



**Jersey Care
Commission**

INSPECTION REPORT

Cheval Roc Residential and Nursing

Care Home

**Les Nouvelles Charrieres
Bonne Nuit Bay
St John
JE3 4DJ**

**Inspection Dates
27, 28 and 29 July 2026**

**Date Published
2 October 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 Cheval Roc Residential and Nursing Care Home. The care home is operated by Cheval Roc Residential Limited which is part of the LV Care Group and there is a registered manager.

Registration Details	Detail
Type of regulated activity	Care Home Service
Mandatory Conditions of Registration	
Category of care	Adult 60+
Maximum number of care receivers	41
Maximum number in receipt of nursing care	32
Age range of care receivers	60 years and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1 - 42 (no 13) - one person Rooms, 7, 8, 9, 10 and 15 - one person for the provision of personal support and personal care only
Discretionary Conditions of Registration	
There are three Discretionary Conditions in place. These are:	
1. An independent geotechnical inspection of the soil-nailed slope and its immediate vicinity (including gabion walls, sheet piles, soil nails, drainage systems, and slope protection mesh) shall be carried out, with a final report being submitted to the Jersey Care Commission no later than 30 April of each calendar year. The report must include details of any defects, risks, or maintenance recommendations. This inspection shall be conducted by a qualified geotechnical engineer or firm.	

2. Immediate Post-Storm Inspections (Red Weather Events).

In the event of a significant storm or "Red Weather Event," an immediate inspection of the works (including the gabion wall, sheet piles, soil nails, drainage systems, and slope protection mesh) must be conducted by a qualified geotechnical engineer or firm. The inspection shall take place as soon as practicable following the storm event, but no later than 72 hours after the event subsides. A report detailing the inspection and its findings, to include details of any defects, risks, or maintenance recommendations, shall be submitted to the Jersey Care Commission within 14 days of the "Red Weather Event".

3. Biennial Independent Geotechnical Inspection by an External Engineer.

Every two years, an independent inspection shall be carried out by a geotechnical engineer or firm who was not involved in the original design or construction of the works. The inspection must include a visual examination of the soil-nailed slope, gabion wall, sheet piles, soil nails, drainage systems, and slope protection mesh. The inspection report must be carried out and submitted to the Jersey Care Commission no later than 30 April of the relevant calendar year. The report must include details of any defects, risks, or maintenance recommendations.

Additional information

There had been a fourth Discretionary Condition on the home's registration which was as follows:

Communication with Residents and Employees: A communication shall be provided to all residents and employees, to include:

- (1) A summary of the Arcadis Report.
- (2) Details of the insurance provisions in place in respect of landslip, with confirmation of what is covered, the current professional indemnity limit and what is not covered by the insurances that are in place.

The Commission was satisfied that this had been met and therefore this Discretionary Condition was removed on 4 June 2025.

On 25 March four regulation officers undertook an annual conversation with an LV Care Group Director, who is also a Registered Provider for several of the groups regulated services and the Clinical Group Director.

Following an invitation from the Registered Manager the Regulation Officer undertook an introductory visit to the home on 30 March 2026, to meet with staff and explain their role and the role of the Commission.

As part of the inspection process, the Regulation Officer evaluated the home's compliance with the mandatory conditions of registration and any additional discretionary conditions required under the Law. The Regulation Officer concluded that mandatory conditions were complied with.

In relation to the discretionary conditions, the required annual independent geotechnical inspection was undertaken and submitted to the Commission. While an immediate post-storm inspection was not carried out following a red weather warning in January, the subsequent independent geotechnical inspection was completed shortly afterwards. The Registered Provider acknowledged this oversight, and, on this occasion, the Commission has accepted the inspection as meeting the intent of the condition. However, the Registered Provider has been reminded of the requirements of the discretionary condition and the need to ensure compliance in the future.

Furthermore, the required biennial independent geotechnical inspection by an external engineer has not yet been undertaken, as the Registered Provider had been unable to secure the services of an external engineering company. However, at the time of writing a company has been secured and the geotechnical inspection is scheduled for September 2026.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager five 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	27 July 2026, 10:00 to 13:35 and 13:55 to 18:10 29 July 2026, 07:35 to 12:10 and 12:45 to 16:05 30 July 2026, 09:10 to 11:30
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	41
Dates of previous inspection	27 March, 2 and 20 April 2025
Areas for improvement noted at the last inspection	None
Link to the previous inspection report	RPT CHR Inspection 20250420.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

The home has safe recruitment practices and structured induction programmes. The practices were aligned with the organisation's policies, which reference local legislation, Regulations and Standards.

Staffing levels and skill mix met the Standards and enabled the delivery of care and support set out in the home's Statement of Purpose.

Medication management enabled safe practice, with evidence that key recommendations from the 2025 Pharmacist Inspection had been implemented.

Training records demonstrated that staff were up to date with the home's mandatory training requirements and that these included statutory training requirements relating to local legislation. Additional scenario-based training delivered by senior nurses was noted as an area of good practice.

The staff handover observed by the Regulation Officer was professionally and skilfully delivered and well managed to promote the transition of information between day and night staff and set the scene for a day with the care receivers' needs at the centre.

Feedback from care receivers and their representatives was consistently positive regarding staff's manner. The Regulation Officer was informed that the Registered Manager was approachable and that staff were caring.

Professionals external to the service praised the team's responsiveness and effectiveness. The Regulation Officer observed staff's approach and noted it to be warm, patient, and respectful, with humour and laughter also being shared.

Care records were holistic, and care plans demonstrated a detailed knowledge of care receivers' individual preferences and care needs and supported the delivery of person-centred care.

There were a wide range of engaging activities to promote physical, psychological and social wellbeing to meet group and individual needs. The home environment was clean and welcoming.

There were clear leadership and governance frameworks, with systems for escalating, reporting and reviewing issues and incidents.

Staff were given regular opportunities to discuss their role and any issues through formal supervision and appraisal. Staff spoke positively about their roles, their work within the home and the team, and the support provided by managers. This is a well-managed home.

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 six of their representatives. They also had discussions with the service's management and staff in a variety of roles. Additionally, feedback was provided by five professionals external to the service.

As part of the inspection process, documents including policies, care records, and incident and complaint logs were examined.

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and followed up by email on Friday 7 August 2026.

This report presents findings from the inspection and outlines the range of observations made. Throughout the report, any areas of good practice identified, along with suggestions where practice could be strengthened or further enhanced, are highlighted.

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	Staff files and rotas Medication folders, administration charts, storage environments, protocols and audits Training records Feedback from professionals external to the home Maintenance and fire logs Discussions with the Registered Manager and staff Observations from walking around the home
Is the service effective and responsive	Observing a staff handover and other professional discussions Feedback from professionals external to the home Notifications to the Commission Discussions with the Registered Manager and staff Care records including a handover sheet
Is the service caring	Feedback from care receivers and their representatives Care records, including assessments, care plans, risk assessments, and daily care records Discussions with the Registered Manager and staff Activities schedules and participation in activities Menus Observing care and support at mealtimes and during activities
Is the service well led	Statement of purpose Audit log Minutes of staff meetings Monthly provider reports Discussions with the Registered Manager and staff Appraisal and supervision records Feedback from care receivers, their representatives and professionals external to the home

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Staff files evidenced safe recruitment practices and structured induction programmes. Files contained records of interviews with relevant questions, and interviews were scored. All safe recruitment checks had been completed prior to commencing employment. This included obtaining references and Disclosure and Barring Service certificates. Files also contained detailed job descriptions, contracts, and induction programmes.

The structured induction programmes included reviews at regular intervals, which had been undertaken with clear recording of outcomes. This provided evidence that staff members' progress, competency, and support needs were regularly monitored during their induction and probationary period.

The practices were aligned with the organisation's safe recruitment and selection and staff induction policies. It was positive to note that the policies had been updated in 2026, providing detailed principles and practical guidance, while also referencing local legislation, Regulations and Standards. This demonstrates that the organisation has taken steps to ensure its recruitment, selection and induction processes remain current and are informed by relevant legal and regulatory requirements.

There was evidence that sufficient numbers of staff were available to deliver care and support to care receivers. The Registered Manager explained that there were appropriate numbers of registered general nurses (RGNs). However, there had been some challenges with health care assistant (HCA) staffing levels. Therefore, to ensure acceptable staffing levels, when absence was planned, they requested HCA support from other LV Group services. A randomised sample of rotas reviewed during the inspection demonstrated that staffing levels, including the staff mix, met or exceeded those set out in the home's Statement of Purpose.

The medication folders that were reviewed contained the care receiver's name, date of birth, room number and photograph. General Practitioner details and any known allergies were documented. The MARs reviewed had clear prescriptions and were signed and dated clearly. Transdermal patch administration was recorded appropriately. MAR charts and 'Just in Case' medication charts aligned. Stock recorded for regular medications aligned with the actual stock. However, stock of PRN medication was not consistently recorded. The Regulation Officer advised the Deputy Manager of the importance of stock checking for all medications, and they agreed to action this change. Storage environments were clean, ordered and secure, including the storage of controlled drugs. Sharps boxes were correctly labelled and safely stored. There was evidence that medication audits were being undertaken.

The Pharmacist Inspector made four recommendations following the 2025 inspection. The first recommendation was to implement a robust fridge monitoring process. Work had been undertaken to achieve this and further measures to strengthen the process were implemented during the inspection.

The second was to ensure that when PRN medicines are administered and recorded on the front of the Medication Administration Record (MAR), details of the administration, including the number of doses given and the reason for administration, are also recorded on the reverse of the MAR. It was found that this information was being recorded; however, it was documented on a separate sheet rather than on the reverse of the MAR. Although the Regulation Officer was satisfied that the required information was being recorded, they discussed with the Registered Manager and Deputy Manager the potential risk of records becoming separated from the MAR and advised a review of the process.

The third recommendation was to introduce a process for recording the authorisation, review and administration of over-the-counter medication, such as vitamins. There was clear evidence of this. The fourth was to ensure protocols related to the administration of 'when required' (PRN) medicines are in place. There were protocols available.

The Regulation Officer was satisfied that practices enabled safe medication management and that three of the recommendations from the 2025 Pharmacist Inspection had been implemented. They were assured that the remaining recommendation had been partially met and that the managers were taking action to achieve full compliance and ensure regular stock checks of PRN medications were undertaken.

Training records demonstrated that staff were up to date with the home's mandatory training requirements and that these included statutory training relating to local legislation. In addition to this, senior nurses had delivered sessions on a variety of topics through scenario-based training. There was evidence of learning from the sessions and staff gave positive feedback to the Regulation Officer about these additional learning opportunities. This is an area of good practice.

Staff online fire safety training was up to date. During the inspection, staff were receiving face-to-face training from officers of the Jersey Fire and Rescue Service which covered fire awareness, marshalling, and the use of fire extinguishers.

The officers confirmed that the home's fire procedures had been reviewed and were clear. They advised that this training was in addition to statutory requirements and commented positively on the Registered Manager's proactive approach in arranging it. They also noted that the staff team had been receptive and engaged throughout the training.

The Regulation Officer reviewed the servicing records of four fire extinguishers, and the fire log, which were all up to date. Therefore, there was clear evidence that fire safety management met Standards.

It was positive that maintenance logs demonstrated that equipment servicing, including hoists and lifts, was up to date, demonstrating that the home had effective systems in place to ensure the ongoing safety and maintenance of equipment.

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.

The Regulation Officer was present during the handover when the RGN who had been on duty overnight handed over to staff on the day shift. The RGN described a change in a care receiver's health that had resulted in medical attention being sought. The assessment and response described were skilful and timely, and were presented in a clear, succinct and professional manner.

There was a handover sheet containing clear and essential information. Following the handover, the Registered Manager highlighted key points and any scheduled events for that day.

This represented a professional, skilful and well-managed transition of information between day and night staff and set the scene for a day with the care receivers' needs at the centre.

A professional external to the home provided two examples which highlighted how the team had been responsive and effective in meeting care receivers' needs. It was explained that during discussions regarding a care receiver's wish to return home, staff were *"attentive to the individual's goals and preferences, ensuring their views remained central to the conversation."* It was explained that staff worked collaboratively with the care receiver and their family, exploring appropriate options and offering support to promote their involvement in informed decision-making.

A further example highlighted how the staff had been open to guidance provided by a professional and had implemented changes to the plan of care. They stated, *"As a result, the resident experienced improved mobility, greater independence, and an overall enhancement in their quality of life."*

The examples demonstrate staff's person-centred and responsive approach, highlighting how they work collaboratively with care receivers, their families, and professionals to achieve positive outcomes.

The notification of incidents to the Commission was explored in detail with the Registered Manager. One incident related to an event that impacted the home. It was noted that the team had responded promptly and calmly to ensure care receivers' safety and had debriefed following the event. Notifications that related to falls or medical attention being sought were being submitted appropriately. There was evidence of supportive initial responses, robust internal reviews following incidents and, where required, adjustments to risk assessments and care plans.

Notifications informing the Commission of new Significant Restriction of Liberty (SROL) authorisations had been submitted; however, renewal authorisations had not. During discussions it was apparent that the team had understood that only new SROL authorisations required notification. Once identified, the required notifications were submitted retrospectively, and the Registered Manager outlined the measures implemented to ensure ongoing compliance with notification requirements. There was evidence to demonstrate staff were corresponding professionally with other agencies and delivering care as set out in the authorisations.

Is the service caring?

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

Feedback gathered during the inspection from care receivers and their representatives was consistently positive regarding staff. The Regulation Officer was informed that the Registered Manager was approachable, and staff were caring.

One care receiver summarised this by saying *"I am happy here, it is well managed with caring staff."*

A care receiver's representative explained that staff in all roles, including housekeepers, care staff, the activity co-ordinator and the Registered Manager, were *"fantastic."*

The Regulation Officer observed staff's approach and noted it to be warm, patient and respectful, with humour and laughter also being shared.

Care records were holistic, using professional and person-centred language. Each record contained the care receiver's demographics, health conditions, assessments, care plans and a daily record. Care receivers' likes and dislikes and what and who were important to them were documented. Records set out a clear plan of care and were reviewed monthly or in response to change. The Regulation Officer observed care and support being delivered as described in the plan of care.

Care plans covered aspects of physical, psychological and social care and support. Where there were care plans related to breathing and circulation, they detailed whether heart rate and blood pressure monitoring were required and how frequently. Regarding sleep and rest, these specified whether the care receiver preferred to sleep with a quilt or blanket and whether they would like night checks. Activities and interests, and social and cultural plans, detailed where the care receiver had lived, their occupation and any anniversaries that were special to them. The Regulation Officer concluded that the care plans demonstrated a detailed knowledge of care receivers' individual preferences and care needs and supported the delivery of person-centred care.

There was a wide range of engaging activities to promote physical, psychological and social wellbeing. The weekly schedule included a minimum of four physical exercise activities, as well as activities such as quizzes, bingo and film nights. The activity coordinator worked one to one with those who were unable or preferred not to participate in the group sessions.

There are four parties a year. The theme of the forthcoming party is 'Country and Western' and props have been made by residents. Feedback to the Regulation Officer highly praised the preparations for the event as they enabled engagement and creativity. The enthusiasm and engagement of the activity coordinator was recognised by several care receivers and their families. Positive feedback was also received about the group singing sessions.

The Regulation Officer observed and engaged with a group singing session in the lounge led by two staff members. They had microphones and the words of the songs displayed on a large screen. There were 11 care receivers who were either singing or tapping their feet to the music, and one care receiver sang into the microphone. The staff who led the sessions checked that care receivers knew the songs, gave song choices and ensured everyone was able to engage. The atmosphere was vibrant.

The Regulation Officer was informed that, approximately 18 months ago, the two staff members who led the sessions had approached the Registered Manager spontaneously to ask if they could begin singing sessions. One of the staff members explained how they learned English as a second language and learnt the songs as part of this. They paid attention to which songs residents liked and then learnt the English version. The singing sessions, which were introduced proactively by staff and supported by the Registered Manager, demonstrate staff commitment and management support for innovation that enhances the wellbeing and engagement of care receivers. This is an area of good practice.

The home has pet rabbits and birds. There is access to a minibus on set days for outings, including trips with Wetwheels. Care receivers are given the week's activity schedule each Friday and it is also written on a whiteboard in a communal area. One care receiver provided feedback that they would prefer more notice about forthcoming outings, and this was fed back to the Registered Manager.

Overall, there are well led, engaging and varied group and individual activities developed by a committed staff team.

The home environment was clean and welcoming. It was positive that there was a clear staged refurbishment plan to further improve the environment and its usability. The initial stage involved a change from carpets to smooth flooring. The next phase will involve changes to blinds and lighting, and there will be a reconfiguration of furniture in the lounge. The Registered Manager confirmed that they had consulted with care receivers regarding these changes.

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 LV Group has clear leadership and governance frameworks. There is a management structure in place with defined lines of escalation and accountability. The Statement of Purpose sets out the home's aims and objectives and how these inform the delivery of care and support. There is an embedded comprehensive audit cycle to assess service delivery.

There is a system in place to report monthly on the quality of the care provided. Reports produced in February, March and April 2026 were reviewed. They were appropriately authored and there was evidence that the Registered Manager received them in a timely manner. There was comprehensive information in all sections, and it was also positive that each report detailed feedback from care receivers, their representatives and staff.

However, when cross-referencing the reports with the number of notifications submitted to the Commission, it was noted that the figure in the February report was not correct. Additionally, the February and March reports referenced the previous Standards, although this issue had been rectified in subsequent reports.

Therefore, although the Regulation Officer was satisfied that the reporting met the Standards, they advised the Registered Manager of the importance of ensuring all data is accurate and care delivery is measured against the most up to date Standards in all future reports.

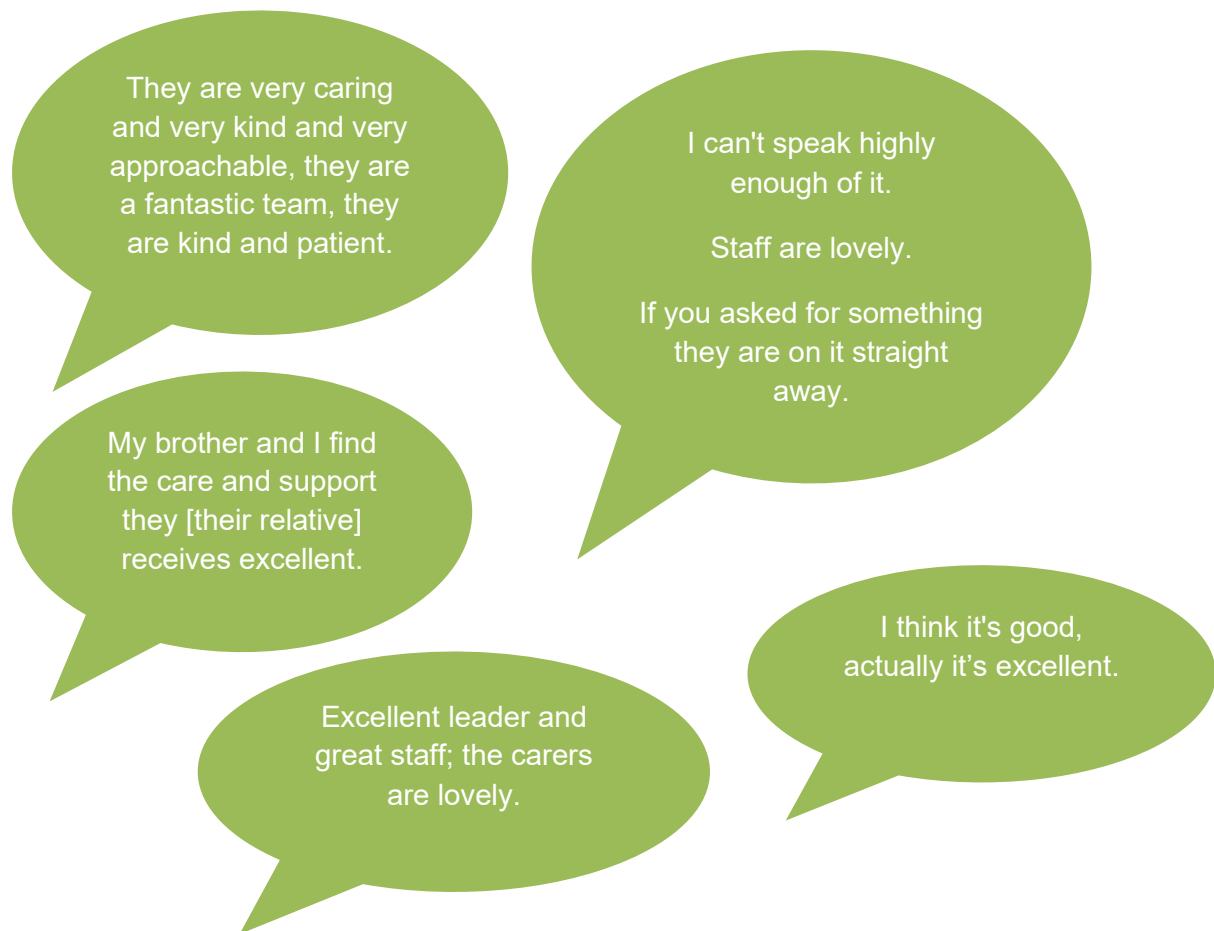
Several care receivers, their representatives and professionals external to the home, commented on the professionalism and approachability of the Registered Manager. The Regulation Officer observed them to be organised, skilful, and compassionate, with a clear understanding of their role. They were observed advocating for care receivers and supporting staff. This is a well-managed home.

There was evidence that staff were given regular opportunities to discuss their roles and any issues through formal supervision and appraisal, and that they felt supported. Supervision and appraisal sessions were up to date. Staff feedback was that the Registered Manager and Deputy Manager were supportive and approachable. Staff spoke positively about their roles and their work within the home and the team.

When asked, “How do you find working at Cheval Roc?”, staff said:



When asked, “How do you find the care and support your relative receives?”, care receivers’ representatives said:



Views of professionals external to the service:



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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