



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**La Mabonnerie**

**Care Home Service**

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

**Inspection Dates  
9 and 16 October 2025**

**Date Published  
2 December 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 La Mabonnerie. The Care Home is operated by Les Amis Limited and there is a Registered Manager in place.

Registration Details	Detail
Regulated Activity	Care Home Service
Mandatory Conditions of Registration	
Type of care	Personal care, personal support
Categories of care	Learning disability, autism, physical disability/or sensory impairment
Maximum number of care receivers	4
Maximum number in receipt of personal care/personal support	4
Age range of care receivers	18 years and over
Maximum number of care receivers that can be accommodated in each room	Rooms 1-4 one person Persons with a physical disability can only be accommodated on the ground floor bedroom.
Discretionary Conditions of Registration	
The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care Module by 29 May 2028.	
Additional information	
The Commission received an absence-of-manager notification on 28 March 2025. Following this, a new manager application was submitted in April 2025 and was approved by the Commission on 29 May 2025. An updated Statement of Purpose was submitted following approval of the new 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. It was positive to note that the Registered Manager has commenced their 5 Diploma in Leadership in Health and Social Care.

### 3. ABOUT THE INSPECTION

#### 3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager four days in advance. This was to ensure that the Registered Manager would be available during the first visit. The second visit was arranged to meet with staff and care receivers who were not available during the first visit, and to complete the more practical aspects of the inspection, such as the medication review and fire safety checks.

Inspection information	Detail
Dates and times of this inspection	9 and 16 October 2025 09:30-12:15 and 09:35-11:50
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	Three
Date of previous inspection	16 and 20 May 2024
Areas for improvement noted in 2024	None
Link to the previous inspection report	<a href="#">IRLaMabonnerie20240520Final.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** At the last inspection, no areas for improvement were identified.

### **4.2 Observations and overall findings from this inspection**

Upon arrival at the home, the environment was calm, organised, and welcoming. Staff were engaged in their duties, and interactions appeared relaxed and respectful. It was evident that the wishes of care receivers were prioritised, with staff and the Registered Manager demonstrating a clear commitment to promoting choice, dignity, and independence.

The Registered Manager appeared to be settling effectively into their role and demonstrated a good understanding of the service. Staff reported that they felt well supported and able to approach the Registered Manager for guidance when needed. The Registered Manager was implementing some changes, taking a gradual approach to ensure staff were supported and engaged throughout the process.

Feedback from care receivers, a relative, and health professionals was positive regarding the care and support provided. This was further evidenced in the care plans and risk assessments. Care receivers have access to a wide range of activities and work opportunities, which support community integration and promote independence. Considerable work had also been undertaken to support safe, independent travel on public transport for one care receiver.

There was clear evidence of safe practices across key aspects of the service. Medication was administered and stored appropriately, in accordance with established protocols. Regular fire safety checks were completed, and records demonstrated adherence to required schedules. Weekly household chores and cleaning were carried out consistently, contributing to a safe and hygienic environment for care receivers.

There was a clear management structure in place both within the home and across the wider organisation. Staff reported that information was effectively communicated from senior management down to the team, and the Registered Manager felt well supported by other managers and 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, monthly reports and notification of incidents.

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

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

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and confirmed that there remained no identified areas for improvement by email, on 30 October 2025.

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

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<sup>1</sup> 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
<b>Is the service safe</b>	Feedback Staff recruitment files Staff training logs Staff rota Staff supervision records (a sample of three was reviewed) Risk assessments Meeting with HR, Governance, Learning and Development Manager Weekly checks, such as cleaning schedules Medication charts Staff medication competencies Induction paperwork
<b>Is the service effective and responsive</b>	Care plans Risk assessments Written Agreements Activity schedules Feedback Tour of the environment
<b>Is the service caring</b>	Care plans Positive Behaviour Support Plans Feedback
<b>Is the service well-led</b>	Monthly quality reports Incident logs/notifications Policies Statement of Purpose Feedback

## 6. INSPECTION FINDINGS

### Is the service safe?

People are protected from abuse and avoidable harm.

There was clear evidence that the service is safe while also fostering a homely, person-centred environment. A key strength of the home is how well staff know the care receivers, as well as how care and support are carefully planned and delivered.

Safe practices were evident throughout the home. For example, cleaning was managed effectively, with a weekly schedule in place and an external cleaner carrying out a deep clean once a week. The home also demonstrated safe storage of substances hazardous to health (COSHH).

Both the infection control box and the first aid kit were appropriately stocked and checked on a weekly basis, with checks including signage. Fire safety checks were also appropriate for the home environment and were found to be up to date.

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 or international police checks carried out in place of the Disclosure and Barring Service checks. Each file also contained a job description, interview notes, identity checks and references. The regulation officers were satisfied that safe recruitment practices aligned with the Standards. A further review is planned for 26 November 2025, for any staff recruited since 5 March 2025.

In addition, the regulation officers met with the Learning and Development Manager, who provided an update on the service-specific training provided to staff within the organisation. They advised that staff sexual health and relationship training would be classroom-based every three years. The regulation officers were asked if this should be mandatory, and the discussion highlighted that it would be up to the organisation to decide.

However, for this client group, it was suggested that treating it as mandatory 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.

The Registered Manager confirmed that all staff within the home had completed the sexual health and relationship training. Other staff members were undertaking or had undertaken specialist training in dementia and continence care.

The Regulation Officer also reviewed a sample of staff members' training logs. These evidenced that each staff member's mandatory training, in addition to the service-specific training mentioned above, was up to date.

80 per cent of staff within the organisation, which does not include registered managers or team leaders, have the Regulated Qualifications Framework (RQF) Level 2 or Level 3. The Registered Manager confirmed that three staff members are Level 2 RQF or above and that the other two staff members hold their Level 3 training in medication. One staff member is waiting to start employment.

The Regulation Officer carried out a brief review of the home's medication procedures. Medication administration records were completed correctly and signed as required. The charts are colour-coded to show different administration times. Medication bottles were labelled with clear 'opened on' dates, and each care receiver's medicines were neatly stored in individually labelled boxes.

The key to the medication cupboard is stored in a coded, lockable box. All staff who administer medication hold a Level 3 RQF medication qualification, and their medication competencies are reviewed every six months, or sooner if required. During the inspection, the Regulation Officer reviewed the competency records and confirmed that all were current and up to date. Care receivers also have regular medication competency assessments; however, only one care receiver is currently self-medicating.



The Registered Manager explained that all staff also complete annual finance competencies. These assessments are carried out by the Registered Manager and cover areas such as shopping, delegation, and holidays.

In relation to financial management within the home, there are appropriate checks and oversight of both individual care receivers' finances and monthly housekeeping expenditure. Money signed in or out on behalf of care receivers is recorded, and all receipts are retained for auditing purposes. Authorised representatives are in place for each care receiver to manage their finances as required.

Clear induction processes are in place for new staff. The Registered Manager stated that new staff members complete approximately forty hours of shadowing. Staff work through an induction checklist and supervised work-based practice, followed by a final induction evaluation and formal sign-off.

Staff receive regular supervision and annual appraisals. During the inspection, three samples of staff supervision records were reviewed, showing that three out of the four required supervisions for this year had been completed. Appraisals include a section on self-evaluation, supporting a person-centred approach to staff development.

### **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 comprehensive risk assessments and individualised care plans for care receivers, which promoted independence and a good quality of life. As noted earlier, considerable work had been undertaken to support one care receiver with safe, independent travel on public transport and by foot. Additionally, a positive outcome was observed where the same care receiver was being supported to transition to a new home that would facilitate greater independent living, in line with their wishes and preferences.

The Regulation Officer received feedback from the care receiver about the upcoming move, and they were extremely animated, excited, and joyful about the transition.

There was also evidence of visual strategies being used within the home to support care receivers. For example, the use of pictures to aid with menu choices and meal planning. Also, a pictorial board in the downstairs lounge clearly identifies which staff members are working and when.

The Regulation Officer undertook a brief tour of the environment with the Registered Manager. Some recent decoration had been completed in the upstairs hallway; however, there was evidence of wear and tear to the paintwork on the staircase.

This was discussed with the Registered Manager and had been raised with the maintenance team for attention. The lounge area was comfortable and appropriately decorated for Halloween. The kitchen had been renovated earlier in 2025 to a high standard, with new cabinets and worktops, and the outdoor area had been enhanced with a new seating area.

The larger bedroom downstairs was currently unoccupied. The Registered Manager explained that it had recently been considered for a care receiver but was deemed unsuitable for their needs. The home had worked closely with the care receiver's social worker and had met with the care receiver at their current accommodation to facilitate an assessment.


All care receivers are provided with a written agreement prior to admission and a welcome pack. Samples of these agreements were viewed during the inspection and are stored both in hard copy and electronically.

Feedback from care receivers regarding activities has been very positive. One care receiver, for example, expressed excitement about the upcoming Halloween disco and shared their plans for a fancy dress outfit. They were also looking forward to performing in an upcoming concert with the Les Amis choir. Another care receiver highlighted their enjoyment of employment. Other activities accessed by care receivers included horse riding, swimming, Zumba, and date nights. An activities board in the lounge provides a weekly record of all scheduled activities for each care receiver.

## Is the service caring?

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

The Regulation Officer was able to review the care plans for all care receivers remotely. The care plans clearly outlined individual needs and preferences and included practical measures to encourage independence in daily activities. For example, practical steps and advice for supporting a care receiver in the safe use of their bank card. They also demonstrated effective collaboration with health professionals, with appropriate health and well-being checks documented.



They maintain accurate records and detailed care plans for the individuals we jointly support.

The Regulation Officer observed staff interacting with care receivers in a relaxed, respectful, and supportive manner. Care receivers reported that they liked the staff and enjoyed living in the home. One care receiver stated that they knew who to speak to if they had any concerns.

There was evidence of regular supervisions with care receivers within their plans. These sessions provide an opportunity to check in with individuals and discuss a range of topics, such as 'I make important decisions' and 'I have friendship and relationships.' Care receivers are also able to access a relationship and sexuality course if they chose to, and staff support this in a sensitive and informed manner.

Where appropriate, care receivers also had positive behaviour support plans in place. Assessment tools were included when required, such as the Disability Distress Assessment Tool (Dis Dat Tool), which highlighted usual or baseline cues, enabling staff to identify signs of distress more clearly. In addition, a motivation assessment tool was in use to further support individualised care.

There are currently two care receivers with a Significant Restriction on Liberty (SRoL) authorisation in place and these are stored appropriately within the care plan.

The Regulation Officer also received positive feedback from a relative regarding the care and support provided within the home. They described how their family member had developed increased confidence and independence as a result of this support.

Feedback from a health professional confirmed how well staff knew the care receivers within the home and how they engaged well both with themselves and the care receivers.

Advance care planning and end-of-life care work has been undertaken with care receivers as it has elsewhere within the organisation and is ongoing.

Accident and incident reports were documented within the plans, with applicable recording and escalation. Appropriate notifications had been made to the Commission since the last inspection.

### **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.
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There is a clear management structure within the home and the organisation. The Registered Manager is supported by an experienced Team Leader. In addition, there are three full-time care support workers and one more waiting to commence employment. From Tuesday afternoon through Saturday afternoon, two staff members are on duty, while from Saturday through Monday there is one staff member on duty. This arrangement is due to some care receivers being on leave over the weekend. There is always one member of staff on a sleep-in shift each night. A sample of the staff rota was reviewed during the inspection, covering the two-week inspection period, and was found to be satisfactory. It is done a month or two in advance.

All staff spoken with during the inspection were positive about the team and the culture within the home. They described the staff team as “*excellent, supportive, and flexible*”.

There was clear evidence of staff getting along well and enjoying their work. Communication within both the home and the wider organisation was also described as good.

Regular staff meetings are held, providing opportunities for staff to discuss matters related to themselves, the home, and the care receivers. The Registered Manager reported that a Standard is discussed at each meeting, along with how it relates to staff roles. This is considered good practice, as it encourages staff to integrate the Standards into their daily work.

Staff are also supported by relevant policies. Prior to the inspection, a sample of policies was requested from the Head of Governance, and these were found to align with the Standards.

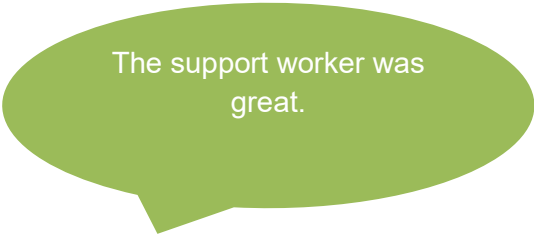
The Registered Manager also described the support they have received, and continues to receive, from other managers since assuming the Registered Manager role. They also attend regular meetings with other Registered Managers from within the same organisation.

The Head of Governance completes a monthly quality assurance report, providing external oversight of internal processes. One out of every three months, this involves a visit to the home, while in the remaining months the review is conducted remotely. While these remote reports provide a useful overview, they could be further enhanced by including more detail, for example, any learning or outcomes that had taken place with respect to the Standards during staff meetings in that period.

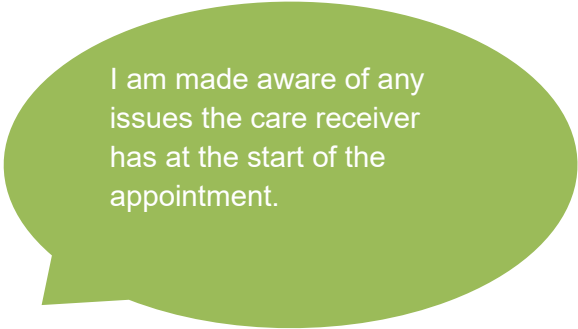
### What health professionals said:



The staff member knew the client well and was able to helpfully support with my assessment.




The support worker was great.




I am made aware of any issues the care receiver has at the start of the appointment.

### What staff said:




Staff training is something that Les Amis does really well.



The communication is good, especially the verbal.

A relative's view:



I am always included in  
terms of communication  
and what is happening with  
Xxx.

The staff are brilliant.

## **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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