



**Jersey Care
Commission**

INSPECTION REPORT

Pine Ridge Respite

Care Home Service

**West Hill
St Helier
JE2 3HB**

**Inspection Date
3 August 2026**

**Date Published
9 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 Pine Ridge Respite Care Home. The home is operated by Health and Care Jersey and there is a registered manager in place.

Registration Details	Detail
Type of regulated activity	Care Home Service
Mandatory Conditions of Registration	
Type of care	Nursing Care
Category of care	Learning Disability
Maximum number of care receivers	Two
Age range of care receivers	18 years and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1 and 2 – one person
Discretionary Conditions of Registration	
None	
Additional information	
A Fire and Rescue service inspection was carried out 30 June 2026 and attended by a regulation officer.	

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

The inspection was announced five days in advance to ensure that residents were informed, this was important because the home is also the care receivers home.

Inspection information	Detail
Dates and times of this inspection	3 August 2026 14:00 - 16:10
Number of areas for improvement from this inspection	One
Number of care receivers accommodated on the day of the inspection	Two
Date of previous inspection	12 May 2025
Areas for improvement noted at the last inspection	Two
Link to the previous inspection report	RPT PR Inspection 20250512.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas 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, two areas for improvement were identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that progress had been made in one area for improvement.

This means that there was evidence of work being undertaken to develop and improve policies and procedures in line with current best practice.

The second area for improvement was discussed during this inspection, and it was noted that insufficient progress had been made. The Home's written agreements do not yet clearly set out how services will be provided to meet the needs of the individual, as a result, this area for improvement remains outstanding and is discussed in more detail within the main body of this report.

4.2 Observations and overall findings from this inspection

Pine Ridge provides nursing care and respite support for up to two adults with learning disabilities and complex needs. During this inspection, the Regulation Officer found evidence that care receivers were protected from avoidable harm through established governance, medication management and fire safety arrangements. The Registered Manager demonstrated oversight of incidents, safeguarding, health and safety and medication practices.

It was positive to note that, following a joint visit with Jersey Fire and Rescue Service in June 2026, the home had reviewed and updated Personal Emergency Evacuation Plans (PEEPs) and taken action in response to recommendations made within the fire safety report.

Care records demonstrated multidisciplinary involvement from health and social care professionals, and systems were in place to monitor health needs, share information between staff and respond to changes in care receivers circumstances.

Documentation reviewed evidenced person-centred care planning, healthcare monitoring and arrangements to promote continuity of care. Feedback received from professionals was positive and described the home as responsive, well-led and committed to person-centred support.

The home demonstrated a caring culture. Care records reflected individual preferences, needs and wellbeing, and observations undertaken during the inspection showed staff interacting with care receivers in a respectful and person-centred manner.

A care receiver spoken with during the inspection was positive about the support they received, and staff demonstrated an understanding of the individual communication and support needs.

Governance and leadership arrangements were found to be effective. The Registered Manager demonstrated oversight through audits, quality assurance processes, supervision arrangements and governance systems operating within Health and Care Jersey. Positive progress had been made in relation to a previous area for improvement concerning access to policies and procedures, and this is now considered addressed. However, the home's written agreement documentation continues to require further development to fully meet the requirements of the Commission's Care and Support Services with Accommodation Standards. Whilst the service level agreement contained some relevant information, it did not clearly demonstrate all elements required by the standards, including changing or ending the agreement. This remains the sole area for improvement identified during this inspection.

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 one care receiver. Attempts were also made to contact care receiver representatives; however, feedback was not obtained during the inspection period.

The Regulation Officer 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 confirmed the identified area for improvement by email on 14 August 2026. Details of the follow-up actions required to evidence that improvements have been made were also set out by the Regulation Officer.

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. Where specific improvements are required, these are set out in detail and accompanied by a defined improvement plan at the end of the report.

¹ 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
Policies and Procedures	Review of the organisations internal online platform
Written Agreements	Review of the services Service Level Agreement
Key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Recruitment, onboarding and safer recruitment records, including DBS checks, reference verification processes and recruitment documentation. Staff training, qualification, registration and competency records. Fire safety, emergency preparedness and health and safety documentation, including PEEPs, fire testing and evacuation arrangements. Medication management records, audits and competency assessments. Governance and quality assurance records. Discussions with the Registered Manager regarding staffing, workforce deployment and multidisciplinary support arrangements.
Is the service effective and responsive	Statement of Purpose, service information and accessible communication resources. Care records, care plans, risk assessments and decision-making documentation. Multidisciplinary assessments, reviews and professional involvement records. Healthcare monitoring, hospital admission and healthcare appointment records. Electronic care recording systems, handover arrangements and communication processes. Staff training, workforce development and professional registration records. Activity planning, community access documentation and feedback surveys. Discussions with staff regarding care planning, reviews and information sharing.
Is the service caring	Sample care receiver files and person-centred care planning documentation. Risk assessments, capacity assessments, decision-making records and emergency planning documentation.

	Daily care records and healthcare monitoring documentation. Activity records and participation documentation. Direct observations of care and staff interactions. Feedback from care receivers and relatives. Discussions with staff regarding person-centred care, communication and promoting choice, dignity and independence.
Is the service well-led	Ward Accreditation (Jersey Nursing Assessment Accreditation System) report and associated improvement actions. Governance, audit and quality assurance documentation. Health and safety, fire safety and medication oversight records. Supervision, appraisal, workforce development and training records. Workforce planning, recruitment monitoring and staffing information. Staff, professional and stakeholder feedback. Governance and oversight arrangements operating through Health and Care Jersey.

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The Regulation Officer reviewed a range of records relating to health and safety, medication management and quality assurance. The home operates within the wider governance framework of Health and Care Jersey and has systems in place to monitor incidents, safeguarding concerns, medication management, infection prevention and control, fire safety, and wider health and safety matters. Evidence reviewed included audit records, meeting minutes, health and safety checks and governance reports.

Fire safety arrangements, including fire drills, alarm testing PEEPs were also reviewed. Records evidenced that routine checks were completed and that systems were in place to review and respond to recommendations arising from both external inspections and internal audits. The Registered Manager described the use of scenario-based discussions with staff to support effective emergency responses and ensure consideration is given to the individual needs during an evacuation.

The Registered Manager demonstrated oversight of medication management through regular auditing processes, monitoring arrangements and staff competency assessments. Records reviewed evidenced ongoing monitoring of medication administration practices and demonstrated that action was taken where improvements or learning opportunities had been identified.

On 30 June 2026, the Regulation Officer attended a joint visit with Jersey Fire and Rescue Service. Following the visit, the Fire Safety Inspector identified a number of minor deficiencies relating to emergency lighting, evacuation procedures and fire door management. During the inspection, these findings were discussed with the Registered Manager, who demonstrated an awareness of the recommendations and advised that the matters had been escalated through the appropriate Health and Care Jersey property and maintenance processes for action.

The Registered Manager also confirmed that progress had already been made in addressing some of the issues identified, including measures to improve access and ensure external escape routes remained unobstructed. In addition, emergency evacuation arrangements had been reviewed to ensure they reflected the needs of care receivers.

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 reviewed the home's Statement of Purpose and supporting documentation. The information reviewed described the aims and objectives, admission arrangements, staffing structure and the support available to care receivers. The documentation demonstrated the home's commitment to supporting adults with learning disabilities through person-centred and individualised care.

Care records reviewed evidenced involvement from a range of health and social care professionals, including occupational therapists, social workers, nursing staff and other specialist services where required. Documentation demonstrated ongoing assessment, healthcare monitoring, risk management processes and multidisciplinary involvement in care planning and review arrangements.

The Registered Manager demonstrated systems for monitoring staff training, supervision and professional development. Training records and governance documentation evidenced ongoing oversight of mandatory training requirements and professional registration responsibilities.

The Registered Manager also demonstrated systems for sharing information between staff, including structured handover arrangements, electronic recording systems and review processes. Records reviewed evidenced arrangements to support continuity of care and ensure that relevant information was communicated appropriately between staff and external professionals.

Records relating to healthcare appointments, community engagement and activity planning demonstrated that care receivers were supported to access healthcare services and take part in activities that were meaningful to them. The home works with families and professionals to respond when people's needs or support change.

Is the service caring?

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

The Regulation Officer reviewed a sample of care records and found them to be organised and reflective of individuals' assessed needs. Documentation reviewed included person-centred care plans, risk assessments, communication information, healthcare documentation, hospital passports and emergency planning arrangements. The records demonstrated consideration of individual preferences, support needs and healthcare requirements.

Care records also evidenced ongoing review and monitoring and demonstrated involvement from relevant professionals where required. Documentation reviewed included assessments relating to health, mobility, nutrition, communication and wellbeing. Records contained information to support staff in delivering care that reflected each person's individual needs, preferences and circumstances

Interactions observed between staff and care receivers were positive and respectful. Staff demonstrated a good understanding of the care receivers they supported and provided assistance in a manner that promoted dignity, choice and independence.

During the inspection, the Regulation Officer observed a care receiver taking part in an activity with a member of staff in a shared area. The care receiver joined in with the activity and interacted with both the staff member and the Regulation Officer. The staff member stayed with the care receiver throughout, offering help and encouragement when needed and responding to the person's communication and support needs.

The Regulation Officer had the opportunity to speak with the care receiver, who shared their views about the home. The care receiver spoke positively about the support they received and the staff who supported them.

The observation showed that staff knew the care receiver well and supported them at a pace that suited them.

Staff encouraged the care receiver to take part in an activity that was meaningful to them. Communication between the staff member and the care receiver was respectful and focused on supporting the person to be involved.

This was consistent with the home's stated approach to supporting care receivers to take part in activities, stay involved and receive care that met their individual needs.

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 Regulation Officer reviewed the organisation's internal document management system, which gives staff access to Health and Care Jersey policies, procedures and guidance. The Registered Manager showed how staff can find the most up-to-date policies and guidance. The Regulation Officer noted that policies and procedures were easier to access and better organised than at the previous inspection.

Evidence development on was also provided to show that further work is continuing. Based on the evidence reviewed, the Regulation Officer was satisfied that sufficient progress had been made and the previous area for improvement relating to access to policies and procedures is now considered addressed.

The Regulation Officer reviewed a service level agreement and considered this against the requirements of the Jersey Care Commission Care and Support Services with Accommodation Standards. Whilst the agreement contained information regarding the purpose of the placement, care provision, staffing arrangements, clinical decision-making, review arrangements and complaints processes, further development is required to ensure it fully reflects the requirements of the standards.

The agreement did not consistently demonstrate how individuals and/or their representatives had agreed to the placement and associated terms, nor did it clearly set out all elements expected within a written agreement, including details relating to the services to be provided, arrangements for reviewing the agreement, and clear information regarding rights, responsibilities and ending the arrangement. As a result, this remains an area for improvement for the Registered Provider.

A range of governance and quality assurance systems operate within the home. The Registered Manager demonstrated oversight through audits, provider monitoring reports, governance meetings, team meetings and wider quality assurance processes operating within Health and Care Jersey. Governance documentation evidenced the monitoring of incidents, safeguarding concerns, complaints, health and safety matters, staffing, training and service improvement activities.

The Registered Manager described the arrangements in place for reviewing quality and safety at Pine Ridge and demonstrated how findings arising from audits and inspections were monitored through established governance structures. Evidence reviewed demonstrated that actions identified through audits, reviews and inspections were discussed, monitored and progressed through formal management processes.

The home maintains systems to monitor staff supervision, training and professional development. Sample supervision records reviewed demonstrated meaningful discussion relating to performance, wellbeing and professional development. The Registered Manager provided assurance regarding the systems in place to monitor staff support and oversight.

The Registered Manager also described access to management and clinical support through Health and Care Jersey arrangements, including on-call systems and specialist learning disability support. Staffing challenges were reviewed through workforce planning processes, and priority was given to ensuring that care receivers assessed needs continued to be met.

The home seeks feedback from relatives through surveys and other quality assurance mechanisms, and this information is used to inform ongoing service development and continuous improvement. Feedback reviewed was positive and showed that relatives felt staff provided caring and person-centred support.

Professional feedback described the home as responsive, well-led and committed to maintaining safe and effective care. Professionals feedback also highlighted positive multidisciplinary working, effective communication with leadership and a commitment to person-centred support. Professionals also reported that the home responds promptly when care needs change and that care documentation supports collaborative working.

Staff feedback demonstrated positive views in particular the support provided. Staff reported feeling confident in reporting concerns and incidents and described communication within the home as clear. Responses indicated that staff felt able to support care receivers to make choices, promote independence and provide person-centred care. Staff also described positive relationships with colleagues, nursing staff and management and described a culture of teamwork and mutual support.

Several staff described feeling proud to work at Pine Ridge. Feedback from both staff and professionals was largely positive and reflected a culture focused on providing person-centred care and support.

A number of staff discussed occasional challenges relating to staffing levels and communication, which were discussed with the Registered Manager, who advised that recruitment was underway to strengthen staffing levels and support continuity of care.

The Registered Manager described a proactive approach to workforce planning, with recruitment, retention and staffing requirements routinely reviewed through management oversight and governance arrangements. These measures were intended to ensure the home maintained sufficient number of suitably skilled and experienced staff to meet the needs of care receivers.

Overall, Pine Ridge continues to provide a valuable respite service for adults with learning disabilities and complex needs, supporting individuals and their families through planned short-break arrangements. Evidence reviewed during this inspection demonstrated that care receivers were supported by staff who understood their individual needs and preferences, and that systems were in place to promote safety, wellbeing and continuity of care. The home benefits from established governance arrangements and multidisciplinary working, and positive progress has been made in addressing one of the areas for improvement identified at the previous inspection. Whilst one area for improvement remains in relation to written agreements, the findings of this inspection were otherwise positive and demonstrated a continued commitment to providing person-centred respite care

IMPROVEMENT PLAN

There is one area 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 2. 3 Regulation 6, 8 To be completed: by 31/12/2026	The Registered Provider must ensure that a written agreement states how the service will be provided to meet the needs of the person receiving care. It will set out terms and conditions, how the service will be delivered, and how it may be reviewed or ended. Response by the Registered Provider: The Registered Provider will introduce a clear written agreement outlining how the service will meet each person's assessed needs. The agreement records care arrangements, capacity and best-interest considerations, involvement of relatives or representatives, funding arrangements, review processes, and the provision of key information about the service. It also includes a dedicated compliance section to evidence that individuals and/or their representatives have received information in an accessible format and understand the care being provided.
--	--

To ensure there is clear evidence that the required improvements have been made, the following action will be taken:

- The Provider must submit written confirmation to the Commission when the areas of improvement have been achieved

These actions will be used to track progress, confirm completion, and provide assurance that the necessary improvements have been achieved.

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.



Jersey Care Commission

1st Floor, Capital House

8 Church Street

Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je