



**Jersey Care
Commission**

INSPECTION REPORT

12 Le Clos de la Ville

Care Home Service

**Les Amis Head Office
La Grande Route de St Martin
St Saviour
JE2 7JA**

**Inspection Date:
6 March 2026**

**Date Published
7 April 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 12 Clos de la Ville. 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
Maximum number in receipt of personal care/personal support	Five
Age range of care receivers	18 years and over
Maximum number of care receivers that can be accommodated in each room	Rooms 1 – 5: one person
Discretionary Conditions of Registration	
None	
Additional information	
The Commission received an updated Statement of Purpose in January 2026	

As part of the inspection process, the Regulation Officer evaluated the home's compliance with the mandatory conditions of registration and the additional discretionary condition 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 four 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	6 March 2026 – 10:00 to 14:00
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	2 and 5 June 2025
Areas for improvement noted in 2025	None
Link to the previous inspection report	RPT_12CDLV_Inspection_20250605.pdf

3.2 Focus for this inspection

This inspection included a focus on these specific 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 strong practice in keeping people safe, well supported, and meaningfully included. The Statement of Purpose was reviewed against updated standards and found to be broadly compliant, with proposed improvements to strengthen areas such as communication approaches, access to advocacy, and clarity around staffing. Recruitment procedures are robust, supported by a formal Safe Recruitment Policy and guidance from the Human Resources team. Health and safety measures are well maintained; storm-related damage was promptly repaired, and fire safety checks are consistently documented. Although no incidents were formally notified to the Commission since the last inspection, internal logs recorded occurrences and were reviewed monthly by the Head of Governance to identify learning themes.

Care is effective and personalised. Comprehensive 'All About Me' assessments capture communication needs and preferred support strategies. Staff benefit from structured supervision, annual appraisals, and regular team meetings, which facilitate shared learning and consistent care delivery. Care receivers lead active lives supported through personalised activity plans, with opportunities ranging from home-based hobbies to community events and supported holidays.

The service is caring and person-centred, with residents viewing the accommodation as their home. Bedrooms are individually personalised, and care plans detail holistic support needs. Staffing arrangements provide consistency and familiarity for care receivers, and recent increases in staffing hours have enhanced one-to-one support and activity attendance.

Leadership is robust and committed to inclusivity, continuous improvement, and staff development. Proactive initiatives, such as cultural awareness training and themed social events, enhance relationships and understanding across the service. Feedback from staff, families and care receivers was positive. Governance frameworks, including an updated Equality, Diversity and Inclusion Policy and an Enhanced feedback system, support high-quality care. Achievements such as national accreditation through 'Investors in People' and investment in team-building reflect a culture that values staff engagement and service quality.

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 the Statement of Purpose.

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

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

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and followed up by email on 23 March 2026.

¹ All Care Standards can be accessed on the Commission's website at <https://carecommission.je/>

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

5.2 Sources of evidence.

New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Staff recruitment Recruitment policy Rotas Staff feedback Professional feedback Staff training logs Risk assessments Care receiver feedback External professional feedback
Is the service effective and responsive	Statement of purpose Care plans Staff feedback Care receiver's feedback External Professional feedback
Is the service caring	Care plans and risk assessments Care receiver's representative's feedback Professional feedback Care receiver's feedback Observation Activities
Is the service well-led	Written agreements Notifications Employee handbook Staff feedback Care receiver's representative's feedback Policies Monthly quality reports

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The Statement of Purpose (SoP) was reviewed by the Regulation Officer and the Registered Manager against the new Standards for Care and Support Services with Accommodation. Overall, the SoP is well written and meets most of the standards. Some areas could be strengthened, such as providing more detail on communication with care receivers, access to advocacy support, and clarity around staffing levels. The Registered Manager agreed to review the new standards in more depth and, where appropriate, amend the SoP to improve the description of the service.

Regulation Officers reviewed the organisation's recruitment processes. Although no new staff have joined since the last inspection, the organisation demonstrated safe recruitment practices through examples from other services. A Safe Recruitment Policy was provided, showing strong alignment with the Commission's standards, including robust vetting, criminal record checks, reference checks, and a safeguarding-focused interview process. The Head of Human Resources also provided a 'Safer Recruitment Guide', which outlines the recruitment steps required for regulated care services.

A support worker said:

I feel the service is safe for both residents and staff. We follow care plans and risk assessments which are updated regularly. We work well as a team to make sure everyone is supported.

The Registered Manager described damage to the external area of the home during a winter storm. The organisation's maintenance team repaired the fence and gate promptly, which helped minimise any health and safety risks.

The Regulation Officer reviewed fire safety equipment and the fire log. There was clear evidence of regular checks being completed within required timeframes for the fire alarm system, emergency lighting, self-closing fire doors, fire equipment, and fire drills.

Since last year's inspection, no incident notifications have been submitted to the Commission. However, the internal incident and accident log recorded 18 entries for the same period that did not meet the threshold to be notified to the commission. The organisation also records Antecedent, Behaviour, Consequence (ABCs) as part of its behavioural support processes. ABCs are used to monitor patterns of known behaviours linked to the Positive Support Passport, which records the frequency, duration, and intensity of behaviours of concern

Each month, the Head of Governance reviews accidents and incidents and identifies any outcomes, learning, themes, and actions.

The established staff team are appropriately trained, with most holding an RQF Level 2 or above in health and social care. The Regulation Officer reviewed the training matrix, which shows training completed and refresher dates. One support worker said: *"I am very thankful for the training Les Amis has invested in me, and I am proud to work for and be part of the Les Amis team."*

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 between staff and care receivers was discussed with the Registered Manager, and the Regulation Officer reviewed the care plans. Each plan includes an 'All About Me' assessment, which, for communication, covers:

- Vision
- Speech and language
- Hearing
- Understanding
- Fluctuations in communication
- Identified needs
- Agreed outcomes and goals
- Summary of required interventions

The care plans detail any required support in areas of communication such as support with reading correspondence, the wearing of glasses, being aware that increased anxiety can impact communication, the use of symbols and pictures, ensuring not too much information is given at a time to reduce overload and Makaton signing.

The staff team have a monthly meeting that include the Registered Manager and Team Leader. One of the team described this meeting as... *“very useful as we can discuss anything that has arisen in the last month, if we have a problem, we discuss how it would be resolved in the correct manner with the support of our manager and the whole team.”* The home has a diary where all appointments, day to day activities and chores are recorded. This ensures staff coming on duty know what is required from them during their shift and enter information for future shifts.

Staff receive supervision every six to eight weeks with regular check-ins from the Registered Manager between planned supervision sessions. At the beginning of each year staff have a one-to-one appraisal with the Registered Manager where objectives are set. Objectives are reviewed halfway through the year and at the end of the year.

The Registered Manager described the organisation’s operational meetings, including monthly Registered Manager meetings that support shared learning across services, and manager-and-team-leader meetings that review compliance with the Standards. A monthly planning meeting with senior management is attended by one registered manager to support information flow.

A family member said:

Our experience of Xxx care is that they live in a safe but rich and varied environment, where all his needs and wishes are respected and he is treated with kindness and is appreciated as an individual.

Care receivers have personalised activity plans that they develop with support workers. Activities range from home-based interests, such as puzzles, gardening, cooking, and caring for pets, to social events organised by the organisation and partner charities, including discos, choir sessions, and monthly social clubs. Care receivers also go on holidays, either with family or supported by staff.

Is the service caring?

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

During the inspection the Regulation Officer had the opportunity to meet with three of the care receivers and established that each of them viewed the accommodation as their home. One of the care receivers has suggested that they may like to have their own apartment with support and is exploring the benefits and possible drawbacks with the Registered Manager and their family.

Each care receiver has their own room, decorated to their personal taste. One care receiver proudly showed their room, including potted plants they had grown.

Care records showed personalised care planning and regular communication with health and social care professionals, including GPs, dentists, chiropodists, opticians, social workers, the learning disability team, and psychiatric services.

Each care plan assesses fundamentals of care including any support required with day-to-day activities such as brushing teeth, washing or bathing, nutrition and diet preferences and requirements, any allergies or food intolerances, alcohol intake, continence care, skin integrity and mobility.

A family member said:

We know Xxx receives excellent care and safety within the hands of Les Amis.

The staff are all lovely and take time to listen to both families and residents.

The organisation has a staffing policy that outlines staffing requirements and ensures time is allocated for handovers, care planning, activities, and appointments. The policy also sets out contingency arrangements for sickness, training, leave, and emergencies. The Registered Manager explained that staffing shortages are usually covered by experienced zero-hour staff, flexibility within the team, or support from another home where both staff groups know and work well with their respective care receivers. The Registered Manager described the importance of having staff who understand the uniqueness of each of the care receivers and whom the care receivers feel safe with.

The Registered Manager described the organisation being able to increase some staffing hours within the home which is enhancing the one-to-one support and attendances of activities for the care receivers.

Feedback from one of the care receivers was very positive regarding their experience of living in the home. They described working with the organisations gardening team three days each week.

The care receiver said they were able to save money to go on holiday, assisted by a support worker, to a hotel in North Africa which they really enjoyed, and are hoping to save for another holiday later in the year.

A professional who works with the service said:

I can't fault the way care is provided. They always make contact with information, updates and work collaboratively...
The Registered Manager is very responsive and helpful.

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 Regulation Officer asked the Registered Manager how the organisation responds to any actual or potential incidents of discrimination. The Registered Manager explained that the team takes a proactive approach. Recently, staff created a training video that highlights cultural, racial, and sexual orientation differences. This video was shared with all employees, and the feedback received was very positive.

In recent years, the organisation has recruited colleagues from overseas to ensure it maintains the right number of staff with the appropriate skills to support care receivers. The organisation hosts monthly social activities for all care receivers, which are also attended by support staff.

One recent event, an Africa Night was led by staff who had joined the organisation from African countries. The evening featured traditional dress, music, dance, and homemade African food. It was described as one of the most successful and well-attended events held to date, and it provided a valuable opportunity for staff and care receivers to learn about and appreciate the cultural backgrounds of their colleagues and support workers.

The above activities are examples of good practice.

The organisation's Equality, Diversity and Inclusion Policy were updated in October 2025. The policy is strong and aligns with the Standards but is written primarily from an employment perspective. It is recommended that the next review develops it into a dual staff-and-service-user policy.

The service described a commitment to gathering feedback and has an integrated feedback and engagement framework the purpose of which is to systematically gather, analyse, respond to, and learn from feedback from service users, relatives and family members, informal carers and staff. The Registered Manager described an annual survey from care receivers with themed questions to gather feedback. It is intended that this year the survey will be further developed to improve the communication styles available to care receivers. The framework is person-centred and aligns with a large proportion of the requirements within the standards.

Feedback received from support workers is positive towards the leadership of the Registered Manager with one support worker stating, *"Our manager is always available and supportive to us which helps keep a calm and organised running of the house."* A family member of one of the care receivers said, *"The management of the house is excellent and all questions or concerns we might have are dealt with very promptly by the staff in the house, the house manager or registered manager."*



A support worker said:

I have always regarded myself as being lucky to be involved with Les Amis and think that the service has all the attributes of being a safe, responsible and caring company.

During the meeting between regulation officers and members of the senior management team of the organisation, the regulation officers were informed that the organisation has achieved the gold standard in Investors in People. Investors in People assess how an organisation is performing against their framework. They advise and support organisations in improving workplace culture and helping to focus on employee engagement.

The regulation officers were informed that the human resources team had received feedback from support workers looking to apply to join the Les Amis team, regarding the support offered in providing training, specifically the RQF level three in health and social care.

The managing director and head of human resources regularly meet with staff to gather feedback regarding the service. Part of the feedback they received from staff regarded the benefits they have experienced following team building events. Subsequently, funding has been allocated at £25 per staff member to support future team building events.

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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