



**Jersey Care
Commission**

INSPECTION REPORT

17/18 Le Grand Clos

Care Home Service

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

**Inspection Date
9 March 2026**

**Date Published
31 March 2026**

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 17/18 Le Grand Clos. 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	
Categories of care	Learning disability, autism
Maximum number of care receivers	Five
Age range of care receivers	18 years and above
Maximum number of care receivers that can be accommodated in each room	Bedrooms 1-5, one person
Discretionary Conditions of Registration	
None	
Additional information	
<ul style="list-style-type: none">• An application was approved by the Commission on 19 May 2025 to register the current Registered Manager.• Following the inspection announcement, an updated Statement of Purpose was submitted to the Commission.	

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 would be available during the visit.

Inspection information	Detail
Dates and times of this inspection	09 March 2026, 09:00-13:00
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	Five
Date of previous inspection	20 and 24 March 2025
Areas for improvement noted at the last inspection	None
Link to the previous inspection report	RPT_17-18LGC_Inspection_20250324.pdf

3.2 Focus for this inspection

This inspection included a focus on the below 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 home demonstrates a consistently high standard of care, with evidence of good practice, reflective learning, and a culture centred on the needs and wishes of the people who live there. Robust recruitment procedures, comprehensive incident reporting systems, and strong health and safety processes contribute to a secure living environment. Medication is managed safely, with competent staff and clear oversight. Safeguarding is well embedded, and staff demonstrate confidence in recognising and responding to concerns.

Care is delivered effectively through detailed communication strategies, accessible information, and multidisciplinary collaboration. Care receivers benefit from meaningful involvement in their care planning, supported by clear communication aids and person-centred documentation. Activities are varied, purposeful and tailored, promoting physical, emotional and social wellbeing while encouraging independence and community participation.

Staff demonstrated warmth, respect and an understanding of each care receiver's history, preferences and needs. Care plans are personalised and regularly updated. Staff promote dignity, choice and autonomy in daily routines, ensuring that people feel understood, valued and emotionally supported.

Leadership within the home is visible and responsive. Feedback is actively sought and used to drive home improvements. Policies around equality, diversity and anti-discrimination reinforce a culture of fairness and respect.

Overall, the home presents as well-organised, person-centred and continuously improving, ensuring that people receive safe, compassionate and responsive care in an environment that promotes independence, wellbeing and quality of life.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care and Support Services with Accommodation 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 and reviews of the Statement of Purpose.

The Regulation Officer obtained feedback from four care receivers and sought input from three of their representatives; on this occasion, no responses were provided. They also engaged in discussions with the home's management and other staff. Feedback was also requested from three professionals external to the service, although no responses were received.

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

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager. The Regulation Officer confirmed that there were no identified areas for improvement by email, on 12 March 2026.

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 files Training log Staff rota Staff supervision records Recruitment policy Health and Safety policy Care receiver and staff feedback
Is the service effective and responsive	Statement of Purpose Care receivers' supervisions Care plans Care receiver and staff feedback Tour of the environment – board rooms, weekly menus, cleaning schedules
Is the service caring	Care plans Care receiver and staff feedback Activity schedules Tour of the environment – bespoke décor, environmental adaptations Training log Medication administration record (MAR)
Is the service well-led	Monthly quality reports Incident logs Incident-Accident policy Equality and diversity policy Anti-discrimination policy Care receiver and staff feedback Staff rota Care receivers needs assessment Supervision records

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The home has strong systems in place that support safe care and protect people from harm. Regulation officers reviewed staff files at the head office on 12 March 2026 and found safe recruitment processes are well embedded. References are obtained, Disclosure and Barring Service checks are completed, and clear procedures are followed if concerns arise. Recruitment practice meets the Jersey Care Commission (JCC) Standards.

Health and safety arrangements are robust. Policies cover fire safety, environmental checks and emergency procedures. Monthly provider reports show that routine checks are carried out consistently, helping to maintain a safe environment.

Staff were able to explain incident reporting processes, including when and how to escalate concerns. All incidents are recorded electronically, which supports oversight and learning. Immediate actions, such as checking wellbeing, informing the Registered Manager or on-call manager if out of hours, and completing the required documentation, are consistently applied. Review processes help identify patterns, and learning is shared and embedded. A recent example showed good multidisciplinary working, a medication review and updates to care plans, demonstrating effective reflective practice.

Medication is managed safely within the home, with secure storage systems in place and access restricted through a staff passcode. Staff demonstrate competence and consistency in medication administration, supported by six-monthly competency assessments carried out by the Registered Manager and Team Leader.

During the inspection, several recommendations were suggested. These included clearer 'when required' medication instructions, dating medication packaging once opened, and updating photographs annually. The manager welcomed these suggestions, and progress was already visible by the end of the inspection week.

Safeguarding is well understood. Staff recognise signs of concern and respond with reassurance and support. Care plans clearly set out supervision levels for daily tasks, balancing independence and safety.

Health needs are monitored, including nutrition, hydration and physical wellbeing. Menus are developed with care receivers around their preferences and displayed in picture format. Routine health appointments, such as dental and eye checks, are tracked to ensure ongoing wellbeing.

The environment is safe, comfortable and responsive to individual needs. Each care receiver has a front-door key unless there is a documented reason otherwise, and secure storage is provided for valuables.

Communal areas are well maintained, and reasonable adjustments, such as personalised food lockers, enhance independence and dignity.

Care receiver feedback:

Les Amis is great; they supported me to be independent.

The culture is open, reflective and improvement-focused, ensuring that people benefit from a setting where risks are well managed, staff are competent and attentive, and safety is prioritised in daily practice.

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.

Care is person-centred and supports communication, independence and wellbeing. Staff use a range of communication aids, including picture prompts, staff photo boards and visual menus. These tools help people express their views, understand routines and recognise staff.

Care receivers take part in developing and reviewing their care plans. Advocacy is sought when needed, in line with the Capacity and Self-Determination (Jersey) Law 2016.

The welcome pack sets out people's rights, how decisions are made, safety arrangements, and how to access support. It also explains feedback and complaints processes in an accessible way. The pack also outlines the home's focus on community involvement, meaningful activities, and the skills and training of staff.

Care receiver feedback:

Les Amis helped me to find my favourite hobby; I am very happy!

Activities promote physical, emotional and social wellbeing. The Les Amis Residents Social Club offers a monthly programme. Examples include social evenings, exercise-based activities, outings around the Island and occasional trips off-Island, such as to St

Malo. Partnerships with community groups help broaden opportunities. Seasonal events and individualised sessions ensure that activities are not generic but instead matched to each person's abilities, interests and energy levels, this was seen as an area of good practice.

Participation is monitored through the service's electronic systems. This helps staff notice changes in mood or engagement and review care plans accordingly.

Is the service caring?

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

Care plans are personalised and show that staff understand people's emotional, physical and psychological needs. Daily notes are completed consistently, helping staff maintain continuity and respond to changes.

Plans describe how staff should offer reassurance, communicate in a supportive way and respect individual preferences. Independence is encouraged, with support for daily tasks such as meal preparation, personal care and household activities.

Care receivers are involved in care planning, with monthly reviews documented. Care receivers participate in reviews as much as practicably possible, supported by communication aids when required, ensuring that their voice remains central to their care.

'All About Me' profiles give a clear picture of each person's history, preferences, communication style and aspirations. These are updated regularly and used in monthly reviews with key workers and health professionals.

Risk information is clear and practical. Staff know when to seek advice from the Learning Disability Nurse Team or other professionals. Pressure area care is managed safely with checks recorded in the electronic system. Personal care preferences, including male or female staff, are respected.

Fire risk assessments and activity-specific risk assessments - such as voluntary work placements, day trips and off-island travel - demonstrate a balanced approach to safety and independence.

Safety guidance is clear, including water-temperature checks, safe kitchen practices, the management of sharp objects, and the handling of Control of Substances Hazardous to Health products.

The regulation officers also met with the Learning and Development Manager at the head office on the 12 March 2026, who provided an update on training provided to staff within the organisation. Staff competence and supervision underpin the caring culture within the home. Staff receive training directly relevant to the care receivers' needs, and monthly supervision ensures ongoing reflection and support. The manager maintains oversight of training, documentation, and risk assessment reviews, ensuring consistency across the team.

Staff feedback:

Les Amis gave me an opportunity to grow, offered training and career progress, I am very thankful.

Staff awareness of essential care was noted, they demonstrated an understanding of each care receiver's needs, including medication administration, personal and intimate care, nutrition, mental and emotional wellbeing, social relationships, independence and safety. Check-ups such as dental or ophthalmology appointments are clearly documented, showing that health needs are monitored proactively.

Overall, the home's approach to caring is respectful and person-centred. Staff know the care receivers well, respond sensitively to their emotional and mental health needs, and work in a way that preserves dignity, independence and wellbeing.

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 home demonstrates a governance culture with structures that support accountability, openness and ongoing improvement. Feedback is gathered through multiple accessible routes, including meetings, advocacy, supervision, team

Staff feedback:

We have monthly supervision on different topics that helps us listen and understand our service users' changing needs and preferences and ensures we are providing the necessary support.

discussions and the complaints process. Themes are reviewed by management and used to guide improvements. This approach ensures that the home has an understanding of the experiences of those who live and work within the home.

The supervision policy aligns with the Commission's expectations and promotes safe practice, performance management and staff wellbeing. Regular supervision supports reflection, training and communication. Clear processes exist for escalating concerns and meeting regulatory reporting requirements, ensuring that learning is captured and improvements are monitored over time.

Les Amis is working towards the 'We invest in wellbeing' Gold standard. Evidence seen at the head office demonstrated progress in creating a positive and supportive workplace culture.

Staff described feeling comfortable raising concerns or sharing ideas. The complaints process is clear, displayed in easy-read format and encourages open communication. Responses are timely and transparent, which helps build trust. This reinforces trust between the home, care receivers and their families, and was seen as an area of good practice.

The service has an anti-discrimination and equality and diversity policies covering both staff and care receivers. These policies reinforce the principles of dignity, respect, fairness and non-discrimination. This ensures that individuals are protected from bias or unfair treatment and that any concerns are investigated.

Staffing arrangements are also well led. The home uses a dependency tool to determine the required staffing levels and skill mix, ensuring that staffing is aligned with the needs and complexity of the care receivers. The staffing policy reflects The Commission's Standards and sets expectations around safe staffing, team structure and competence requirements.

Rotas demonstrate compliance with the staffing ratios and show that a Registered Manager, Team Leader or senior staff member is always on duty. This structured system provides reassurance that care receivers have the right level of support at the right time.

Governance structures also ensure that incident and accident learning is captured. The incident-accident policy differentiates between accidents, incidents, behavioural data, near-miss events and medication errors. Managers share key messages with staff and make changes when needed.

What care receivers said:

I decorated my room with what I wanted, they just helped me when I needed.

The change was hard, but Les Amis really supported me, and I am really happy now.

What staff said:

Les Amis has been great since day one. They made sure I was settled in all the ways, in and out of work.

We ensure that everyone is treated with dignity, fairly and respected. Everyone has right to the freedom of speech.

A strong teamwork where we all discuss anything and everything in regard to the service users. Service users are able to communicate their needs and feelings.

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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