



**Jersey Care
Commission**

INSPECTION REPORT

17/18 Le Grand Clos

Care Home

**Les Amis Limited
La Grande Route de St Martin
St Saviour
JE2 7GS**

20 and 24 March 2025

**Date Published
20 May 2025**

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 17/18 Le Grand Clos. The Care Home is operated by Les Amis Limited and the Registered Manager of the home has responsibility for another care home carried on by the same provider. Their time is equally split between the two homes.

Le Grand Clos comprises two interconnected homes: one featuring three bedrooms and the other two bedrooms, alongside an additional sleep-in room designated for staff. References during the report may change between the home and homes.

Registration Details	Detail
Regulated Activity	Care Home
Mandatory Conditions of Registration	
Type of care	Personal care, personal support
Categories of care	Learning disability, autism
Maximum number of care receivers	Five
Maximum number in receipt of personal care/personal support	Five

Age range of care receivers	18 years and above
Maximum number of care receivers that can be accommodated in each room	Bedrooms 1-5 one person
Discretionary Conditions of Registration	
The Registered Manager of 17/18 Le Grand Clos must complete a Level 5 Diploma in Leadership in Health and Social Care by 24 August 2026.	
Additional information	
An application was approved by the Commission on 20 March 2024 to register the current Registered Manager.	

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 all requirements have been met.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced, and notice of the inspection visit was given to the Registered Manager eight days before the visit. This was to ensure that the Registered Manager would be available during the visit.

The Registered Manager was not present for the second visit. However, the Regulation Officer was able to undertake the visit with the Team Leader.

Inspection information	Detail
Dates and times of this inspection	20 and 24 March 2025 09:30-12:30 and 09:20-11:20
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on day of the inspection	Five
Date of previous inspection:	6 and 8 March 2024
Areas for improvement noted in 2024	None
Link to previous inspection report	IR1718LeGrandClos20240308Final.pdf

3.2 Focus for this inspection

This inspection included a focus on the below 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

There was evidence of safe practices within the organisation and the home, such as safe recruitment practices and handling finances. Staff members also gave positive feedback concerning induction and training processes. There was evidence of risk assessments regarding care receivers' activities and travel training for care receivers. Staff appeared both confident in their roles and concerning their responsibilities. Care receivers were also clear about what to do if they were concerned.

Feedback from the inspection identified good practice with regard to effective communication. Again, this was evidenced both within the organisation and at a service level. There were also processes to ensure the care receiver's involvement in care planning and goal setting with regular personal supervision sessions.

The staff team was clear about a person-centred approach to care. One staff member described the care receiver as being at the "*epicentre*" of everything. The care plans evidenced this and reflected the positive work and training being done within the organisation regarding positive behaviour support (PBS) plans and advance care planning. Feedback from relatives was positive concerning the care and support provided.

There was evidence of a supportive staff team led by the Registered Manager and Team Leader. Staff described the Registered Manager as approachable and fair. The management team within the home discussed good support from both the senior management team and the other registered managers and team leaders within the organisation. In addition, there was evidence of external quality oversight of the home and internal checks and audits.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care Home 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, reviews of the Statement of Purpose and notifications of incidents.

The Regulation Officer gathered feedback from three care receivers and two of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was sought from three professionals external to the service. At the time of writing the report, feedback had been received from one health professional.

As part of the inspection process, records including policies, care records, incidents and staff training logs were examined.

At the conclusion of the first inspection visit, the Regulation Officer provided feedback to the Registered Manager and at the second visit to the Team Leader. The Regulation Officer confirmed that there were no identified areas for improvement by email, on 7 April 2025.

This report sets out our findings and includes any areas of good practice identified during the inspection.

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

5.2 Sources of evidence.

New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<p>Staff recruitment files</p> <p>Staff training logs</p> <p>Staff rota</p> <p>Staff supervision records (sample of two viewed online at first inspection visit)</p> <p>Risk assessments</p> <p>Staff feedback</p> <p>Care receiver, relative and staff feedback</p>
Is the service effective and responsive	<p>Care plans</p> <p>Positive Behaviour Passports</p> <p>Care receiver, relative and staff feedback</p> <p>Review of records archiving and retention process (viewed online at inspection)</p>
Is the service caring	<p>Care plans</p> <p>Care receiver, relative and staff feedback</p> <p>Activity schedules</p> <p>Tour of the environment – evidence of personalisation and reasonable adaption</p>
Is the service well-led	<p>Monthly quality reports</p> <p>Incident logs/notifications</p> <p>Policies</p> <p>Statement of Purpose</p> <p>Care receiver, staff and relative feedback</p>

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

There was evidence of safe practices within the home to safeguard care receivers and staff. It was positive to note the work done to support care receivers who had moved into the home recently to integrate into their new community safely. An example is the travel planning done with care receivers to promote maximum independence. This ensures that the care receivers are assisted using a step-by-step, gradual approach to finding their way home after work or activities. For example, care receivers would initially walk to the bus station to meet staff before travelling home together until they could make the trip unaided. The Registered Manager also described improved outcomes from the work on positive behaviour passports. They conducted an audit of incidents, and there was a correlation between positive behaviour work and reduced incidents. A positive behaviour support plan/passport was reviewed. This was easy to read with visual aids. It includes a description of baseline behaviour, early signs, prevention, and escalation. This is an example of good practice in improving outcomes for care receivers.

Representative Feedback:

Staff provided a lot of help with the bus number change and bus stops.

Two regulation officers met with Human Resources (HR) representatives on 5 March 2025 to review the recruitment files for staff recruited since the last review in November 2024. A total of six files were examined, and there was evidence of safe recruitment practices for staff recruited from the UK and abroad. There were appropriate overseas/international police checks carried out in place of Disclosure and Barring Service (DBS). Each file also contained a job description, interview notes and employee contracts. The regulation officers were satisfied that safe recruitment practices aligned with the Standards.

In addition, the regulation officers met with the Learning and Development Manager, who provided an update on training provided to staff within the organisation. They advised that sexual health training would be classroom-based every three years for staff. It was discussed with the regulation officers whether this should be mandatory, and it was suggested that this would be best practice. Capacity training will also be provided every three years in the classroom, with an annual update involving staff reviewing the policy yearly. Staff can access SPELL (autism) training if they wish, but this is not mandatory. The Behaviour & Practice Development Manager has become a trainer and runs several sessions/workshops. Staff also complete online autism training every three years, and all Team Leaders have completed or are nearing completion of the British Institute of Learning Disability positive behaviour support training.

80% of staff within the organisation, which does not include registered managers or team leaders, have the Regulated Qualifications Framework (RQF) Level 2 or 3. The Registered Manager confirmed that four staff within the home are Level 2 or above trained, with one staff member working towards Level 3. The Registered Manager confirmed that they are progressing well with their Level 5 Diploma and are in fact awaiting sign-off. One staff member highlighted the usefulness of their Level 3 training and discussed how they could apply learning to practice.

The Registered Manager provided feedback on the home's induction process, and a staff member confirmed the process with the Regulation Officer and described how it had been a positive experience for them. The Team Leader or senior staff member will always mentor new staff and take them through the induction booklet. They described the staff team as being supportive and welcoming. Another staff member described the organisation as being like a "*family*".

Staff feedback and a review of a sample of two supervision records confirmed regular staff supervision at least quarterly. The Registered Manager discussed that staff members must prepare a minimum of two topics to discuss. A staff member confirmed that they found this useful to "*raise concerns or issues*".

The staff rota was reviewed online with the Registered Manager for the week of 24 March 2025; it was clear and well-organised. It displays rota hours plus actual hours worked and also highlights vacant hours.

The rota has been done for the entire year and is a rolling rota every five weeks. The Registered Manager explained that the rota is still subject to change. There is a visual rota for care receivers in the hall of the home to advise who is working and when.

The Regulation Officer undertook a brief review of medication procedures within the home. The medication administration charts (MAR) were found to be appropriately signed, and a sample of the running totals from the two charts was found to be correct. One care receiver was receiving transcribed medication, and there was not an up-to-date prescription in the folder as required. This was discussed with the Registered Manager, and it was positive to note that this had been rectified by the time of the second visit.

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.

There was evidence of collaborative teamwork within the home and the organisation. One example of this is communication. The team leaders and registered managers meet regularly, with a representative from the team leaders attending the registered managers' meetings and vice versa. A registered manager representative would also participate in the quarterly senior management meeting. This ensures that there is a good exchange of information throughout the organisation. Within the home, staff feedback confirmed good communication within the team, including the Registered Manager. The home also has regular house meetings every other month.

The Regulation Officer was provided with a copy of the written agreement given to care receivers. This clearly outlines Les Amis's fees and contractual arrangements. The Registered Manager discussed how this would be reviewed with family members and/or the care receiver, and both would receive a copy if appropriate.

Care plans are stored electronically, and it was evidenced to the Regulation Officer that previous versions of the care plans and other assessments are archived. If an update is made, this version is saved/archived, and a new version is created.

A financial log is kept for each home for any monetary transactions, the Registered Manager looks over and signs it at the end of each month, and then this starts afresh the next month. The home is in the process of allocating financial delegates for the majority of care receivers.

The home environment was found to be well-presented, clean and homely. Staff had also considered the lounge layout in one of the homes to allow for individual preferences and private space. Both adjoined homes also have private, enclosed gardens/outdoor spaces. The Registered Manager discussed possibly joining the outdoor space by removing the partition to allow for a more interaction in a shared garden.

Feedback from a care receiver:

I enjoy living together and sharing activities like cooking.

Positive feedback was received from staff, relatives, and care receivers regarding access to and the variety of activities that the care receivers enjoy. One of the care receivers eagerly awaited going off to an afternoon activity on the second visit and spoke of their enjoyment of it. Examples of activities, include zumba, swimming, art and Les Amis choir. Each care receiver has a weekly timetable which is planned and agreed with them.

Is the service caring?

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

It was positive to note the person-centred approach to care within the home, staff feedback was consistent concerning person-centred care and prioritising the goals of the care receivers for the current year. The Team Leader and Registered Manager discussed how this year, a personal goal for a few of the care receivers, was to plan and go on an individualised holiday and of how this was something that they were hoping to work towards.

Feedback from a health professional:

The Registered Manager ensures the clients in their care have opportunities to live their best lives.

A sample of three care plans was reviewed remotely during the inspection process; these are stored electronically. There was evidence of appropriate health and well-being checks for each care receiver. The plans also evidenced regular supervision with care receivers and a staff member, where a particular topic, such as friends and relationships, would be discussed on each occasion. There was evidence within this discussion of supporting personal and social relationships and checking understanding. There are plans for three of the care receivers to undertake a sexuality and relationship course.

It was positive to note evidence of the advance care planning workshops undertaken with some care receivers in the plans. The Registered Manager discussed how they adjust the rota to ensure one-to-one support for care receivers during these workshops. This is good practice in providing the best outcomes for care receivers in end-of-life care and advance care planning.

Each of the care receivers who spoke with the Regulation Officer confirmed that if they had a concern, they would speak with the Registered Manager. The care plans evidenced this in practice.

The care plans also confirmed collaborative working with other healthcare professionals. A health professional provided positive feedback concerning a number of staff members and commented, *“I find that clients are supported in a proactive manner, and I value our working relationship as this means that the best outcomes for clients are achieved”*.

The importance of promoting care receiver independence is also identifiable from the care plans, feedback, and walking around the two homes. Examples are promoting independence with travel arrangements, managing finances, and cooking/chores around the home. The staff team demonstrates positive risk-taking in fostering independence for care receivers while ensuring the correct level of support is always available.

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.

There is a clear management structure within the home and organisation. The Registered Manager and the Team Leader, lead a well-established core staff team within the home. Staff described a supportive team and Registered Manager. One staff member commented that they were treated with respect from the senior management level down to the team level. The Registered Manager reported a challenging year for staff due to the movement of care receivers into and out of the home but described how “*they had come out of the other side*”, with things more settled now.

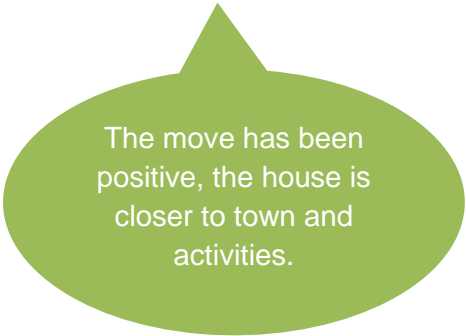
There are relevant policies to support staff, and they were clear about how to access these and apply them in practice. Before the inspection, a sample of policies was requested from the Head of Governance, and they were found to align with the Standards. The policies requested by the Regulation Officer for inspection 2025 matched the key lines of enquiry. For example, the Capacity and Self Determination Policy and Procedures.

The Registered Manager discussed that the home currently has no care receivers with a Significant Restriction on Liberty (SRoL) assessment in place. However, they were clear concerning their responsibility regarding SRoL application/renewal if required.


There was evidence of incident recording, reporting and learning from incidents. Notifications to the Commission were reviewed and discussed. Incidents are recorded in the care plans of care receivers, and there is evidence of appropriate escalation in response to an incident if required.

There is both internal and external quality oversight. The Head of Governance completes a quality assurance report monthly. This contains a section entitled ‘areas reviewed this month’, which checks compliance with the Standards and Regulations. There are also clear actions which are reviewed the following month. There are internal weekly checks and audits undertaken by staff, such as weekly cleaning schedules, daily medication audits and regular fridge temperature checks.

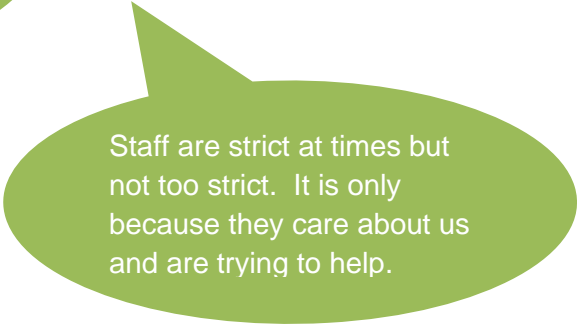
What care receivers said:



The move has been positive, the house is closer to town and activities.




We are happy living here and staff are kind.

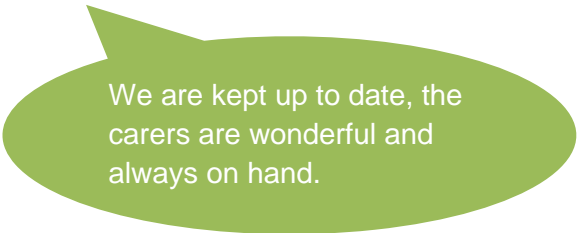


Staff are strict at times but not too strict. It is only because they care about us and are trying to help.

When asked about communication within the home/organisation relatives said:



Staff are always ready for a conversation and communication is good.



We are kept up to date, the carers are wonderful and always on hand.

A professional's view:



The manager is very responsive to feedback, and they take on board recommendations.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and 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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