leadership meetings, supporting organisational oversight and promoting a culture of continuous improvement and learning.

What care receivers said:

The carers are so kind, you're not made to feel a nuisance.

The staff are polite and knock before coming into my room. The consistency of staff is good; they provide me with everything I need.

The home is lovely. The staff are considerate and respectful. Someone is always available when I need support.

We feel very well looked after here. We are looking forward to having an ensuite shower in our room, it will make things much easier for us.

Relatives Feedback:

My Xxx has a considerable distance to walk along the corridor to access the shower, which can be challenging due to Xxx mobility needs. The planned installation of ensuite wet rooms would significantly improve residents' comfort and accessibility.

The staff team are helpful, kind and considerate, and they know my Xxx well, they provide support to Xxx in a caring manner. If I have had to raise any concerns or queries, they are responded to appropriately and addressed by the senior team in a timely manner.

My Xxx has experienced some behavioural changes due to her dementia and can be challenging occasionally. The staff have managed this with kindness, patience and consideration, responding to Xxx needs in a person-centred manner.

The home always has a positive atmosphere when I visit, the staff help to create an environment that feels welcoming and homely.

I feel there is a good range of activities available within the home. Staff are good at encouraging Xxx to engage in the activities.

Since day one the staff have been absolutely amazing. The team always welcome us when we visit and you feel as though each member of staff really knows my Xxx and cares for Xxx, welfare and wellbeing.

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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