



**Jersey Care
Commission**

INSPECTION REPORT

**St Joseph's Residential and Nursing
Home**

Care Home

**St Johns Road
St Helier
JE2 4XZ**

**Inspection Dates
18, 19 and 26 August 2026**

**Date Published
14 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 St Joseph's Residential and Nursing Home. The Care Home is operated by LV Group Limited and there is a registered manager in place.

Registration Details	Detail
Type of regulated activity	Care Home Service
Mandatory Conditions of Registration	
Categories of care	Adult 60+, dementia care
Maximum number of care receivers	118
Maximum number in receipt of nursing care	75
Age range of care receivers	60 and above
Maximum number/category of care receivers that can be accommodated in each room	Rooms 1-16, 17-32, 49-67, 101-106, 108-109, 111-112, 112a, 113-114, 114a, 116-118, 118a, 119, 119a, 120-123, 201-206, 208-227, one person. Rooms 33-48, one person, dementia care. Room 115, one-person, personal care only.
Discretionary Conditions of Registration	
None	
Additional information	
The Commission approved a variation on 9 April 2026 to increase the overall bed capacity at the home to 118 with 75 for nursing care and 43 for personal care.	

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 first inspection visit was unannounced, while the second and third visits were announced. Unannounced inspections enable regulation officers to observe the service under normal operating conditions and to assess its ongoing compliance with regulatory requirements.

Two regulation officers were present for the first visit and one for the second and third day. References to who gathered the information during the inspection may change between 'the Regulation Officer' and 'regulation officers.'

Inspection information	Detail
Dates and times of this inspection	18, 19 and 26 August 2026 09:30-16:00, 07:45-15:47 and 13:30-16:53
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	100
Date of previous inspection	15, 17, 18 & 22 September 2025.
Areas for improvement noted at the last inspection	Two
Link to the previous inspection report	RPT SJ Inspection 20250922.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 reviewed during the inspection, and it was positive to note that both areas identified for improvement had been addressed. Evidence was seen of a comprehensive training log that accurately records staff mandatory and specialist training. Furthermore, the provider had undertaken a comprehensive review of policies and procedures, with appropriate updates made to ensure they remained current and available to staff.

There were no areas for improvement identified from this inspection.

4.2 Observations and overall findings from this inspection

A particular strength of the home is that, despite its size, it provides a warm and welcoming environment that does not feel like a large care setting. This is supported, in part, by the home's layout, which is divided into six distinct units. While the size and geographical spread of the premises might not naturally lend themselves to a homely atmosphere, the management team and staff consistently create an environment that feels relaxed, comfortable, and person-centred. This was evident throughout the inspection and reflects a positive culture within the home.

The home is also undergoing a programme of refurbishment, which is being completed on a phased, unit-by-unit basis. Careful planning and oversight have ensured that disruption to care receivers has been kept to a minimum, with limited noise and minimal impact on the day-to-day operation of the home.

The home is well led and effectively managed. The Registered Manager demonstrated exceptional knowledge of care receivers, staff and the day-to-day operation of the home. They maintain a strong understanding of individual needs, staff strengths and team dynamics, enabling informed decision-making and effective oversight.

The Registered Manager is supported by two deputy managers, with responsibility for the residential and nursing units respectively. Together, the management team provides strong leadership and clear operational oversight across the service. In addition, a staff member currently working as a team leader has expressed an interest in progressing to a Deputy Manager role in the future.

The management team's proactive approach enabled potential issues to be identified and addressed at an early stage, reducing risks and promoting continuous improvement. This was evident throughout the inspection, particularly in relation to incident management, organisational learning, quality assurance processes, and staff support and development. The management team demonstrated a commitment to maintaining high standards of care and fostering a positive culture within the home.

Feedback from care receivers and their relatives was consistently positive regarding the quality of care provided and the range of activities available within the home. Care receivers also spoke positively about the food offered, highlighting both the quality of meals and the choice available to them.

Staff feedback demonstrated that team members had a clear understanding of their roles and responsibilities and felt well supported by both their colleagues and the management team. Staff described a positive working environment, with access to guidance and support when required, contributing to the effective delivery of care.

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, variation requests and notification of incidents.

The Regulation Officer gathered feedback from eleven care receivers and seven of their representatives. They also had discussions with the service's management and eight other staff. Additionally, feedback was provided by three professionals external to the service.

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

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and provided final feedback by email on 3 September 2026.

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

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

5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	Evidence Reviewed
Training log	Training log Competencies Feedback from Registered Manager and staff
Policies and procedures	Medication Policy Duty of Candor Policy Staffing Policy
Key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Tour of the environment Dependency Assessment tool Staffing rotas Incident log SRoL authorisations Staff recruitment files Maintenance records Feedback from care receivers, staff, relatives and health professionals
Is the service effective and responsive	Observation Activity schedule Tour of the kitchen and laundry Feedback from care receivers, staff, relatives and health professionals
Is the service caring	Handover sheet Observation of staff handover Care plans Risk Assessments Feedback from care receivers, staff, relatives and health professionals
Is the service well-led	Induction paperwork Training log Competency documentation Appraisal and supervision records Sample of policies Monthly Reports Review of audits

	Feedback from care receivers, staff, relatives and health professionals.
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6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The home continues to invest in improvements to the environment through an ongoing refurbishment programme. Planned works include the installation of a comprehensive sprinkler system and the redecoration of units within the home and some communal areas. To minimise disruption to care receivers and ensure works can be completed safely, admissions are being restricted during the refurbishment period.

The Registered Manager reported that the contractors are mindful of the potential impact of the works on care receivers and have agreed specific working arrangements to reduce disruption, including limiting noisy activities to designated times. No noise from the builders was evident during a tour of the environment on the first inspection visit.

The Registered Manager also advised that the Provider was supportive of decisions regarding furniture, furnishings and décor, helping to ensure the environment remained comfortable and homely for care receivers.

Longer-term plans for the home include the conversion of the chapel into a communal space that can be accessed and enjoyed by all residents, further enhancing the facilities available.

There was evidence of safe staffing arrangements within the home, with staffing levels exceeding the minimum requirements set out in the Standards. The Registered Manager described how a dependency assessment tool is used to inform workforce planning and determine the level of support required by care receivers.

The outcome of the July dependency assessment was reviewed during the inspection and demonstrated that dependency levels are calculated using a range of factors, including the time required to support personal care needs and medication administration.

The Registered Manager further explained that higher dependency scores also take account of dementia-related care needs, supervision requirements, and support with nutrition and hydration. This is an example of good practice, as it promotes a holistic assessment of dependency and helps ensure that staffing arrangements are responsive to the complexity of care receivers' needs.

The assessment identified that the majority of care receivers had high levels of dependency. This was reflected in the staffing arrangements in place and was verified through a review of staffing rotas, which demonstrated that staffing resources had been planned and deployed in accordance with assessed need.

During discussions with the Registered Manager regarding notifications submitted to the Commission, there was clear evidence of effective incident reporting, analysis and organisational learning. One example related to falls management.

When asked whether the home reviewed patterns and trends associated with falls, including the times at which they occurred, the Registered Manager confirmed that this information was routinely monitored.

The Registered Manager provided an example where an increase in falls had been identified within a particular unit of the home. Through analysis of the incidents, the Registered Manager and Deputy Manager identified a pattern of falls occurring at a specific time during a shift. This was addressed through supervision and discussions with the staff team, leading to a review of working practices and routines during that period. As a result, appropriate changes were implemented to reduce the likelihood of further falls.

This demonstrates good practice in relation to incident management and organisational learning, as information gathered through reporting processes was actively used to identify trends, inform improvements and reduce risks to care receivers.

The Registered Manager explained that a recent review had identified a misunderstanding regarding significant restrictions on liberty (SROL) submissions, resulting in a discrepancy between the number of SROL authorisations held by the home and those notified to the Commission.

As a result of the discussions, the Registered Manager demonstrated a clear understanding of the SROL notification requirements and the process to be followed going forward. Appropriate systems were in place to support timely notifications and renewals, providing assurance that future submissions would be managed in accordance with the Standards.

A medication inspection was undertaken by the Pharmacist Inspector on 11 August 2026. It was positive to note at this inspection that the Registered Manager had already acted on several of the recommendations made. This included the development of a pharmacist consent form to support medication manipulation and amendments to the Medication Administration Records (MARs) to ensure that the covert administration of medication is clearly identified.

The actions taken demonstrated a proactive response to the inspection findings and a commitment to strengthening medication management practices within the home. The regulation officers were satisfied that sufficient progress had been made in implementing the recommendations and that the actions taken were in line with the Standards. Consequently, this did not warrant inclusion as an area for improvement from the current inspection.

A review of a sample of staff recruitment files demonstrated that recruitment practices were safe and values-based, with a clear focus on staff development, retention and wellbeing. The home reported no reliance on agency staff and good availability of bank care staff. Feedback from one member of staff indicated that further strengthening the availability of bank Registered Nurses would be beneficial. Overall, the staffing arrangements in place were considered to provide a stable and consistent workforce for care receivers.

Discussions with the maintenance team demonstrated that the home had effective systems in place for reporting, monitoring and managing maintenance issues.

A sample of records was reviewed, including the fire evacuation strategy, lift servicing records, Legionella certificates, and equipment servicing records. These documents provided assurance that key equipment, systems and safety measures were subject to regular inspection, servicing and maintenance.

It was also evident that consideration had been given to maintaining fire safety during the ongoing refurbishment programme. A temporary fire escape route had been established to ensure safe evacuation arrangements remained in place throughout the works. This demonstrated a proactive approach to risk management and business continuity while improvement works were being undertaken.

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 home employs two full-time and one part-time activity coordinators. During the second inspection visit, one of the activity coordinators was observed preparing for a carnival-themed event scheduled to take place the following day, this included several props such as a big tent, clowns and the chef was planning to serve candy floss. Another themed event that had taken place recently had been entitled 'under the sea'.

Feedback from care receivers, relatives and healthcare professionals regarding the activities provided by the home was overwhelmingly positive. Throughout the inspection visits, the Regulation Officer had observed a range of activities taking place, including boxing sessions and baking activities, which supported care receivers to remain engaged and active.

The home also benefits from extensive garden facilities, which provide opportunities for outdoor activities such as barbecues and social events.

In addition, the garden includes a football goal and swing, creating a safe and welcoming space for younger family members visiting the home. One relative commented that these facilities contributed to the home's homely and family-oriented atmosphere.

The home also benefits from a minibus, a van and two cars which can be used to provide transport for care receivers for appointments or activities.

On the second inspection visit, the Regulation Officer spent time in the main dining room observing lunchtime practices and speaking with care receivers. There was a relaxed and sociable atmosphere, with care receivers engaging comfortably in conversation at their tables. Staff were present throughout the dining room, providing support and assistance where required, including helping care receivers with eating and drinking in a respectful and unhurried manner.

Feedback regarding the food was largely positive, and the kitchen had recently achieved a five-star rating from Environmental Health. One care receiver expressed the view that further investment could be made in the food provision; however, this was not reflective of the overall feedback received, which was positive regarding both the quality of meals and the choice available.

The Registered Manager advised that there is currently a waiting list for the home. Information regarding the home's private fees is publicly available on the service's website.

All prospective care receivers are assessed prior to admission using a pre-admission assessment process. Individuals are also invited to visit the home before admission to help ensure that the service can meet their needs and expectations.

Is the service caring?

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

On the second inspection visit, the Regulation Officer attended the morning handover for two of the units within the home. This was held in a quiet space, where all staff could receive the handover from the night nurse. A handover sheet is used to aid the process, which contained important information concerning fundamentals of care, medication and any concerns.



Families of the residents are made to feel welcome and become part of the 'home'.

A sample of six care plans was reviewed on the electronic care planning system. The Registered Manager explained that the organisation is in the process of transitioning back to the FUSION system following difficulties experienced with the previous system.

The care plans reviewed demonstrated a good balance between providing sufficient detail and remaining concise, ensuring that key information required to support care receivers was readily accessible to staff. There was evidence of regular daily updates and monthly reviews.

However, one health professional expressed a view that care plans were not always updated in a timely manner. The health professional raised this matter directly with the Registered Manager, who took appropriate action in response and ensured that the relevant records were reviewed and updated. This demonstrates a responsive and proactive approach to addressing feedback and maintaining accurate care documentation.

Feedback from relatives was overwhelmingly positive regarding the care and support provided within the home, the quality of communication, and the responsiveness of the management team when concerns were raised.

Staff echoed these views and, when asked to identify the home's strengths, frequently highlighted the high standard of care and support delivered to care receivers.

The development of pressure ulcers within the home was discussed with the Registered Manager. The Registered Manager advised that four pressure ulcers had developed since the last inspection. All had subsequently healed following appropriate interventions and support from the Family Nursing and Home Care service. The home follows the Island-wide pressure ulcer management framework and adopts a proactive approach to prevention and management. This includes close partnership working with the kitchen team to provide additional nutritional support, such as high-protein diets and milkshakes where required. Families are informed when a pressure ulcer is identified and are kept updated on the care, treatment and management arrangements in place.

Discussions with the Registered Manager provided assurance that appropriate clinical support arrangements were in place within the home. There was evidence of effective multidisciplinary working in relation to pressure ulcer management, end-of-life care and dysphagia support. The home has its own syringe driver for end-of-life care, which had recently been serviced and is regularly calibrated. The home also works closely with the Speech and Language Therapy (SALT) team to support care receivers who require thickened fluids, with prescribed thickener levels clearly documented and followed in practice.

These arrangements demonstrated a proactive and collaborative approach to meeting the healthcare needs of care receivers and provided assurance that they had timely access to specialist support when required.

The Registered Manager explained that care staff are allocated to individual units for periods of up to six months, which helps to promote continuity and consistency of care for care receivers. Staffing arrangements are regularly reviewed in consultation with the deputy managers, including consideration of staff fatigue, sickness absence, team dynamics and any emerging workforce concerns.

When allocating staff, consideration is given not only to qualifications and experience, but also to individuals' skills, strengths and personal attributes, helping to ensure an appropriate mix of staff is available to meet the needs of care receivers.

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 inspection findings demonstrated strong and effective leadership within a large care home environment that is currently undergoing refurbishment. The Registered Manager explained that staff turnover is low and highlighted a range of measures in place to support staff wellbeing and retention. These include access to a pension scheme and healthcare benefits. The Registered Manager also described the home's sickness absence management procedures, which provide additional support and review where staff experience three episodes of sickness absence within a six-month period. These arrangements demonstrate a proactive approach to supporting staff wellbeing and maintaining a stable workforce.

New staff complete a comprehensive induction programme, which typically lasts two weeks but may be extended to meet individual learning and support needs. Staff are required to complete the Care Certificate during their probationary period. The Registered Manager explained that progression to a relevant Regulated Qualification Framework (RQF) qualification is considered on an individual basis, taking account of each person's development needs, aptitude and commitment to learning. At the time of the inspection, two members of staff were due to commence RQF qualifications through the next intake programme at Jersey General Hospital.

In recognition of the needs of staff whose first language is not English, the home is introducing a pilot support programme. The Registered Manager explained that the initiative is due to commence in September and is designed to support staff undertaking their RQF qualifications through an approach tailored to their individual learning needs. Eight members of staff have been enrolled to attend evening classes as part of the programme.

This demonstrates a commitment to staff development, inclusion and retention by providing targeted support to help staff achieve recognised qualifications and progress in their roles.

The Registered Manager explained that staff identified as having the potential to progress into senior roles are supported to undertake relevant training and development opportunities in advance of vacancies arising. This typically includes completion of a Level 3 RQF qualification and the medication module. The Registered Manager advised that this forms part of the home's succession planning strategy, ensuring staff develop the skills, knowledge and competence required to progress into more senior positions when opportunities become available.

The home demonstrated a reflective and proactive approach to staff development by recognising the need to further enhance staff knowledge of dementia care. While staff receive foundation-level dementia training, the Registered Manager acknowledged that additional training was required given the number of care receivers living with dementia and following a recent incident, which highlighted the importance of staff having a deeper understanding of dementia-related behaviours. As a result, dementia-specific training is being developed to support staff in better understanding, interpreting and responding to behaviours associated with dementia. The programme aims to enhance staff knowledge of the underlying causes of behavioural changes and distress, enabling them to deliver more effective, person-centred support. Emphasis will be placed on helping staff analyse behaviours, identify potential triggers and adapt their approach to meet individual needs.

Training is delivered through a combination of face-to-face sessions and e-learning. Specialist training is provided by appropriately qualified organisations and trainers, including Hospice for end-of-life care, the Safeguarding Partnership Board (SPB) for safeguarding, and the organisation's dedicated trainer for first aid and manual handling.

Samples of medication competency framework records were reviewed during the inspection. These covered key aspects of medication management, including medication administration, training, policy awareness, record keeping and the reporting of medication errors.

Staff responsible for completing annual medication competency assessments had received refresher training during the previous week and have their competency checked by an independent nurse.

A sample of completed competency assessments was also reviewed, which provided evidence that staff had been assessed as competent in relation to medication management. This provided assurance that appropriate systems were in place to maintain staff competency.

The Registered Manager explained that staff training is a priority and that additional investment is made where necessary to ensure staff have the skills and knowledge required to meet the needs of care receivers. This demonstrates a commitment to maintaining a competent workforce and supporting the delivery of high-quality care.

Appraisal records for a sample of three staff members were reviewed and demonstrated a structured approach to performance management and professional development. Staff were encouraged to reflect on their own practice in advance of the appraisal process, including their approach to work, quality of performance and leadership skills. This supported meaningful two-way discussions and helped identify development opportunities.

Supervision records also evidenced consistent and ongoing support for staff. A supervision record for one staff member contained a detailed account of work-related discussions, agreed actions and feedback, providing evidence of effective performance management and professional development.

A sample of policies was reviewed during the inspection. It was positive to note that the service had implemented a Duty of Candour Policy. The policy incorporates the key principles of openness and transparency and provides guidance on the actions required when unintended incidents occur. This includes the requirement to communicate openly with those affected, offer an appropriate apology and ensure that individuals are kept informed throughout the process.

The policy also includes practical examples of incidents that may trigger the duty of candour, helping to support staff understanding and promote a culture of openness, accountability and learning within the service.

There was evidence of appropriate quality assurance and monitoring processes in place, including a programme of regular audits and a monthly quality assurance review undertaken by a representative of the provider. Audit activity covered key areas of the service, including care documentation, medication management and nutrition. The frequency of audit cycles varied depending on the area being reviewed and ranged from weekly to six-monthly. Evidence reviewed during the inspection confirmed that audits had been completed in accordance with the established schedule.

These arrangements provided assurance that the quality and safety of the service were subject to regular oversight and review, supporting the identification of improvements and the maintenance of standards.

What care receivers said:

I like living here, the staff are caring.

I like the activities; you can pick what you want to do.

I have recently moved in, it was a smooth transition and I feel settled.

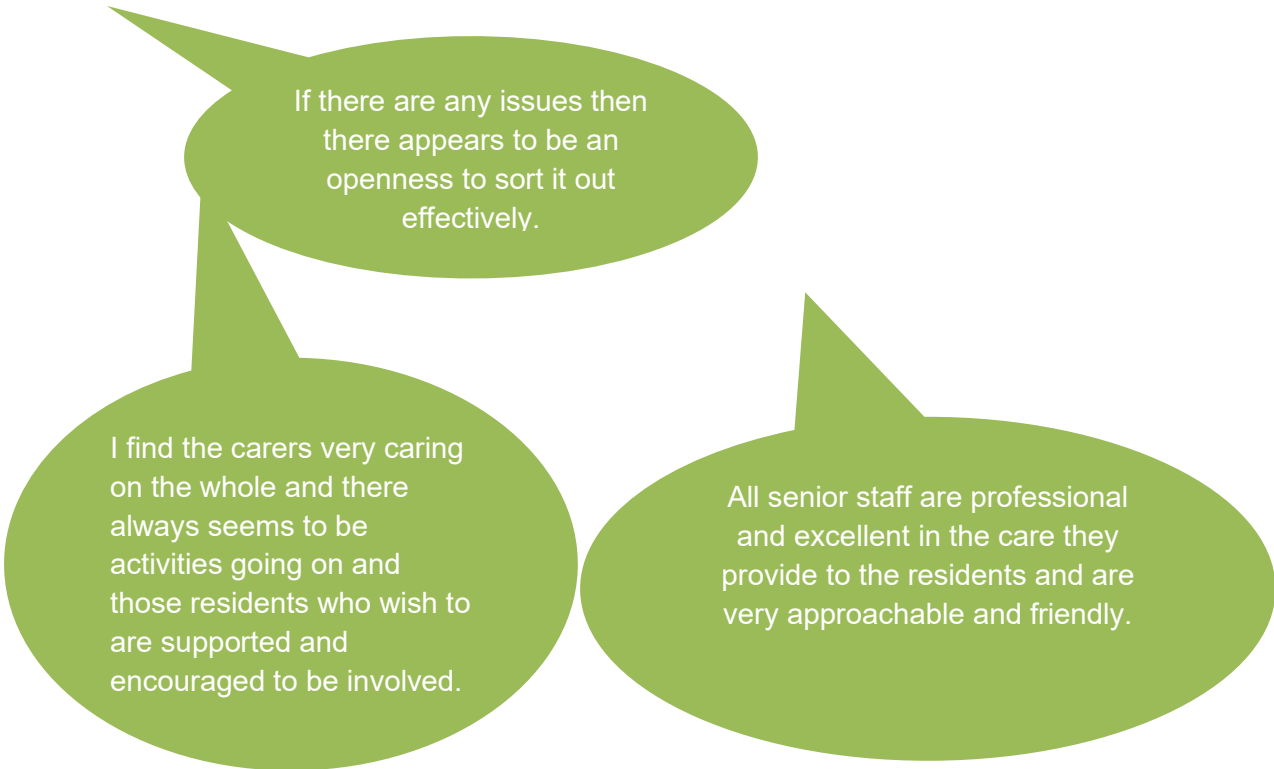
What relatives said:

The care and the home's staff, from the Registered Manager and Deputy Managers through to the whole team, are amazing.

I have been impressed with the communication from the nursing staff. They keep me updated with anything new happening with Xxx and I feel comfortable approaching them with any questions or concerns.

Views of external professionals:

The staff want to learn and develop and continue to give great care.



If there are any issues then there appears to be an openness to sort it out effectively.

I find the carers very caring on the whole and there always seems to be activities going on and those residents who wish to are supported and encouraged to be involved.

All senior staff are professional and excellent in the care they provide to the residents and are very approachable and friendly.

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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