



**Jersey Care
Commission**

Summary Report

La Haule

Care Home Service

**La Route De L'Isle
St Brelade
JE3 8BF**

15 and 16 February 2024

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

The feedback provided by the relatives indicates a high level of satisfaction with the service, highlighting several key areas that contribute to its success, such as a homely, warm atmosphere, which suggests that the service fulfils the basic care needs, ensuring that the environment is welcoming, comfortable, and conducive to well-being.

The relatives' commendation of the excellent communication reflects the service's commitment to transparency, regular updates, and openness. This approach helps build trust, reduce anxiety for relatives, and ensure that they are kept in the loop regarding their loved one's health and daily life.

The regulation officers found evidence of the ability to work effectively with external health and social care professionals. This ensures that care receivers have timely access to specialised advice and treatment when needed.

The service offers a positive example of management and governance within the care home, highlighting several key aspects that are crucial for the effective operation of such a service.

The service meets the minimum staffing standards required for the number of care receivers. While meeting these standards is essential for regulatory compliance and ensuring basic care needs are met, the service often goes beyond the minimum. Staff recruitment continues to be an area of focus for the service.

An activities coordinator is in place. A dedicated activities coordinator can develop a diverse and engaging schedule tailored to the interests and abilities of the care receivers.

The service has developed and enhanced the staff training program, especially the shift towards face-to-face training, which is an excellent initiative.

There is one area for improvement resulting from this inspection, referring to documentation, such as policies, procedures, and pre-assessment documents, to be reflective of local legislation.

IMPROVEMENT PLAN

There are one area for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 1.6, 12</p> <p>To be completed by: Three months from the date of inspection (16 May 2024).</p>	<p>The Registered Provider must ensure that the service documentation, such as policies, procedures, and pre-assessment documents, reflects local legislation in order for the staff to be aware of and understand the importance of the governance of the service.</p> <p>Response of Registered Provider:</p> <p>The Jersey Homes are working closely with the Governance and Quality team for FSHC group, to ensure that all paperwork and policies relate and refer to Jersey local legislation and is adapted to the needs of the Homes on Island. The Homes are also working with the training team to adapt training which will be specific to Jersey Requirements, and for this to be added to our current training platform. The Homes will also continue to work with local Agencies such SROL team and Safeguard team to ensure current and local knowledge is shared with the teams and also staff inductions incorporate this knowledge and understanding specific to local policies and legislation.</p>
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The full report can be accessed from [here](#).