Summary Report

La Haule

Care Home

Route De L'Isle
St Brelade
JE3 8BF

Inspection Dates
29 August and 2, 5 and 8 September 2025

Date Published
17 November 2025

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.

There was evidence of safe recruitment practices. Staff fedback that there was good teamwork, they felt supported by managers and were comfortable raising issues.

Findings from the inspection demonstrated the Registered Manager was open, transparent, responsive to learning from issues, and role-modelled a kind and caring approach. The registered and deputy managers reported that the change in Registered Provider had gone well, and the registered and deputy managers felt supported by senior colleagues in the LV Care Group. There was evidence of appropriate governance structures.

Care records contained past and present health information, as well as a range of risk assessments that were directly linked to care plans and daily records. There was evidence and feedback of collaborative working with professionals external to the service. Staffing levels met Standards, although advice on the configuration of staff was given to increase support at meal times and with the delivery of activities.

Notifications were being placed with the commission as required. There was evidence that fire safety log requirements and equipment services were being undertaken.

There was mixed feedback from care receiver's representatives. The home and staff were described as warm and friendly, and the home had a welcoming, uplifting atmosphere. However, there were also concerns shared by care receiver's representatives regarding aspects of care and practices. Given the range of views expressed, it was not possible to reach definitive conclusions based on the feedback received.

It was nevertheless reassuring that all stated they felt they could raise issues with the Registered Manager, and observations during the inspection were that the staff's approach was caring. The concerns raised are linked to areas that require improvement which include medication and infection prevention practices, as well as staff training on mandatory and dementia-specific topics.

Additionally, the Registered Person is required to enhance both the internal and external home environment to reflect the needs of individuals living with dementia.

The area for improvement regarding policies placed at the previous inspection remains.

IMPROVEMENT PLAN

There were five areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

Area for Improvement 1 **Ref:** Standard 6.7, Appendix 9 Regulation 14 **To be completed:** with immediate effect	The Registered Person must ensure medicines are managed in a compliance with legislative requirements, professional standards and best practice guidelines
	Response by the Registered Provider: The issues raised surrounding medication management specifically around stock and record keeping of PRN medication, the recording and disposal of transdermal patches and the dates of opening on bottles. Has been addressed in the weekly clinical review meetings and is a focus of the weekly medication audits. Home manager has adapted the homes audit to include these areas. We are still experiencing some setbacks with transcribing of medicine. The dietary supplements now have their own chart. However regularly prescribed medications that are supplied out width of LV pharmacy continue to be transcribed. The home manager is looking at how best to overcome this hurdle.

Area for Improvement 2 **Ref:** Standard 4.6 Regulation 12 **To be completed:** by 12/01/2026	The Registered Person must promote safe and healthy working practices in the area of infection prevention.
	Response by the Registered Provider: All team members receive regular infection prevention and control training, with updates provide through ongoing supervision and audits. The service maintains robust infection control procedures including PPE use, hand hygiene monitoring and regular environmental cleaning to promote safe and healthy working practices. The treatment room, which is old and due to be replaced, is on regular cleaning schedule attend by the housekeeping team to ensure hygiene standards are maintained. This is also monitored by the homes Housekeeper, Deputy Manager and Home Manager.

Area for Improvement 3 **Ref:** Standard 3.11, Appendix 7 Regulation 17 **To be completed:** by 17/11/2025	The Registered Person must ensure staff are up-to-date with all mandatory training requirements. As the service's Category of Care is Dementia Care, prompt attention is required to ensure staff have training in this area.
	Response by the Registered Provider: Since the JCC inspection, several training sessions have taken place in relation to Dementia Care and SRoL training. Further sessions are already scheduled to ensure the team are fully complaint in these areas. In addition, the Home Manager has been in contact with Practice Development Practitioner with Government of Jersey to come and facilitate CAIT (Communication and Interaction Training).

Area for Improvement 4 **Ref:** Standard 2.3 and 7.1 Regulation 18 **To be completed:** by 02/02/2026	The Registered Person must improve and enhance the internal and external home environment to reflect the needs of those living with dementia.
	Response by the Registered Provider: Refurbishment of the Kingfisher unit is nearing completion, with work scheduled to commence on the remaining units. The refurbishment programme is being undertaken with consideration for creating a dementia friendly environment, ensuring the home is safe and comfortable for all our residents to enjoy.

Area for Improvement 5 **Ref:** Standard 1.6 and 6.6, Appendix 2 Regulation 5 **To be completed:** by 17/11/2025	The Registered Person must ensure policies are up to date, based on current practice and relevant to Jersey legislation and guidance.
	Response by the Registered Provider: Policies are currently under review to ensure they remain up to date, reflect current best practice, and align with Jersey legislation and guidance.

The full report can be accessed from here.