Jersey Care Commission

INSPECTION REPORT

Longfield Villa

Care Home Service

La Rue du Bocage
St Peter
JE3 7AS

Inspection Dates

14 and 16 October 2026

Date Published
2 November 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 Longfield Villa care home. This care home service is operated by Apex Nursing Agency Limited and there is an interim manager in place.

Registration Details	Detail
Type of regulated activity	Care Home
Mandatory Conditions of Registration	
Categories of care	Mental Health; Learning disability
Maximum number of care receivers	20
Age range of care receivers	25 and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1-20 – one person
Discretionary Conditions of Registration	
None.	
Additional information	
The Commission received an application for a new Registered Manager on 27 August 2025, which resulted in registration on 25 September 2025. On the 17 July 2026 the Commission were advised that the Registered Manager would be leaving on 31 July 2026 and interim manager arrangements were in place from this date.	

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 found that the interim manager arrangements remained in place, however progress had been made in recruiting a new home manager, with the view to lodging an application in due course.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Interim Manager seven days prior to the first inspection visit. This was to ensure that the Interim Manager would be available during the visit and to ensure that people living in the home were fully informed. This was considered important because the home operates as a domestic environment, and the Regulation Officer wanted the care receivers to be aware of the inspection.

Inspection information	Detail
Dates and times of this inspection	14/10/2026 – 8.40 am to 4.10 pm
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	20
Date of previous inspection	22/10/2025
Areas for improvement noted at the last inspection	None
Link to the previous inspection report	RPT_LGFV_Inspection_20251022.pdf

3.2 Focus for this inspection

This inspection included a focus on these specific new 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

Overall, the inspection provided positive assurance across the safe, effective and responsive, caring and well-led domains. Safe recruitment, induction and staffing arrangements were well established, with staffing regularly exceeding minimum requirements and training tailored to the mental health and other needs of care receivers.

Safeguarding, complaints and notifiable events were appropriately managed, while improvements in incident analysis and organisational learning were identified as good practice. Medication arrangements met the Standards with strengthened auditing processes.

Care was supported by person-centred assessment, care planning and regular review, with appropriate access to external professional expertise. Effective handovers and staff meetings promoted communication and continuity of care. Care receivers were supported to exercise choice and independence, including decisions about activities, food and daily routines. A caring culture was evident through observations and feedback. Staff interactions were warm and compassionate, with privacy, dignity and consent respected. Admission and transition arrangements reflected individual circumstances, while capacity decisions, advance care planning and relevant legal arrangements were appropriately considered.

Leadership and governance arrangements provided effective oversight of the service. Quality assurance had strengthened since the previous inspection, with increased auditing and appropriate monthly management reporting. Staff supervision, appraisal and wellbeing arrangements were well established. Staff survey responses were consistently positive regarding management support, supervision, staffing, training and opportunities to contribute to the service.

Overall, the inspection demonstrated an experienced leadership team, a stable and supported workforce, and a person-centred culture focused on safe care, positive outcomes and continuous learning.

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, variation requests and notification of incidents.

The Regulation Officer gathered feedback from two care receivers and four of their representatives. They 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 Interim Manager and the Assistant Home Manager and followed with the findings of the inspection by email on 27 October 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	Safe recruitment Practice Induction policy and practice Training records Staff rotas Review of notifiable events Complaints management Speak-up staff culture Health and safety (incident, accident and near miss management) Health and Safety (electrical, water, sire and infection prevention and control) Safeguarding policy and practice Medication administration Safety of the environment
Is the service effective and responsive	Statement of purpose Information provided to care receivers Contracts and fees Use of Island-wide frameworks, strategies and policies Activities and social wellbeing of care receivers Meeting individual needs Feedback from professionals
Is the service caring	Observations of care delivery Initial assessment process Care plans and risk assessments Daily notes Advance care planning Lasting Power of Attorney and Delegate management Care receiver consent, choice and control Internal surveys Delegated task training and competency Feedback from care receivers and their relatives
Is the service well-led	Service development plan Quality assurance activity and monthly reports Policies and procedures Approach to discrimination Supervision and appraisal of care staff Wellbeing off to care staff Assessment of leadership Commission's staff survey Feedback from care staff

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Safe recruitment processes were well established. A sample of two recently recruited care staff demonstrated that Disclosure and Barring Service (DBS) checks and satisfactory references had been obtained before employment commenced. Personnel records included appropriate supporting documentation, including application forms, interview records and relevant consents. The service had arrangements for reviewing the continued suitability of staff through renewed DBS checks and was moving towards use of the DBS Update Service. Recruitment arrangements also incorporated values-based recruitment, safeguarding-focused interviews and checks of identity, qualifications and right to work.

The induction arrangements for the two recently recruited staff were also viewed. Records demonstrated completion of induction and subsequent probationary reviews, including midpoint and six-month reviews undertaken as part of supervision. The induction and probation framework included buddy arrangements, competency assessment and documented feedback. This provided assurance that new staff were supported and assessed as they became established within the service.

Staffing rotas demonstrated that staffing numbers met the minimum requirements within the Standards and, on a regular basis exceeded these. Staff retention was reported to be strong, with only one member of staff having left since the last inspection in October 2025. The inspection evidence also recorded that most staff held the relevant Regulated Qualifications Framework Level 2 diplomas required to support compliance with the qualified and competent workforce expectations within the Standards.

Training was managed through an electronic system which monitored mandatory and supplementary training and identified when updates were required, with an emphasis on communication, mental health, learning disability and de-escalation, recognising the needs of the individuals who live in this home.

Staff had also received face-to-face training in capacity and self-determination since the last Inspection in October 2025. The inspection findings evidenced that training arrangements were sufficient to support staff in meeting the individual needs of care receivers.

There were appropriate arrangements for responding to significant events and concerns. Notifiable events viewed during the inspection had been appropriately managed, as were the resulting actions undertaken. Complaints made directly to the Commission and those contained within the service's complaints log were reviewed, with the home's responses considered appropriate. Where necessary, written outcomes had been provided following investigation. Safeguarding referrals were similarly found to have been appropriately made and responded to in relation to identified risks concerning care receivers and staff.

The service had also undertaken work with staff to improve confidence in raising concerns when care was considered inappropriate or capable of improvement. Staff survey evidence gathered as part of the inspection indicated improvement in this aspect of workplace culture.

A review of health and safety arrangements across the home demonstrated that this was a priority. Fire safety arrangements, including personal emergency evacuation plans, fire drills and testing, alongside water safety, electrical testing and infection prevention and control processes, were found to be satisfactory. The home continued to hold a five-star Eat Safe rating, meaning the home has a very high standard of food safety practice.

Incident, accident and near-miss management had also improved since the previous inspection, with stronger management analysis, follow-up responses, attention to staff wellbeing and an emphasis on organisational learning. This was identified as an area of good practice.

Medication management was reviewed through care plans, medication administration records, audits, storage and disposal arrangements, PRN protocols and annual competency assessments. These arrangements met the expectations within the Standards.

Improvements since the last inspection included more regular audit activity, updated photographs of care receivers and date labelling of medicines. A qualified nurse consultant was also employed to provide clinical advice and support regarding medication administration.

Particular consideration had been given to the management of clozapine, recognising the additional safeguards associated with this medicine. The management team had developed safe practice guidance to complement existing medication procedures and support staff in administering the medicine safely and consistently.

The physical environment was uncluttered and arranged in a manner that supported a comfortable and accessible living environment. Consideration had been given to the differing needs of care receivers, including those who may experience cognitive impairment, with colour differentiation used on doors and handrails to assist orientation and navigation. The environment supported the service's person-centred approach while maintaining a domestic rather than institutional feel.

One professional commented:

The home is consistently clean, well maintained and provides a pleasant environment for the 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 Statement of Purpose was reviewed and remained commensurate with the aims, objectives and proposed governance arrangements described within it.

The welcome pack provided to care receivers and relatives was attractively presented, accessible and person-centred, and included information about the service's philosophy, accommodation, care planning, staffing, meals, activities, community links, visiting arrangements and regulatory oversight. Its content also reflected principles including dignity, respect, choice, independence and person-centred care. Signed contracts were evidenced within the sampled care receiver records.

The home demonstrated awareness and use of relevant Island-wide frameworks, strategies and policies. This included accessing external support in relation to pressure ulcers and end-of-life care, providing evidence that care could be supported by appropriate external expertise and Island-wide best practice when required.

One professional commented:

The staff are approachable, responsive and communicate well with professionals involved with the care receivers.

A range of activities was available within the home, while recognising the independence and capacity of care receivers to decide whether they wished to participate. This approach supported individual choice rather than assuming participation in organised activities.

A number of care receiver records were sampled and demonstrated person-centred planning in relation to areas including falls, nutrition and hydration, and communication.

While no care receivers sampled had additional nutritional needs, individual food preferences and allergies were recorded within care plans. Individual communication requirements were also identified, including a recommendation for care staff to use an online translating service.

Daily handovers supported effective communication and continuity between shifts, with the handover document capturing relevant information for all 20 care receivers, including appointments, changing needs and additional support requirements. Monthly staff meetings provided a further opportunity to discuss operational matters and the delivery of the service.

Workplace culture was described positively, with evidence of staff supporting one another, strong staff retention and an approach based upon continuous learning.

Additional feedback from professionals:

"I visit the home every few months and have a chance to talk to the care receivers and have not received any complaints. The staff have a good rapport with the people residing in the home."

"Overall, my experience of working with Longfield Villa has been positive and I appreciate the professionalism and dedication of the staff team."

Is the service caring?

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

The initial assessment process was supported by detailed information from referring professionals concerning prospective care receivers' assessed needs and identified risks. Alongside the referral form and Activities of Daily Living checklist, this provided information to support decisions regarding the service's ability to meet an individual's needs and any risks associated with this.

Transitions into the home were planned according to individual circumstances. These could take place over a few days or extend over several weeks for people living within the community, with transitions undertaken at an appropriate pace for the prospective care receiver.

Care plans and risk assessments sampled were person-centred and subject to regular review, at least monthly or when needs changed. Plans clearly identified the need being addressed, the intended aim and the actions required to achieve this.

Advance care planning was raised regularly with care receivers, although few had chosen to engage substantively in these discussions. Where plans were in place, relevant documentation was accessible and reflected within care plans.

Appropriate documentation was also maintained where a person acted under a lasting power of attorney in respect of a care receiver, with evidence of regular communication and governance surrounding support with financial affairs, including audit and information-sharing arrangements. It was also noted that arrangements for care receivers subject to capacity decisions were effectively managed, with decisions reviewed and renewed as appropriate. Care receivers had access to advocacy services where required.

The inspection found a caring and person-centred culture. Observed interactions were warm and compassionate, with staff demonstrating respect for care receivers' privacy and dignity. This was reinforced by positive feedback from care receivers regarding the kindness of staff.

Care receivers' consent, choice and control were evident in practice. Consent was documented within sampled records and observed during the inspection, including staff knocking before entering bedrooms. Care receivers exercised choice over aspects of their lives including independence, participation in activities, and food and drink.

One relative commented:

Overall, I am grateful to the staff at the home for the care they show my Xxx who seems to be happy and settled.

Food was freshly prepared on site and care receivers were offered a varied menu with alternative meals available on request. The service regularly sought care receiver feedback, including surveys about the care they receive and the food provided. Surveys from friends, family members and visiting professionals were also recorded and were consistently positive regarding the care observed and their experience of the staff.

No delegated care tasks were being undertaken at the time of inspection. The Interim Manager demonstrated an understanding of their responsibilities in relation to the safe management and oversight of delegated care tasks, should these be required.

Additional feedback from care receivers:

"Yes, I am well-cared for and the staff are kind. The food is fantastic and I can have alternatives if I want."

"I like living here. I can dip in or out of any organised activities. The staff are kind and supportive, with some being here for decades. I enjoy the food and the cakes and the pastries are amazing."

Additional feedback from relatives:

"I have only ever observed kind and patient interactions. Staff have called whenever they have needed to update me."

“The dedication, professionalism and standard of care provided by the staff has been excellent. They have made Xxx feel welcome from the outset and settled into life at the home much more quickly than we had anticipated.”

“Communication from the home with has been consistently good, and it is a great comfort to us both to know that Xxx is living in such a calm, safe and caring environment.”

“I feel Xxx is very fortunate to have the opportunity to live in such a supportive environment.”

“I would like to express my sincere thanks and appreciation to all the staff at Longfield Villa for their continued dedication, kindness and care towards my Xxx.”

“They seem to keep the same staff, who Xxx feels comfortable with, which is really helpful.”

“I cannot fault the staff. They are always patient and attend to my Xxx needs as soon as anything is raised.”

“I have had various dealings with team leaders and have always found them to be understanding and willing to listen. I believe they have my Xxx’s wellbeing at the core of their practice.”

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 Registered Provider and Director had a development plan in place intended to maintain the home operationally and support the continued delivery of care within a comfortable and homely environment, albeit the Registered Provider reported that the premises are ageing and has limitations in terms of their longer-term operational viability.

Quality assurance had strengthened since the last inspection in October 2025. Audit activity had increased, particularly in relation to medication management, alongside greater analysis of findings and follow-up through action plans. The monthly management reports were adequate and provided a useful snapshot of the service, giving an overview of key areas of operation, governance and care delivery. These reports supported ongoing management oversight of the service.

A range of policies was sampled and found to meet the requirements contained within the Standards. The policies reviewed had been revised during the preceding year. Minor advice was provided regarding strengthening the safeguarding policy through more explicit reference to the Capacity and Self Determination (Jersey) Law 2016.

The service's approach to equality, diversity and inclusion included recognising that discriminatory behaviour could be directed towards staff and to care receivers, relatives or visitors. The relevant policy established that staff, care receivers and visitors should not be expected to tolerate discriminatory abuse and that management should provide support and take proportionate action where required.

Supervision and appraisal arrangements were consistent with expectations within the Standards. Supervision records reflected a person-focused and reflective approach, supported by a clear and accessible system for monitoring completion of supervision and annual appraisal.

Staff wellbeing was recognised as a necessary support given the challenging circumstances staff could encounter when supporting this group of care receivers. Evidence included peer support, management intervention and access to a health plan through which staff could obtain psychological support and other benefits.

A relative commented:

I only have positive things to say regarding the home. The staff always courteous and polite.

The staff survey undertaken by the Regulation Officer provided positive assurance regarding the culture and operation of the service. All nine respondents agreed or strongly agreed that they felt supported by and had access to senior staff and management, received supportive supervision, and considered staffing levels sufficient to meet care receivers' needs. All respondents also reported receiving sufficient training to undertake their roles safely and confidently and indicated that they felt listened to and able to contribute to the service. Where staff reported having raised significant concerns, the feedback indicated these had been taken seriously and addressed appropriately.

The leadership team was experienced in supporting the group of care receivers living within the home, and the findings identified good management oversight of care delivery across the safe, effective, responsive, caring and well-led domains.

A relative commented:

I have found the management team to be exceptional in the level of service provided. I suspect that Xxx's leadership has led to the overall culture of kindness.

Additional feedback from staff:

"It is a close supportive team who look after each other. It feels a safe here in terms of the support from management who are invested in the people we care for."

"I have been here many years. I love it and it must be good if I have stayed here that long."

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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