



Jersey Care
Commission

INSPECTION REPORT

Mourant Lodge

Care Home Service

**Les Amis Limited
Five Oaks
St Saviour
JE2 7GS**

**Inspection Dates
14 and 28 November 2025**

**Date Published
16 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 Mourant Lodge. The service 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 and/or sensory impairment
Maximum number of care receivers	Four
Maximum number in receipt of personal care/personal support	Four
Age range of care receivers	16 and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1-4: one person
Discretionary Conditions of Registration	
None	
Additional information	
The new Registered Manger joined Mourant Lodge in March 2025. An updated statement of purpose was received on 12 November 2025.	

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 three days prior to the inspection. This was to ensure that the Registered Manager would be available during the visit.

Inspection information	Detail
Dates and times of this inspection	14 November 2025, 10:00 – 14:30 28 November 2025, 15:00 – 16:00
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	Four
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	22 November 2024 None INS_CH_ML Inspection 20241122Final.pdf

3.2 Focus for this inspection

This inspection included a focus on the 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

Mourant Lodge provides overnight respite care for up to four individuals and was inspected to assess safety, effectiveness, responsiveness, caring practices, and leadership. The service demonstrates strong safeguards against abuse and harm. Recruitment processes comply with safe standards, including references, criminal record checks, and identity verification. Overseas staff are welcomed with thoughtful support such as accommodation, food packs, and transport passes. Induction procedures are thorough, and rotas ensure adequate staffing. All permanent staff hold at least Level 2 qualifications in health and social care, with mandatory training tracked. Fire safety and medication management systems are robust, with clear records and risk assessments.

Communication within the service is generally effective, with regular meetings and information sharing across teams and with external professionals. While most families praised updates and records, one raised concern about impersonal communication, which management committed to address. Governance is strong, with incident tracking, compliance with safeguarding and capacity laws, and no complaints or safeguarding referrals made since the last inspection.

Care is person-centred, respectful, and compassionate. Staff receive regular supervision and appraisals, with access to wellbeing support. Care plans are tailored through 'All About Me' assessments, and receivers are involved in choices about rooms, meals, and activities. The service accommodates complex needs with specialist training, and feedback from care receivers highlights satisfaction and enjoyment of respite stays.

Leadership is open and transparent, with effective policies, incident reporting, and quality assurance. The Registered Manager is experienced and praised for dedication and collaboration.

Information for care receivers is accessible, including easy-read materials. Overall, Mourant Lodge is well led, safe, caring, and responsive, providing high-quality respite care that promotes wellbeing and independence.

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, variation requests and notification of incidents.

The Regulation Officer gathered feedback from three care receivers and five of their family members or 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 and incidents were examined.

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and followed up in writing by email on 3 December 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	Staff recruitment Induction and skills competency assessment Policies and procedures Employee handbook Training matrix Staff feedback Care records Staff rotas Monthly reports Care receiver and representative feedback Professional feedback Fire safety
Is the service effective and responsive	Statement of purpose Staff feedback Care receiver and representative feedback Professional feedback Monthly reports Communication
Is the service caring	Staff wellbeing Care receiver and representative feedback Monthly reports Care records Professional feedback
Is the service well-led	Organisational chart Care receiver information Easy read information Training matrix Policies Statement of purpose Notifications Team meetings

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

During the period of this inspection, two Regulation Officers met with the organisation's human resource team as part of the bi-annual review of safe recruitment throughout Les Amis. A selection of recruitment files was randomly selected, and the process was monitored against the organisation's safe recruitment policy and the Commission's standards. It was reassuring to note that there was consistent evidence of a safe process, including the obtaining of appropriate references and seeking further information if required, receiving Disclosure and Barring Service certificates, and clear identification checks, as well as entitlement to work and, where required, verification of visa and immigration status.

Over recent years, the organisation have needed to employ overseas workers to ensure a safe number of support workers. This has become necessary due to the increasing difficulty in attracting local people to work in care. During the process of employing people from overseas, systems have developed to improve the experience of carers recruited from abroad, including providing an information leaflet for overseas staff moving to Jersey. New staff are then met on arrival, taken to their accommodation, provided with a welcome pack of food, a bus pass, new linen and the first month's rent is paid and absorbed by the organisation. The thoughtful way of welcoming new employees who are also coming to a new country is an example of good practice.

Since the last inspection, the service has had two new members of staff join the team. The Regulation Officer was able to view the induction process, including the induction handbook and the task /skills checklist. Each required task or skill was recorded, dated and signed by both the staff member and the colleague supervising their practice.

The service has a small, flexible staff team consisting of the Registered Manager, Team Leader, two contracted support workers and two staff who are on zero-hour contracts and provide additional cover as required.

Due to the nature of the service, which involves providing overnight respite care to a maximum of four care receivers at any one time, there are periods of downtime and busier times. The Registered Manager stated that the needs of the care receivers and access to respite can change at short notice, and she praised the team for their versatility and skills in meeting these needs. The Regulation Officer reviewed the staff rotas, which reflected adequate cover for the service. The rotas are planned using a four-week rolling rota.

Family Feedback:.

I have never been aware of any safety issues whilst Xxx has been in their care, nor have had reason to think Xxx is not well cared for during their visits.

Each of the permanent staff team has been trained to level two or above in the Regulated Qualifications Framework (RQF) in health and social care. The services training matrix identifies that all mandatory and statutory training has been completed, with dates of when refresher training is required clearly recorded.

The Regulation Officer reviewed the fire safety policy and process. The fire records are kept by the front door along with the First Aid pack. The records showed that appropriate tests were completed and signed for, including the alarm test, emergency lighting, fire door closures, firefighting equipment and fire drills. All care receivers have an up-to-date fire risk assessment, which includes identifying their understanding of evacuation procedures and a personal fire evacuation plan.

Medication management practices were discussed with the Registered Manager. The care receiver's medicines are safely stored in an appropriate locked cabinet within the staff office. The medication administration record clearly states the name, date of birth and address of the care receiver along with any known allergies. The medication name, strength, dose and frequency are evident, and the service has copies of the original prescriptions.

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.

Communication processes within the service are effective. There are team meetings every two months, but staff also described good communication on a day-to-day basis. Throughout the organisation, there is a good structure of formal and informal communication. Team leaders from all services meet every two months. The registered managers across the service meet weekly to review any issues that are important to share from the previous week and discuss any challenges facing the service in the upcoming week. One of the registered managers represents all registered managers, on a rotating basis, at senior management meetings, ensuring that relevant information from services is communicated appropriately.

Feedback from staff, care receivers, and relatives generally highlighted effective communication within the home. Most people reported being well-informed and expressed confidence in knowing who to approach with any concerns, with one family member stating, "*We are regularly updated with any news, upcoming events and details on Xxx whilst at Mourant Lodge.*", with another saying, "*Staff provide me with a comprehensive record of what Xxx has been doing each visit.*" However, feedback from another family member raised a concern regarding communication, stating, "*The communication and feedback loop from the staff is poor and impersonal and there is no prior warning of staff changes, or who is on duty on a particular day etc.*" The Regulation Officer raised the feedback with the Registered Manger who responded by saying, "*I will follow up with families to see where we can improve communication going forward.*"

The Regulation Officer identified positive evidence of information sharing with other health and social care professionals to ensure the safety and well-being of care receivers. The feedback from a professional who works closely with the service said, *“Over the past few months, the Registered Manager and I have worked closely together on several occasions to review and tailor individuals’ care arrangements. I have been consistently impressed by their genuine dedication and the care they bring to every conversation.”*

Professional Feedback:

I always feel assured when I see that clients are being supported by Mourant Lodge. During the reviews I carry out, multiple individuals accessing the service and their families have spoken very highly of the support they receive from the Mourant Lodge team, and this positive feedback is reflected in the quality and consistency of the care provided.

Governance is robust, with monthly reports, incident tracking, and clear risk assessments in place. The service complies with relevant laws, including the Capacity and Self-Determination (Jersey) Law 2016, with all staff being up to date in their training in this area. Since the last inspection, there have been no safeguarding referrals; however, the Regulation Officer was confident that there is a good understanding among the team of the principles, processes, and training related to safeguarding adults. No complaints have been recorded since the last inspection.

Is the service caring?

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

Staff participate in regular quarterly supervision with the Registered Manager and undergo an annual appraisal, during which they identify objectives and any specific training that may support the care they provide. One member of care staff noted, when asked if the service is caring, "*Yes, for service users and for staff who have benefits from the organisation above the usual pay - access to counselling if needed, staff social activities, wellness checks during supervisions and appraisals.*" Another member of staff said, "*I am looked after fabulously.*"

During the review of the electronic care records, the Regulation Officer was able to identify clear risk assessments and the link to person-centred care plans. Care receivers are included in the care planning process. The 'All About Me' assessment within the care plan provides a comprehensive overview of the person, including their likes and dislikes, personal health and medical history, support networks, and routines, among other areas of assessment. It is this assessment that drives the specific care plans, which include areas such as safety, independent living, and community inclusion.

Family Feedback:

It's the staff really, they have been nothing short of a miracle! Xxx life, attitude and daily outlook have changed so much for the better since being at Mourant Lodge. It's given them much confidence in themselves and the change has been so obvious to see. A huge 'Thank You' to everyone.

When the care receivers attend Mourant Lodge for respite, they initially choose which room they wish to stay in, unpack and make up their bed. They can choose what they want for dinner that evening and may have activities they participate in away from the home.

On the day, the Regulation Officer met with some of the care receivers, two of them informed them they were going to a Christmas disco at a town hotel. Another care receiver was going to the cinema.

On the ground floor of the home, there is a high dependency bedroom which is equipped with a ceiling hoist to safely transfer the care receiver to the bathroom and in and out of bed. The service can provide respite to people with more complex needs, and staff are trained in specific interventions based on the individualised care required. Examples of such training include epilepsy awareness and the administration of buccal midazolam, which is used to treat seizures.

One of the care receivers informed the Regulation Officer that *“All the staff are nice to me and look after me. We go for drives, and I go to the running club and ran the 5k.”*

Comments from family members, when asked if they felt the service is caring, included, *“Xxx loves going, and I describe the care they get as professional love.”* Feedback for another care receiver stated, *“I can only gauge by how keen Xxx is to go there each week that they are being well looked after and happy when there.”*



Care Receiver feedback.

I enjoy having respite at Mourant Lodge and spending time with my friends. Staff are very good.

The organisation has recently published their relationships and sexuality for people with learning disabilities policy. The policy supports the staff in understanding the rights of care receivers in developing personal relationships. All staff at Mourant Lodge have attended the training provided by the Learning Disability Service, which enables them to discuss sexuality and relationships as part of their role, if and when the need arises.

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 Commission received one notification from the service since the previous inspection. The notification was appropriate, and in discussion with the Registered Manager, the Regulation Officer viewed how the service's internal incidents are captured as they happen. The organisation has an accident, incident, and near-miss policy, which is understood by the team and followed. Each month, the head of governance reviews the service, including any incidents or accidents, with a focus on outcomes, themes, and lessons learned. The Regulation Officer was confident that the service had open and transparent processes in place for reporting and dealing with adverse events.

Most care receivers who use Mourant Lodge have the capacity to make their own decisions regarding their day-to-day wishes and preferences. In discussions with staff, it became apparent that there is a sufficient understanding of the principles of capacity and self-determination law, as well as the role of the support worker when caring for someone subject to a Significant Restriction on Liberty authorisation.

The organisation has a comprehensive suite of policies that are easily accessible via the organisation's human resource system. There is evidence of effective version control, with policies being reviewed and updated as required. A selection of policies had been requested from the Head of Governance earlier in the year, which linked to the Commission's key lines of enquiry, including, for example, capacity and self-determination, learning and development, complaints, safe recruitment and staff induction handbook. All staff have direct access to the policies and procedures and confirm that they have read and understand the content.

Information is provided to care receivers in a way that supports their understanding, including easy-to-read documents such as the easy-read welcome pack, which provides details of the service aims and objectives, safe care, raising complaints, and contact details.

The Registered Manager submitted a revised Statement of Purpose which outlines, for example, what the service provides, including the categories of care, aims and objectives of the service, staffing arrangements, quality assurance and governance. The Registered

Manager joined Mourant Lodge in the early part of this year, bringing experience in managing other services within the organisation. Feedback from one of the external professionals stated, *“The Registered Manager and I have worked closely together on several occasions to review and tailor individuals’ care arrangements. I have been consistently impressed by the genuine dedication and the care they bring to every conversation. (The Registered Manager) always has clients’ wellbeing at heart and frequently goes above and beyond to ensure their needs are fully and thoughtfully met”*.

Care receivers described looking forward to going to Mourant Lodge for overnight respite. One of the care receivers said, *“I come to Mourant Lodge for support from the staff, all of them are nice to me and look after me. I enjoy coming here. This evening there will be a disco at (one of St Heliers’ hotels), I have good friends here.*

Family Feedback:

I know Xxx is particularly fond of the Team Leader and Registered Manager. They have been brilliant with them.

Family Feedback:

Mourant lodge has recently changed management, and I feel that the house is managed well.

Staff are always accommodating and friendly.

One of the care receivers' representatives responded to the request for feedback with the following: "*We are regularly updated with any news, upcoming events and details on Xxx whilst at Mourant Lodge. The staff, especially, have been great, and Xxx's highlight of the week is to go to Mourant Lodge!*" Another family member was positive about both the care provided and the senior management of the service. They commented that staff have been very supportive to them and their loved one and are flexible and able to change activities depending on the needs of the care receiver. They were also positive in their feedback towards the senior management of Les Amis, saying they are always helpful.

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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