



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Les Hoûmets Care Home**

**Care Home Service**

**Les Hoûmets Care Home Ltd  
Gorey Village  
Grouville  
JE3 9EP**

**Inspection Dates  
2 & 7 July 2025**

**Date Published  
24 July 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 Les Hoûmets Care Home. The care home is operated by Les Hoûmets Care Home Ltd and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Care home
Mandatory Conditions of Registration	
Type of care	Personal care, personal support
Category of care	Adult 60+
Maximum number of care receivers	28
Maximum number in receipt of personal care/personal support	28
Age range of care receivers	60 years and above

Maximum number of care receivers that can be accommodated in each room	Rooms 1-28 one person
Discretionary Conditions of Registration	
None	
Additional information:	
An application to vary the conditions of registration was submitted to the Commission January 2025. The application was approved on 30 January 2025. Room 15 was divided into two en-suite rooms. Current registration for 28 care receivers remains the same, however will now have 28 individual rooms.	

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

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

Inspection information	Detail
Dates and times of this inspection	2 July 2025 9am – 4pm 7 July 2025 2.30pm – 4.10pm
Number of areas for improvement from this inspection	None

Number of care receivers accommodated on day of the inspection	25
Date of previous inspection:	15 August 2024
Areas for improvement noted in 2024	0
Link to previous inspection report	<a href="#">IR-Les-Houmet-2024.08.15-Final.pdf</a>

### 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

During both inspection visits to this locally owned care home, the Regulation Officer observed warmth, humour, kindness, and professionalism in the interactions between staff and care receivers.

The home is tastefully decorated and maintained to a high standard of cleanliness. Care receivers are surrounded by their personal possessions, contributing to a homely and comfortable environment.

Since the last inspection, five new employees have joined the staff team across various roles, some bringing considerable experience. The home adheres to safe recruitment practices, ensuring all necessary checks are completed. New staff members undertake a structured induction programme, which includes mandatory training, competency assessments, and regular supervision.

The shift rota, introduced following a staff proposal, is working well. Staff report that having advance notice of their shifts enables them to plan ahead effectively. Staffing levels in the home continue to meet the required minimum standards.

The home has a robust admission process. The senior team conducts initial assessments, and prospective care receivers are encouraged to visit the home. The care receiver and/or their representatives sign written agreements, including terms and conditions. The home maintains transparency regarding fees and invoicing.

Comprehensive care plans and risk assessments are in place and are reviewed monthly, following a person-centred approach.

The home benefits from an enthusiastic and personable activities coordinator who delivers a varied programme of both group and one-to-one sessions. Feedback from residents and relatives is overwhelmingly positive about the quality and variety of activities offered.

Audits are conducted throughout the month, with findings shared by the senior team across the staff group. Where necessary, changes to processes are implemented to drive continuous improvement.

During the inspection, the home demonstrated a strong commitment to staff development, ensuring that all staff have access to Regulated Qualifications Framework (RQF) training at Levels 2 and 3, with Level 4 also available upon request.

Staff provided positive feedback on the changes implemented in the home over the past year, particularly highlighting the impact of the new director, improved staff availability to cover shifts, and the reassuring presence of the senior management team.

## 5. INSPECTION PROCESS

### 5.1 How the inspection was undertaken

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

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, variation requests and notification of incidents.

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

As part of the inspection process, records including policies, care records, staff recruitment files, training matrix and duty rotas were examined.

At the conclusion of the inspection visits, the Regulation Officer provided feedback to the Registered Manager and followed up by email one week later.

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

### 5.2 Sources of evidence.

New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Recruitment files  Duty rota  Completed inductions with competency checks

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

	<p>Supervisions and appraisals</p> <p>Risk assessments</p> <p>Health and Safety/maintenance</p> <p>Audits</p> <p>Training matrix</p> <p>Feedback</p>
<b>Is the service effective and responsive</b>	<p>Written agreements</p> <p>Feedback surveys</p> <p>Observed communication with external professionals</p> <p>Contingency plan</p> <p>Feedback</p>
<b>Is the service caring</b>	<p>Walk round of the home</p> <p>End of Life training</p> <p>Care plans</p> <p>Initial assessments</p> <p>Activities planner</p> <p>Menus</p> <p>Feedback</p>
<b>Is the service well-led</b>	<p>Notifications</p> <p>Policies</p> <p>SRoL's</p> <p>Statement of Purpose</p> <p>Organisational chart</p> <p>Monthly quality reports</p> <p>Feedback</p>

## 6. INSPECTION FINDINGS

### Is the service safe?

People are protected from abuse and avoidable harm.

The Regulation Officer reviewed five recruitment files across various roles and was satisfied that the senior management team follows safe recruitment practices. Each file contained the necessary documentation, including an application form, CV, two references (one from the most recent employer), job description, interview notes, offer of employment, and an induction package. Relevant safety checks were completed for each new team member through the Disclosure and Barring Service (DBS).

The Registered Manager stated that the home has used agency carers from an external provider on occasion. A service level agreement is in place, and all relevant safety checks are completed before the carer's arrival. The home only uses agency carers familiar with the service, and only when necessary.

During the induction period, all new staff are given a staff handbook. This handbook signposts staff to the policies and procedures, provides a history of the home, details what is expected from staff, and outlines the supervision and appraisal process.

During the inspection, three completed staff inductions were viewed. Each staff member had undertaken mandatory training, shadowed experienced colleagues, demonstrated competence through assessments, and read relevant policies prior to the conclusion of their induction period. Staff receive regular supervisions throughout their probationary period, moving to quarterly thereafter, alongside annual appraisals. Five supervision records were reviewed; these followed a structured agenda, providing staff with the opportunity to raise concerns, request additional training, discuss wellbeing, and explore role progression within the home.



Since the last inspection, the staff team has engaged with senior management to propose a change to the duty rota. As a result, a two-on, two-off shift pattern has been implemented for all staff. Feedback indicates that this change has been highly beneficial, allowing staff to plan more effectively. The Regulation Officer identified this as an area of good practice, noting that the staff team felt valued, heard, and appreciated.

The duty rota demonstrates that staffing levels during both day and night shifts exceed the minimum standards set out by the Commission. A Care Manager and a Registered Manager are present on-site most days, and a clear on-call system is in place to provide management support out of hours and on weekends, ensuring any issues that arise are promptly addressed.

The care home strongly encourages staff development, progressing into senior roles and fostering a continuous learning environment for the entire team. There is also a clear emphasis on advancing staff through the Regulated Qualifications Framework (RQF), with two staff members currently working towards Level 4 and three towards Level 3. The majority of the team holds either a Level 2 or Level 3 qualification.

External providers deliver a comprehensive range of mandatory and additional training, both online and face-to-face. Staff feedback indicated that the training offered is relevant and beneficial to their roles. The training matrix reviewed by the Regulation Officer provided assurance that all training is either completed or appropriately scheduled for each staff member.

The home's facilities manager oversees external contractors, maintains the premises, and conducts routine health and safety checks. All checks are documented in the designated health and safety folder. During the inspection, the Jersey Fire and Rescue Service conducted its annual fire inspection on-site. The home successfully passed the inspection, and the fire logbook provided evidence of compliance with all required checks.

### **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 was satisfied that the service demonstrated transparency with all care receivers and their families or representatives. Signed written agreements were reviewed during the inspection. They included clear information on terms and conditions, invoicing arrangements, home health and safety requirements, a detailed breakdown of costs, and termination of contract provisions.

Medication management within the home complies with the Care Home Standards and the home's medicines policy. All staff involved in medication administration completed the Safer Medication Administration Update and Medication Training for Care earlier this year. Following training, each staff member's competency was assessed and confirmed by the Registered Manager, who has also completed the relevant training updates. A specimen signature sheet is in place to identify staff authorised to administer medication.



Robust systems are in place for the safe storage and disposal of medicines. The drug trolley is kept securely in a locked cupboard, was found to be clean, and contained only essential medication. Medication Administration Record (MAR) sheets supplied by the assigned pharmacy were appropriately completed and signed. 'As required' (PRN) medication was administered with clearly documented rationales. The controlled drug (CD) cupboard is locked and located within a separate cupboard, providing additional security. The CD register was accurate and corresponded with the stock held. Daily fridge temperature checks for medication storage were carried out and appropriately recorded.

The Regulation Officer observed friendly and professional communication between staff and a visiting professional from another organisation during both inspection visits to Les Hoûmets Care Home. The Registered Manager promotes a collaborative approach by encouraging visiting professionals to complete and upload their notes online while on-site. However, this is not always achieved in practice, and reports are sometimes submitted at a later date.

The senior management team has an “open door” policy and encourages all staff to come and speak to them. The Director has been holding individual staff meetings to update them and ask for suggestions to improve the home. Staff feedback confirmed that they could speak to any of the management team and were complimentary towards the Director and recent changes to the home.

A robust contingency plan is in place for the home in case it cannot operate. This is reviewed annually.

A wide range of audits are carried out regularly, including those relating to medication, risk assessments (general and activities-related), swallowing, care plans, room temperatures, staff training, the Waterlow pressure sore risk assessment tool, nutrition, dependency levels, and call bell response times and all are documented on the services’ online management system. A recent Medication Administration Record (MAR) sheet audit identified two missing signatures. The Registered Manager addressed this by reminding staff of safe medication administration practices.

Additionally, activity-related risk assessments were found to require updating, and this was promptly actioned. The service’s approach to governance was identified as an area of good practice.

### **Is the service caring?**

Care is respectful, compassionate, and dignified. Care meets people’s unique needs.
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The care home has a warm, homely atmosphere, and staff were observed engaging with care receivers in a kind and respectful manner, using appropriate humour tailored to the situation.

The home is tastefully decorated and cleaned to a high standard, and all the bedrooms are personalised with the care receivers' pictures, cushions, bedding, and furniture. Feedback from care receivers and their representatives complemented the on-site laundry service:


*"The rooms are spotless and the laundry is done well."*

*"I bought Xxx some new clothes recently, and by that evening or the next morning, they were all labelled."*


All care receivers have an initial assessment completed and uploaded before admission to the home. Four care receivers' initial assessments, personal plans, care plans, and risk assessments were reviewed during the inspection. Each was detailed, person-centred, and subject to monthly review. Additionally, every care receiver has an up-to-date Personal Emergency Evacuation Plan (PEEP) in place.

The care team has completed 'End of Life' training, which supports the needs of care receivers experiencing natural deterioration and, where possible, enables them to remain in the home to be cared for until the end.

The home benefits from an enthusiastic and motivated Activities Coordinator who consistently introduces new and engaging ideas. During the inspection, the Regulation Officer observed excellent interactions between the coordinator and care receivers, reflecting a strong rapport and person-centred approach.



Xxx (Activities coordinator) is always coming up with new activities to engage everyone who wants to join in.



Xxx (activities coordinator) is a credit to the home. My mum loves going out on trips and socialising in the home with her friends.

A weekly activities planner is displayed in the corridor, allowing care receivers to choose activities based on their preferences. Outings in the home's minibus are particularly popular and occur several times a week. Recent outings have included lunch at Ransoms, an evening at a local pub, and a trip to St Catherine's for ice cream.

The activities programme also includes arts and crafts linked to local events such as the Battle of Flowers, Liberation Day, and Easter. Various options suit different interests and abilities, including seated boxing sessions, one-to-one activities like board games, and reminiscence sessions for those less inclined to participate in group events.

Feedback from care receivers and their representatives was overwhelmingly positive, highlighting the value and enjoyment these activities bring to daily life in the home.

The home offers a range of menu options each day, considering nutritional needs and allergies. The chef receives a supply of fresh produce daily. Feedback from the care receivers on the food was generally positive:

*"The food is great and plenty of it."*

*"I like the desserts and cakes; they are always lovely."*

*"It would be good if the residents could be given a menu to look at every day, with the choices. There is a board outside the dining room, but it would make it more like a restaurant and give us more independence."*

This home has demonstrated that it meets the care receivers' individual needs in a caring and respectful manner.

### **Is the service well led?**

<p>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.</p>
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The organisational structure outlined in the Statement of Purpose is clear and well-defined, with an appropriate leadership team supporting effective oversight and decision-making. Roles and responsibilities are clearly allocated, ensuring that the home operates in line with regulatory requirements and best practice. This structure promotes good governance, accountability, and continuity of care, with leadership arrangements that support both staff and care receivers effectively.

The Regulation Officer requested a range of policies before the inspection, including:

- Cash and Property Handling
- Accidents and Incidents
- Complaints
- Data storage
- Falls risk policy
- Harassment and bullying
- Medicines
- Safeguarding
- Whistleblowing.

The policies reviewed were relevant primarily to local and national legislation and indicated the date of issue and the scheduled review date. A few minor amendments were identified during the inspection. These were discussed with the Senior Manager during the Regulation Officer's second visit, and the necessary updates were made promptly, demonstrating a responsive and proactive approach to compliance.

A discussion took place regarding incident notification to the Commission. The records reviewed corresponded with the home's incident file, and the Regulation Officer was satisfied that the home demonstrates transparency and consistency in its incident reporting practices.

Senior managers demonstrated a good understanding of capacity law. Following appropriate capacity assessments, they discussed the measures implemented to protect some care receivers subject to an authorised Significant Restriction on Liberty (SRoL).

The home holds several key meetings to support effective communication and oversight, including strategic senior management meetings with the director, regular management team meetings, and daily handover meetings at the end of each day and following night shifts.

During the inspection, monthly quality reports were reviewed. These reports are detailed and insightful, providing a clear overview of how the care home operates in accordance with the Care Home Standards.

The findings of this inspection were positive. The Registered Manager and staff team engaged fully in the inspection process and ensured that all requests for information and records were fully met. In addition, care receivers and their family members were prepared to provide feedback on the home.



Family member:

The staff are lovely, and the care is of a high level. I think because it's small it's more family orientated.

Family member:

I think this place is wonderful. I feel the staff work with me in ensuring Xxx (relative) has a great life.

## **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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