



**Jersey Care
Commission**

INSPECTION REPORT

Le Petit Bosquet

Care Home Service

**La Rue de Haut
St Lawrence
JE3 1JZ**

**Inspection Dates
23, 24 & 30 October 2025**

**Date Published
16 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 Le Petit Bosquet. The care home is operated by LV Care Group and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Care home
Mandatory Conditions of Registration	
Type of care	Nursing care, personal care, personal support
Category of care	Adult 60+
Maximum number of care receivers	42
Maximum number in receipt of nursing care	36
Age range of care receivers	60 years and above
Maximum number of care receivers that can be accommodated in each room	Bedrooms 1-20, 23, 28-42 (nursing) one person Bedrooms 21,22,24,25,26 & 27 (residential) one person - for the provision of personal care/personal support only
Discretionary Conditions of Registration	
The Registered Manager completed a Level 5 Diploma in Leadership in Health and Social Care; therefore, the discretionary condition was removed on 12 August 2025.	
Additional information	
Variation approved 20 October 2025. Renumbering of rooms in the home to make navigation easier. Work carried out with assistance from the fire service. Residential rooms 21,22,24,25,26, & 27 Nursing rooms 1-20, 23, 28-42.	

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

Inspection information	Detail
Dates and times of this inspection	23 October 2025 9:00 – 17:15 24 October 2025 9:00 – 14:30 30 October 2025 12:30 – 14:00
Number of areas for improvement from this inspection	One
Number of care receivers accommodated on the day of the inspection	42
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	17 & 18 July 2024 None IR-LePetitBosquet-2024.07.18-Final.pdf

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 improvements identified at the last inspection

At the last inspection, no areas for improvement were identified.

4.2 Observations and overall findings from this inspection

Entering the home immediately creates a sense of warmth and homeliness. Staff greet visitors in a friendly and welcoming manner.

The Registered Manager oversees the home with the assistance of a skilled Deputy Manager. Both have strong backgrounds in nursing and end-of-life care. They are supported by registered nurses, senior healthcare assistants, and healthcare assistants. The housekeeping team keeps the home clean and fresh. The catering team consistently meets food hygiene standards. The latest Eat Safe rating was five stars.

Since the last inspection, new employees have joined the team in various roles. Some bring previous care experience. The home continues to employ registered nurses alongside healthcare assistants to meet mandatory registration conditions. Evidence shows safe recruitment practices. The roles and working relationship between registered nurses and carers blend well together. All understand and respect each other's roles and responsibilities.

The staff rota displays a balanced mix of skills and experience to meet the needs of care receivers. Most healthcare assistants hold a Regulated Qualification Framework (RQF) qualification at Level 2 or Level 3.

Staff training continues. The Registered Manager actively maintains an effective online traffic light system to monitor training compliance, identifying staff who are due, booked, or have completed their training.

Policies and procedures are well established. However, the Regulation Officer found that some need more information to fully align with best practice, Jersey legislation and guidance. This is an area for improvement.

Some care receivers were dissatisfied with the food quality. They also lacked opportunities to meet chefs to discuss menu options and preferences. This matter was addressed during the inspection with a positive outcome.

Overall, the inspection was positive, with one area for improvement noted.

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 10 care receivers and five of their representatives. They also had discussions with the service's management and 20 staff. Additionally, feedback was requested from four professionals external to the service and provided by two.

As part of the inspection process, records including policies, care records, recruitment files, staff rotas and induction booklets were examined.

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager, and confirmed the identified area for improvement by email, on 31 October 2025.

This report sets out our findings and includes any areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report, and an improvement plan is attached at the end of the report.

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	<ul style="list-style-type: none"> Staff recruitment files Induction booklets Discussion with Registered Manager Duty rotas for all staff Staff training matrix Risk assessments Feedback from staff and care receivers Walk round the environment
Is the service effective and responsive	<ul style="list-style-type: none"> Minutes from staff meetings Written agreements Discussions with care receivers and representatives Daily notes Daily huddle meeting Personal plans Information sharing Suggestion box
Is the service caring	<ul style="list-style-type: none"> Care plans Discussions with Deputy Manager around advance care planning and end of life care Observation and discussions with care receivers around food Dementia training Activities
Is the service well-led	<ul style="list-style-type: none"> Discussion around notifications Review of policies SRoL discussion and evidence in care plans Feedback from staff, professionals and care receivers and their representatives Monthly reports Statement of Purpose

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Staff recruitment processes were reviewed during the inspection. Evidence confirmed that all required safety and pre-employment checks have been completed in line with care home standards. However, there is a policy gap: the organisation's recruitment policy does not reference overseas recruitment, despite this practice being in use. This was raised with the Registered Manager at the time of inspection and acknowledged.

During the inspection, the Registered Manager was advised to ensure at least two people are present for staff interviews, promoting fairness and transparency. The manager agreed to implement this recommendation.

Induction booklets for new staff were reviewed and found to be completed appropriately. Each booklet had been signed by both the inductee and the manager, confirming oversight and participation in the process. The induction materials included sections on mandatory training, key policies, and supervision arrangements throughout the probationary period, which typically lasts six months.

Alongside effective induction, a good practice was identified in staff training. The Registered Manager has implemented an online "traffic light" system to monitor compliance, which clearly displays completed, due, and booked training, making navigation straightforward and serving as an effective reminder for staff and management. This tool could be utilised across all LV Group homes to maintain consistent training oversight and compliance.

A review of ten weeks of staff rotas confirmed that minimum staffing standards were consistently met, and all shifts were appropriately covered throughout the period. However, there were isolated instances where individual staff members exceeded the recommended 48-hour weekly limit on one or two occasions. Additionally, housekeeping staff responsible for laundry were understaffed on a few weekends, and two catering staff members worked fourteen consecutive days on a single occasion.

To address staffing concerns, it was agreed with the Registered Manager that staff would not work more than 48 hours per week except in exceptional circumstances. The housekeeping rota would also be reconfigured for adequate cover seven days a week. The Regulation Officer was satisfied that the manager understood and was committed to implementing these recommendations immediately.

Following the staffing review, medication practices for both nursing and residential care receivers were assessed. Drug trolleys were securely fixed to the walls, clean, tidy, and well-organised, each containing a current list of signatures for staff trained and authorised to administer medication.

As part of this medication review, 'as required' medication protocols were in place where appropriate. The medication administration records were correctly completed, with accurate signatures, dates, and stock balances.

The Regulation Officer noted a few medication transcription errors, including the use of only one signature and improper use. The Registered Manager was informed that the policy lacked clear guidance on transcription. They acted promptly by addressing staff, liaising with the pharmacy, and adding the Commission's guidance to folders.

Feedback from care receivers was overwhelmingly positive. They felt safe, well cared for, and supported by kind, committed staff, and expressed autonomy in daily routines such as breakfast, personal care, activities, and bedtime.

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.

Effective communication among staff teams is demonstrated at the home. Staff are kept informed about each care receiver's needs, upcoming appointments, and emerging concerns through a daily afternoon huddle. In addition to structured handovers between shifts, this routine ensures vital information is consistently shared.

Regular staff meetings, in addition to daily huddles and shift handovers, are followed by the circulation of minutes. The Regulation Officer reviewed these minutes and received staff feedback, which confirmed that meetings are purposeful and contribute positively to teamwork and communication.

A suggestion box, available for care receivers and/or their representatives, facilitates the sharing of comments or suggestions. Demonstrating a clear commitment to continuous improvement, the Registered Manager consistently follows up on all feedback received.

During the inspection, further feedback was gathered when the Regulation Officer spoke with several care receivers in the dining room during lunchtime. Some expressed disappointment with the quality of the food, citing issues such as meals being served barely warm, soup being offered without bread, overly spicy dishes, and repetitive menu choices. Care receivers also noted that catering staff did not routinely consult with them about their preferences. These concerns were promptly relayed to the Registered Manager and addressed within two days. Feedback from the care receivers confirmed that changes had been made.

In terms of supporting staff, appraisals are conducted annually, and supervision sessions occur quarterly or more frequently as needed. The Regulation Officer reviewed several supervision records, which demonstrated compliance with the standards for supervision and appraisal. Staff reported that supervision is useful and includes a focus on their well-being.

Transparency in the home's written agreements remains an important aspect of its operations. During the inspection, six agreements were reviewed, all of which were signed and dated. Sections clearly outlined fees, terms and conditions, and contract termination, among other topics.

Finally, the care home also demonstrates effectiveness in working and communicating with external professionals. Observations during the inspection highlighted this, and feedback from two external professionals further confirmed it.

Is the service caring?

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

During the three-day visit, the Regulation Officer spent several hours walking around the home, attentively listening to and observing the interactions between care receivers and staff. The exchanges observed were warm and genuine, reflecting a culture of kindness and compassion within the home. Staff were consistently caring and respectful in their approach, engaging with residents in ways that promoted comfort and dignity. Moments of shared humour and light-hearted conversation further highlighted the positive relationships between care receivers and staff contributing to a relaxed and supportive atmosphere throughout the home.

The Registered Manager provided the Regulation Officer with a guest login to access six care receivers' personal profiles, risk assessments, and care plans. The individual profile pages, which include information about each care receiver's likes, dislikes, and people who are important to them, provided a strong sense of their personalities and preferences. Additional information, such as details of their GP, dentist, and any lasting power of attorney (where relevant), was clearly presented and easy to locate.

Each care receiver has a physical dependency score, calculated by their key worker and reviewed regularly. This tool categorises dependency levels as low, medium, or high. Where high dependency scores are identified, the tool prompts the service to review staffing levels to ensure that sufficient support is in place to meet physical care needs.

Appropriate assessment tools and risk assessments were in place and reviewed monthly. These included assessments related to medication management, falls, pressure area care, nutrition, sleep, and personal emergency evacuation plans .

The care plans reviewed were comprehensive and person-centred, addressing both medical and physical needs. Two care plans specified a preference for female care staff to provide personal care, and this preference was clearly documented. Overall, the care plans were robust, regularly reviewed, and updated as required.

Advance care planning was identified as an area of good practice within the home. Staff approach difficult conversations about future care wishes with sensitivity and respect, ensuring that care receivers are supported to express their preferences and make informed decisions. These discussions are clearly and appropriately documented within the care plans, reflecting the home's commitment to person-centred and dignified end-of-life care planning.

Where there is uncertainty regarding a care receiver's capacity to make specific decisions, staff submit a referral for an independent capacity assessor to complete a formal assessment. At the time of the inspection, eight authorised Significant Restrictions on Liberty (SRoL) were in place. These were clearly documented within the relevant care receivers' profile pages.

At the time of the inspection, one activity coordinator was employed Monday to Friday. Weekly activities are displayed on a board outside the dining room, with the option of one-to-one sessions for care receivers not wishing to participate in group activities. Trips out are arranged once a week with a designated driver.

Care receivers reported enjoying recent outings, including a visit to the war tunnels and a local garden centre. Some of the activities offered during the week of inspection were:

- Canasta
- Seated exercises
- Pamper afternoon
- Boxing
- Puzzles

Feedback from both care staff and care receivers indicated that, although the range of activities was limited, care receivers particularly enjoyed boxing and Canasta. This feedback was relayed to the Registered Manager for consideration in future activity planning.

What care receivers and their representatives said:



I love living here, all the staff are wonderful and caring. Family come and visit anytime which is lovely and I enjoy the trips out.



My mum has forged a good set of friendships, and she enjoys their company. She also enjoys when someone comes in to sing or play an instrument.

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.

Feedback about the management team in the home was positive from staff, care receivers, and their representatives. They described the managers as approachable, knowledgeable, and demonstrating good leadership within the home:

The home's Statement of Purpose outlines that staff practice in line with the six Cs: Care, Compassion, Competence, Communication, Courage, and Commitment. This was clearly evidenced throughout the inspection and was further confirmed through feedback from staff, care receivers, and their representatives.


Incidents were reported to the Commission within the required timeframes. The Regulation Officer reviewed a sample of these notifications and found that incidents were managed effectively, with identified learning appropriately actioned. The home demonstrated openness and transparency in relation to safeguarding alerts, which had been thoroughly investigated. There was also evidence of good cooperation with other relevant agencies.

During the inspection, a selection of the organisation's policies were reviewed. In general, the policies were well written, clear, and relevant to the services provided. Although they reflected good practice in most areas, it was noted that some policies would benefit from further detail to ensure complete alignment with current best practice and local Jersey legislation. This is an area for improvement. Additionally, a staffing policy is recommended for this organisation taking into account adequate skill mix, on-call arrangements, sickness/absence cover etc.


Monthly quality reports were provided to the Regulation Officer to view. These were completed by an independent professional and followed the Commission's template, highlighting specific standards, staffing, training, and incidents. Action plans are clear and followed up on.

The home presented a high standard of cleanliness and tidiness, creating an inviting and comfortable environment. Its fresh and well-maintained appearance contributed to a warm, homely atmosphere that was immediately apparent upon arrival. The staff were friendly, courteous, and happy to speak to the Regulation Officer throughout the three visits. Additionally, the modern push-button entry system provided both convenience and enhanced security, reflecting the home's commitment to safety and efficiency.

What staff said:

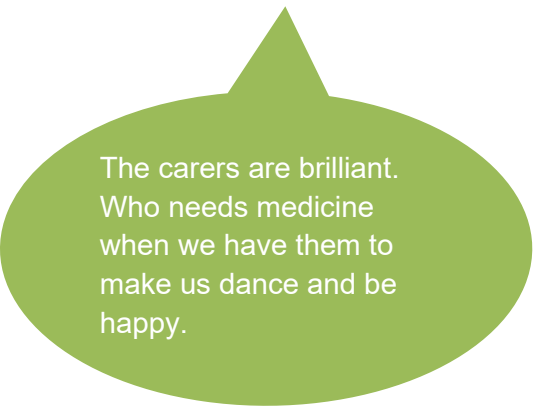


I enjoy seeing the care receivers happy and comfortable.




We have a person-centred care approach, and we accept the care receivers' choices.

What care receivers said:




The carers are brilliant. Who needs medicine when we have them to make us dance and be happy.




I love living here, its beautiful, the staff are wonderful, the managers are lovely and my room is always cleaned well.

What professionals said:



The care home staff, as a collective, provide a consistently high level of dignity, compassion and respect for the residents and visiting members of the public.



The staff are always quick to address any concerns. Open respectful communication is evident.

IMPROVEMENT PLAN

There was one area 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 1.6 Regulation 5	There will be policies and procedures based on current best practice and evidence which will be available and accessible to people receiving care and others.
To be completed: by 23/04/2026	Response by the Registered Provider: All policies have been reviewed, updated, and reworded to ensure alignment with the new JCC standards and recognised best practice

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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