



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**75 La Tour Indigo**

**Care Home Service**

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

**Inspection Dates  
30 June and 4 July 2025**

**Date Published  
12 August 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 75 La Tour Indigo. The care home is operated by Les Amis Limited and there is a registered manager in place. The service is a five-bedroom, single level accommodation on the ground floor of an apartment block, on the outskirts of St Helier, close to shops, a sports centre and all major amenities.

This is a domestic residence, and the care receivers have bedrooms which are decorated and personalised in line with their preferences and with their own belongings.

Registration Details	Detail
Regulated Activity	Care Home
Mandatory Conditions of Registration	
Type of care	Personal care, personal support
Categories of care	Learning disability, autism, physical disability and/or sensory impairment
Maximum number of care receivers	Five

Maximum number in receipt of personal care/personal support	Five
Age range of care receivers	18 and over
Maximum number of care receivers that can be accommodated in each room	Rooms 1 – 5, 1 person
Discretionary Conditions of Registration	
None	
Additional information:	
<p>The Commission received an updated Statement of Purpose on 1 May 2025.</p> <p>The Registered Manager completed the Level 5 Diploma in Leadership in Health and Social Care on 09 July 2025. The discretionary condition was removed as a result of the completion of the qualification.</p>	

As part of the inspection process, the Regulation Officers evaluated the home's compliance with the mandatory conditions of registration and the additional discretionary condition 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 eleven days before the visit. This was to ensure that the Registered Manager would be available during the visit.

Inspection information	Detail
Dates and times of this inspection	30 June 2025 – 10:00 – 13:30

	04 July 2025 – 10:00 – 11:45
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on day of the inspection	Four
Date of previous inspection:	21 October 2024
Areas for improvement noted in 2024	None
Link to previous inspection report	<a href="#">IR75LaTourIndigo2024.10.21Final.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

The Regulation Officer's inspection of 75 La Tour found the service to be well-led, caring, responsive, and effective. Recruitment processes were transparent, with full pre-employment checks conducted. A care worker described a thorough induction that included training, shadowing, and support. The service employs six full-time and two zero-hours staff, with a six-week rolling rota ensuring consistent 24-hour coverage. Staff flexibility and good morale were noted.

Fire safety procedures are robust, with regular alarm and equipment checks, individualised fire evacuation plans, and biannual fire drills. The premises were clean and well-maintained, and repairs were addressed promptly. Risk assessments and an annual maintenance schedule are in place.

Care receivers benefit from high-quality support that promotes independence and well-being. They participate in a wide range of structured activities, from yoga to art classes and planned trips. The home's environment is welcoming, with personalised bedrooms and access to a courtyard garden. Communication among staff was described as strong, with regular meetings across all levels of the organisation. External professionals, such as learning disability and psychiatric services, were praised for timely collaboration.

Health needs are proactively managed, including regular GP check-ups, specialist appointments, and early dementia screening. Medication practices were safe and well-documented. Staff training complies with the Commission's standards. Electronic care records support comprehensive, person-centred documentation.

Leadership was found to be strong and supportive. The organisation maintains up-to-date policies aligned with local legislation and conducts monthly quality reviews. Staff felt supported and confident in raising concerns. The Registered Manager and wider team were commended for prioritising both the care receiver's well-being and staff welfare. The service was judged to comply with its Statement of Purpose and regulatory requirements, delivering high-quality, respectful, and responsive care.

## 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 and notification of incidents.

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

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

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager, and followed up by email, on 11 July 2025.

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
<b>Is the service safe</b>	Staff recruitment Recruitment policy Rotas

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

	<p>Staff feedback</p> <p>Professional feedback</p> <p>Staff training logs</p> <p>Risk assessments</p> <p>Care receiver feedback</p> <p>External professional feedback</p>
<b>Is the service effective and responsive</b>	<p>Statement of purpose</p> <p>Care plans</p> <p>Staff feedback</p> <p>Care receiver's feedback</p> <p>External Professional feedback</p>
<b>Is the service caring</b>	<p>Care plans and risk assessments</p> <p>Care receiver's representative's feedback</p> <p>Professional feedback</p> <p>Care receiver's feedback</p> <p>Observation</p> <p>Activities</p>
<b>Is the service well-led</b>	<p>Written agreements</p> <p>Notifications</p> <p>Employee handbook</p> <p>Staff feedback</p> <p>Care receiver's representative's feedback</p> <p>Policies</p> <p>Monthly quality reports</p>

## 6. INSPECTION FINDINGS

### Is the service safe?

People are protected from abuse and avoidable harm.

Two regulation officers met with members of the organisation's senior management team in March this year to review the recruitment process and were satisfied that the advertising and shortlisting of posts were open and transparent. The interview records reflected the clarity of questions asked, with the details of the responses from candidates. Pre-employment checks, including proof of identity, work permit (where appropriate), certificates of disclosure and barring service (criminal record checks), and references, were obtained before any staff within the organisation commenced employment.

In discussion with one of the care workers who had most recently commenced employment at 75 La Tour, the Regulation Officer was given an overview of the induction process, which included supporting them to settle in Jersey whilst simultaneously commencing new employment. The care worker described completing a comprehensive training package and shadowing more experienced staff. They were given time to develop relationships with the care receivers and their colleagues. They felt confident working within the service when the induction process was complete.

The service has six full-time staff and two zero-hour staff. Rotas were analysed, and staffing levels were ensured to provide appropriate coverage over each 24 hours. The service uses a six-week rolling rota, providing three staff members each day, with one providing sleepover cover. One staff member said they like the rota as it allows them to plan holidays well in advance. The Registered Manager described having a flexible staff team who are willing to adjust shifts, when possible, at short notice, to meet the needs of one of the care receivers.



The Regulation Officer reviewed the services fire log. The alarm system is tested weekly, often with the help of one of the care receivers, the emergency lighting is tested monthly, and the self-closing doors are tested every three months. The fire service completed a fire safety inspection earlier this year. Each care receiver has an individual fire risk assessment and personal fire evacuation plan. A fire drill is performed twice a year, with the most recent one being carried out in June 2025. All care receivers fully participated in the drill, and the care plans record their level of understanding of what to do, such as *“he was telling me to scream ‘fire’ and go outside to the garden and from there walk with staff to the car park (assembly point)”*.

The home was well maintained. The Registered Manager described how the service accesses the maintenance team for minor repairs, with a report being sent in each morning, which will be assessed and prioritised against the other service reports.

Care receiver:

My room is my personal space. I feel safe here – if I had any concerns I would tell the manager, they would deal with it.

On the day of the inspection, one of the maintenance team members arrived to determine an issue with one of the bathrooms. The report had been submitted two days earlier, and the Registered Manager stated that most minor faults are addressed within two weeks. Annual risk assessments are completed with the maintenance manager and each of the services’ registered managers to identify large projects and prepare a yearly maintenance schedule. The Registered Manager stated, *“We are very lucky with the quality of the maintenance support and the quality of the team”*.

## 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.

One of the care workers described communication within the service as good. They said they have worked for Les Amis for several years and, "*the company prioritise the needs of the care receivers but also cares for their staff. We are kept in the communication loop*". The home has monthly team meetings. 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 also participates in the quarterly senior management meeting. This ensures that there is a good exchange of information throughout the organisation.

The Regulation Officer was informed of positive working relationships with the community learning disability service, who were described as always willing to help, and the psychiatric service, which has provided timely assessments following referrals.

The Regulation Officer viewed 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 receivers' finances are managed by their Royal Court-appointed property and affairs delegate.

The home was clean and tidy and pleasantly decorated and furnished. Each care receiver has their own large double bedroom, which they can personalise to their taste. The lounge/dining room is spacious and comfortable. It opens out to a courtyard garden that has fruit trees, shrubs, a small herb garden, and a table and chairs for al fresco dining. One of the care receivers stated, "*I like living here, it's good, I like the garden*".



Care Worker:

The house is high energy and upbeat. Lots of activities spending time out and about. There are good relationships with the care receivers and colleagues.

The care receivers attend various activities during the week, ranging from swimming, Zumba, and yoga to trips to the beach or places of interest. During the day of the inspection, three care receivers went with care staff to art classes delivered by MENCAP.

One of the care receivers told the Regulation Officer they were looking forward to going to France in September. Within their care records was a detailed risk assessment for the planned trip. Each of the care receivers has a weekly timetable of activities that is planned and agreed with them.

The service uses an electronic care record which is intuitive and provides several clinical and risk assessments. The 'All About Me' assessment offers the reader a detailed overview of the care receiver, including background information, likes and dislikes, personal health, medical conditions, circle of support, routines and communication. Viewing this assessment before meeting the care receivers allowed the Regulation Officer to have productive conversations with them, discussing areas of interest and importance to the care receiver and creating a safe environment for feedback.

The Regulation Officer viewed the organisation's business continuity policy, which identifies actions to assess critical business functions and take appropriate action to minimise risk to care receivers and staff.

## Is the service caring?

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

During the inspection, the Regulation Officer observed positive and respectful interactions between the care staff and care receivers. The care receivers have lived together for over ten years, and their relationships with one another are described, in the main, to be good, with occasional periods of friction that are short-lived.

Relative:

As far as I am concerned the care and support is excellent.

The health and well-being of care receivers is of a good quality. The care records capture annual physical health checks with the general practitioners, which include medication reviews, dental, chiropody, speech and language therapist and hearing test appointments within the past year.

The care receivers have commenced the process of advanced care planning, having attended a workshop and being supported in understanding the benefits of planning for their future care.

Due to the increased risk of people with a learning disability developing dementia at an early age, the service works closely with the learning disability clinical psychology team, who provide assessment and support for care receivers who have a cognitive impairment or dementia.

Each care receiver plans a weekly activity schedule that includes tasks around the home, such as doing laundry, cleaning their room, preparing dinner with staff, and recycling. Other activities include attending courses such as healthy eating, yoga, Zumba, art classes, art in the park, boxing, swimming, church and spending time with family. One of the care workers said, *"I really enjoy working here, it is a busy house with always something going on."*

There is a modern kitchen where the care receivers and staff prepare meals. The week's dinners are planned in advance, and a pictorial menu is on the fridge, so people know what to look forward to. Each of the three care receivers who spoke to the Regulation Officer described enjoying the food. Their favourite dishes included curries, fish pie with cheese topping, and salads. The fridge temperatures are monitored and recorded, and the kitchen is clean and tidy.



Each care receiver is supported in administering their medications. The Regulation Officer was shown the locked cupboard in the manager's office where the medicines are kept. There is a further locked box for controlled drugs, but at the time of the inspection, there were no prescriptions for controlled medications. In

the staff room, there is a medication fridge, the temperature of which is checked and recorded each day.

Medication folders are colour-coded for each of the care receivers to reduce the risk of errors. The Regulation Officer viewed the medication administration records (MAR). They clearly described the medication, dose, who they are for, when they are to be administered and by what route. The appropriate space on the MAR was initialled by staff at the point of administering the medication, and each of the care staff has completed the Regulated Qualifications Framework (RQF) in medication administration as required by the standards.

The organisation uses an electronic care record. There is good documentation from the care team, which has developed a set of comprehensive records including a personal profile, medical information, communications, care plans, chart and assessments for each of the care receivers.

Several members of the care team have attended the Relationships and Sexuality and Sexual Health for Adults with Learning Disabilities training. The learning disability service provides the relationships and sexuality course, which care receivers have the opportunity to participate in.

During a discussion with care staff, the Regulation Officer heard that supervision took place regularly and was seen as supportive, with an opportunity to discuss wellbeing issues. One of the care staff described their experience of coming to the Island to work for Les Amis, saying the process was very supportive, both from a personal perspective, checking they and their family had settled into Island life and from an employment perspective with good quality training and supervision.

### **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 Statement of Purpose defines the service provision. It clarifies the organisation's aims and objectives, which revolve around the quality of care and support to be provided to the care receivers. The organisation structure clearly identifies roles and lines of responsibility within the company.

Before the inspection, the Regulation Officer reviewed several corporate policies, including:

- Safe recruitment
- Business Continuity Plan
- Complaints
- Disciplinary
- Induction Handbook
- Learning and Development
- Capacity and Self-Determination
- Data Retention

Policies are accessible to staff, are current, have appropriate version control and reflect Jersey legislation.

Since the last inspection, one notification has been submitted to the Commission, which was reviewed with the Registered Manager and was appropriate and properly managed. The Regulation Officer viewed the services incident, accident and near miss submissions and demonstrated a culture of reporting and reviewing incidents, accidents and near misses. There have not been any safeguarding referrals made since the previous inspection.

Each month, the organisation's head of governance conducts a care quality review of the service. The Regulation Officer requested a sample of these reviews and was able to ascertain that, for example, staffing issues, training and development, accidents and incidents, safeguarding, complaints and feedback were looked at each month along with a more detailed review of standards as specified by the Commission. During April, the detailed areas reviewed were medication and fire safety.

Jersey's capacity and self-determination law requires anyone with restrictions placed upon them as a safeguard due to their lack of capacity to have a Significant Restriction on Liberty authorisation (SRoL) in place. The request for an SRoL is the responsibility of the Registered Manager, and the decision that restrictions are required is made following a capacity and liberty assessment conducted by a professional from Health and Care Jersey. The Regulation Officer was satisfied that the care receivers subject to an SRoL are provided with care and support that minimises the restrictions. There is a requirement for SRoLs to be periodically reviewed by the Capacity and Liberty assessors. At the time of the inspection, there were some delays in the reviews being completed.

The Registered Manager facilitates quarterly supervision for the staff. One of the care staff said of supervision, *"It keeps me going, I am able to discuss issues, and it ensures any issues do not become problems"*. The supervision template includes reviewing issues from previous supervision, work performance, appraisal review, medication competencies, mandatory training, health and safety, leave, and sickness.

The organisation's learning and development manager provided the Regulation Officer with the training records of the permanent staff. The service meets the requirements of the Commission's training standards, with all staff having completed the mandatory and statutory training and identifying dates for when updates and refresher training are required. The organisation supports staff in completing training in areas that benefit the care provision for the care receivers, such as Makaton, relationships, sexuality, and stoma care.

Care Worker:

Les Amis are good at keeping staff updated with mandatory and statutory training with a good mix of on-line and face to face training.

The care workers were clear that if they had concerns about quality or standards of care they would not hesitate to raise them to the appropriate manager within the organisation.

The feedback regarding the support provided by the Registered Manager and the wider organisation was positive. One of the care workers said, *"The reason I have worked with Les Amis for so many years is because the company prioritise the needs of the care receivers but also cares for their staff, we are kept in the information loop"*.

During the two service visits in the course of the inspection, the Regulation Officer was satisfied that the service was providing a good quality of care to the care receivers. It is working within the specifications of its statement of purpose and within the conditions of regulation.



## **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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