



**Jersey Care
Commission**

INSPECTION REPORT

La Haule

Care Home Service

**Route De L'Isle
St Brelade
JE3 8BF**

**Inspection Dates
24, 25 and 26 February 2026**

**Date Published
16 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 La Haule Care Home. The Care Home is operated by LV Care Group and there is a registered manager in place.

Registration Details	Detail
Type of regulated activity	Care Home Service
Mandatory Conditions of Registration	
Category of care	Dementia
Maximum number of care receivers	58
Maximum number in receipt of personal care/personal support	58
Age range of care receivers	60 years and over
Maximum number of care receivers that can be accommodated in each room	Nightingale rooms 2-32, Kingfisher rooms 1-11 and Kestrel rooms 2-18, one person
Discretionary Conditions of Registration	
1. Bedroom numbers 3, 4 and 5 in Kestrel unit must have en-suite toilets and wash hand basins provided by 31 May 2026. 2. No admissions into bedroom numbers 3, 4 and 5 in Kestrel unit until the Commission is satisfied that the requirements of Discretionary Condition 1 are met.	
Additional information	
On 5 November 2025, Regulation Officers visited the home to review the works being undertaken in the Kingfisher Unit and the planned works for the Kestrel Unit. An application to amend and remove discretionary conditions was granted on 19 December 2025.	

Additional information

On 12 January 2026, the Commission accepted a variation application from the to enable the admission of one care receiver aged under 60 years.

As part of the inspection process, the Regulation Officer evaluated the home's compliance with the mandatory conditions of registration and the additional discretionary conditions required under the Law. The Regulation Officer found that all mandatory conditions were complied with and that work had begun to achieve the discretionary conditions.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager the day before the first inspection visit. The inspection was initially planned for 18 February 2026. However, it was adjusted to ensure that the Registered Manager would be available during the visit.

The first and second days of the inspection were undertaken by one Regulation Officer and the third visit by two regulation officers. References to who gathered the information during the inspection may change between 'the Regulation Officer' and 'regulation officers'.

Inspection information	Detail
Dates and times of this inspection	24 February 2026, 08:25 to 12:15 and 12:50 to 15:05 25 February 2026, 14:30 to 18:00 26 February 2026, 07:00 to 12:30 and 13:40 to 16:09
Number of areas for improvement from this inspection	Five
Number of care receivers accommodated on the day of the inspection	39
Date of previous inspection	29 August and 2, 5 and 8 September 2025
Areas for improvement noted at the last inspection	Five
Link to the previous inspection report	RPT LH Inspection 20250908.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection, as well as 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, five areas for improvement were identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that some improvements had been made.

There was evidence of measures in place to promote safe and healthy infection prevention practices. This included cleaning schedules, equipment and training. Therefore, the area for improvement related to infection prevention was met.

There was also evidence that mandatory training requirements had been met. This included training in dementia care, safeguarding, the Capacity and Self-Determination (Jersey) Law 2016, and first aid for falls. However, the Registered Manager was advised to consider how staffs' knowledge and skills in caring for a person with dementia will be maintained.

Some improvements had been made with regard to medication management, improving the home's environment to reflect the needs of those living with dementia and policies and procedures, though more progress is needed. These areas will be discussed in more detail in the body of the report.

4.2 Observations and overall findings from this inspection

Staff recruitment and induction were safe, staffing levels appropriate, and qualifications met requirements. Staff gave positive feedback about recent communication skills training.

Feedback from staff external to the home highlighted that the team works collaboratively and that managers are open, honest, caring, and responsive to advice. Also, that staff help create a positive and safe environment during activities.

Care records contained assessments, care plans, and risk assessments that were updated regularly. The use of objective and subjective information was professional and enabled comprehensive assessment and planning. There were daily records which were completed in real time, which allowed for clear review of the care and support delivered. However, the focus was on physical care with limited emotional and social needs being reflected and this is an area for improvement.

Care receiver representatives described staff as friendly and kind. Some communication issues were highlighted though staff, especially the Registered Manager, were noted as approachable if issues were raised. A reconfiguration of staffing resulted in more support for care receivers at mealtime.

The updated Statement of Purpose reflected the home's registration. Leadership support was evident, with positive staff feedback on teamworking and support. Appraisal supervision and incident reporting met Standards. The monthly provider reports requested were not available and this is an area requiring improvement.

Some progress had been made regarding the areas for improvement related to medication management, the home environment and policies. However, further improvements are required.

Overall, there is an improving picture since the last inspection. However, progress needs to be imbedded and further improvements are required.

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 home was reviewed, including the previous inspection report, variation requests and notifications of incidents.

The Regulation Officer gathered feedback from seven care receiver representatives. They had discussions with the home's management and other staff. Additionally, two professionals were approached for feedback with one response. Feedback was also received from a person who regularly facilitates activity sessions.

To avoid causing distress to care receivers with cognitive impairment, the Regulation Officer adapted the feedback approach to observation, participation and general discussions rather than asking detailed questions about the home.

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

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and confirmed the identified areas for improvement by email on 5 March 2026.

This report presents the findings from the inspection and outlines the range of observations made. The report highlights any areas of good practice identified, along with suggestions where practice could be strengthened or further enhanced.

Where specific improvements are required, these are set out in detail and accompanied by a defined improvement plan 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.

Follow up on previous areas for improvement	
Focus	Evidence Reviewed
Medication management	Medication folders, administration charts, storage environments, stock, protocols, returns book, and certificates Review of the medication policy
Infection prevention	Reviews of infection control products Training records and certificates Cleaning schedule Discussions with managers and staff
Training	Training records and certificates Discussions with managers and staff
Environment	Discussions with managers and staff Observations from walking around the inside and outside of the care home
Policies	Review of policies including, health and safety, safeguarding, medication and recruitment
Key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Reviews of staff files and rotas Medication folders, administration charts, storage environments, stock, protocols, returns book, and certificates Review of the medication policy Training records and certificates Discussions with the Registered Manager and staff Observations from walking around the inside and outside of the care home Review of the recruitment checklist
Is the service effective and responsive	Training records and certificates Feedback from, care receiver representatives and professionals external to the home Discussions with the Registered Manager and staff Reviews of care records Observing a staff handover Observations from walking around the inside and outside of the care home Refurbishment plans
Is the service caring	Review of care records, including assessments, care plans, risk assessments, and daily care records Incident reports Discussions with the Registered Manager and staff

	Feedback from, care receiver representatives and staff external to the home Reviews of list of activities Observing a staff handover care and support at mealtimes, and whilst walking around the home
Is the service well-led	Discussions with the managers and staff Reviews of monthly provider reports, audits, supervision and appraisal records Notifications to the Commission Review of policies including, Health and Safety, Safeguarding, Medication and Recruitment

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Regulation officers reviewed medication management to assess whether the areas for improvement from the previous inspection had been met, and to determine if compliance with Standards could be demonstrated.

It was encouraging to see medication trolleys were secure, clean and ordered and medication folders contained a list of staff signatures. Of the records sampled, each had a photo of the care receiver, their name, date of birth, room number, and Medication Administration Record (MAR). General Practitioner (GP) details were recorded, as were allergies or 'no known allergies' documented. Additionally, copies of recent, relevant correspondence with the care receiver's GP regarding antibiotic prescribing were included, which provided easy access to important background information.

Regular medication stock and records were aligned in all cases where medications were stored in original packaging and blister packs (pre-packed boxes that hold individual doses of medications). MAR charts were initialled to demonstrate when these medications had been administered.

Stock and records aligned in the majority of cases related to 'as required' (PRN) medications although it was concerning that there were times when they did not correspond. There were also occasions when it was unclear if PRN medication had been administered. This was particularly concerning regarding the administration of a PRN medication on the day of the inspection, as the information from handover and the MAR were conflicting.

One care receiver's transdermal patch records chart had the date and time the patch was applied and by whom on the four days of recording. Nevertheless, only one entry recorded that the patch was removed and disposed of. On two of the days there was no record of where the patch was applied and on the remaining two days it was marked on the body map although this was unclear.

Medications were in date and the date of opening was recorded on liquid medication, bottles. However, in one case the date was prior to the care receiver's admission to the home. Another medication was required to be discarded four weeks after opening but had not been. There was evidence that daily fridge temperature checks were up to date and sharps boxes were appropriately labelled.

During the previous inspection it was noted that swabs used for collecting samples had expired in 2018; it was concerning that these were still in the treatment room. It was also noted that there were instruction sheets for the checking in and returning of medications displayed in the treatment room which referenced a pharmacy no longer used by the home and the protocols described did not match present practices.

The Regulation Officer saw evidence of staffs' level 3 medication training and recent medication competency assessments. The assessments were undertaken by the Deputy Manager who has undergone the relevant training for this.

It was positive to note that the Registered Manager responded to the area for improvement by implementing weekly medication audits, and meeting with the staff who are trained to administer medications in groups and individually to promote improvement. Also to reduce the risk of harm related to transcribing the team have added an extra safeguard. If medication is transcribed the Registered or Deputy Manager will be a third reviewer. Though on one chart where this had happened details were not comprehensively recorded.

The medication management policy had been updated, and the controlled drugs section had been expanded, and staffs' practices aligned with it. A transcribing section had been added, though it signposts to a transcribing guidance document; however, the document was not in the policy.

Overall, it is acknowledged there have been some improvements in the management of medications, particularly with extra governance. However, there were some immediate safety concerns which the regulation officers highlighted to the Registered Manager for immediate action. Further work is required to ensure consistently safe practices regarding medication administration, recording, and stock keeping, particularly in relation to PRN medications, transdermal patches and transcribing.

Therefore, medication management still does not fully comply with legislative requirements, professional standards, and best practice guidance, and the identified area for improvement remains outstanding.

Staff recruitment was reviewed. Staff feedback was the colleagues had been welcoming and the induction process supportive. The Registered Manager reports that there have been 10 newly recruited staff since the last inspection. The staff files reviewed demonstrated that recruitment practices were safe and met Standards.

Staff rotas and staffing levels during the inspection demonstrated staffing levels met Standards. It was positive to note this was a proactive step to ensure adequate staffing levels for the newly reopened Kingfisher Unit. In addition, a second senior health care assistant (SHCA) is now rostered on night duty to support the increased number of care receivers supported over a wider geographical area covered by the Kingfisher Unit and they have taken a measured approach to admissions.

Staff explained that having two SHCAs on nights enables support for one another. Additionally, they stated that the on-call system of the Registered and Deputy Manager alternating each week was supportive.

Staff qualifications were reviewed. All 9 SHCAs have either completed or are undertaking a Level 3 Diploma in Health and Social Care. Of the health care assistants (HCA), the majority of staff had either achieved a Level 2 Diploma in Health and Social Care, presently undergoing the training, or were considering training later in 2026.

It was also positive that three staff are undergoing training to be mental health first aiders. Also, many staff had recently undertaken additional face to face communication skills training. Staff fed back positively about how beneficial the training had been, giving examples of how the learning had been implemented.

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.

Feedback from a professional was that the team works collaboratively with them. It was stated that the staff are *“always willing to spend time going through care plans and discussing the individual”* and take on board recommendations. The professional particularly noted that the Registered and Deputy Manager were open to suggestions and advice, undertook actions promptly, and that their approach was open, honest and caring.

An area for improvement from the previous inspection was for the home environment to be improved and enhanced internally and externally to reflect the needs of those living with dementia.

Kingfisher Unit has been refurbished to reduce the impact of cognitive, sensory, and physical challenges faced by people living with dementia. The regulation officers were informed that signage for the unit has also been ordered to enhance the usability of the space. It is positive that the Registered Provider has proactively renovated the internal environment beyond the requirements of the discretionary conditions.

Additionally, building works in the Kestrel Unit have begun to achieve the discretionary condition and plans the Commission has seen will also enhance the space in excess of what the discretionary conditions require.

Improvements to the aesthetics of the Nightingale Unit were noted. The reception area is welcoming and the communal areas clean and tidy. However, the décor of the communal areas and corridors still did not have contrasting colours or clear signage that would promote a dementia-friendly space. The lawn and shrubbery in the unit's garden are well maintained. The garden is a welcoming, usable space for care receivers and their families.

The King's Fund 'Is your care home dementia friendly?' Environmental Assessment Tool had been completed to assess the home environment. It was positive to see that the completed assessment tool highlighted the aim to provide an environment that supported care receivers' independence and safety. It noted that improvements were needed and that this was being further explored, though no detail on this was provided on the document. The Registered Manager explained that there are plans to improve the Nightingale Unit of the home. However, no refurbishment plans were available at the time of the inspection.

Regulation officers noted the laundry and staff changing facilities were in poor condition, and the paving outside the Kingfisher unit was uneven. Staff provided feedback positively regarding the internal space of the newly refurbished Kingfisher unit but noted that they wished to see improvements to the first-floor lounge and staff changing area.

The regulation officers concluded that although there has been progress, the area for improvement will remain. However, the timeframe for achievement has been extended to reduce disturbance to care receivers whilst work is underway in Kestrel Unit.

Is the service caring?

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

Care records were reviewed. The electronic care record system the home uses appeared easy to navigate. Some care records were still stored in paper form, though this was minimal and the storage system was clear.

Records contained initial assessments and summary sheets with care receivers' health conditions, demographics and contact details. There were care receiver profile documents, written in the first person, and care plans and risk assessments which were updated regularly. The risk assessments covered a wide range of topics.

An assessment related to physical care gave a balance of objective and subjective information. The record was and professional and enabled detailed assessment and planning.

There was also evidence that daily records were completed in real time which allowed for clear review of the care and support delivered. There were entries from visiting professionals who were provided access to the electronic system to input their assessment and outcome at the time of their visit.

However, the initial assessments and care planning focused on physical needs. The Regulation Officer saw that initial assessments where information related to emotional and social needs should have been included were not completed.

Care plan information related to supporting emotional and social needs was variable and not sufficient; however, the Regulation Officer did observe staff delivering this care and support, but this was not reflected in the care records.

The Regulation Officer concluded that whilst the care records were comprehensive and clear in regard to physical care needs, emotional and social needs are not reflected, particularly in initial assessments and care planning. Therefore, ensuring care receivers' needs are assessed and planned holistically is an area for improvement.

Activities in the home were reviewed. There is a comprehensive list of activities, and it was positive to hear that the home has access to a vehicle full time, which is an addition to the minibus access on a rota system with other homes in the care group. However, during the inspection visits no activities were observed and the vehicle did not appear to be used.

Feedback regarding activities from staff external to the home was mixed. Feedback from a person who visits the home regularly to facilitate activity sessions was positive. They explained that the staff are:

- Organised and well-prepared for the sessions; ensuring everything is ready in advance
- Very supportive during the sessions, engaging and assisting where needed, creating a positive and safe environment
- Communicate in a clear, open and professional manner.

Whilst other feedback was that activities appeared generic rather than person-centred.

The Regulation Officer viewed a video that showed a music session held at the home in which care receivers appeared happy and engaged. They understand that a second full-time activities coordinator position will be available and that the variety of activities has widened since the 2025 inspection.

Overall, there was evidence that meaningful activities were available. Though the Regulation Officer has advised the Registered Manager to ensure these are delivered consistently.

Feedback from care receiver representatives was positive in regard to staff approach and manner. Staff were described as friendly and kind. This was also the observation of the Regulation Officers.

There was mixed feedback regarding communication. While some experiences were positive, others indicated that information about medical appointment times was not always shared in a timely manner. It was also noted that occasional issues persist in relation to laundry items not always being returned correctly, despite this having been raised previously.

However, all those who provided feedback indicated that staff were approachable when issues were raised, and in particular noted that the Registration Manager responded promptly and constructively.

It was positive to see that the Registered Manager had reviewed the configuration of staff to enable increased support at mealtimes. It was observed that there were an increased number of SHCA and HCA staff at breakfast and lunchtime available to support care receivers and dining rooms were calm.

Is the service well led?

<p>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.</p>
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An updated Statement of Purpose was provided during the inspection period. Following some minor amendments the Regulation Officer was satisfied that it represented the homes registration and service delivery.

The document outlines the senior Leadership team. The team includes a Clinical Director and during the inspection the Regulation Officer observed the support they provided to the Registered Manager which was positive. The Regulation Officer has also been informed that the role of Deputy Clinical Director has been developed to strengthen the senior support available.

The support was also observed through the care home's staff structures and staff provided positive feedback to the Regulation Officer regarding collaboration within the team and the support offered by managers. When asked, "*What are you most proud of?*" a staff member stated, "*team working*" and gave a clear example of this. Another staff member stated: "*We are heard by the managers.*" The formal support through appraisal and supervision was evidenced. All staff asked about appraisal and supervision were able to describe an appropriate and supportive system.

There was evidence of incident reporting and management follow up. Staff were able to describe how issues are escalated and it represented a clear process. Also, staff are placing notifications of incidents to the Commission as required.

When announcing the inspection, the Regulation Officer requested the monthly provider reports for October, November and December 2025 be provided. One report was received which was compiled on 21 November 2025 and combined September and October. No monthly provider reports were provided to the Regulation Officer or the Registered Manager for November and December 2025.

The Standards require that the Registered Provider must arrange for a representative of the home to report monthly on the quality of care provided. These reports must be shared with the Registered Manager and must be available for inspection by the Jersey Care Commission. This is therefore an area for improvement.

The requirement for policies are up to date, based on current practice and relevant to Jersey legislation and guidance was an area for improvement from the previous inspection. The Regulation Officer reviewed four policies to assess progress.

The safeguarding policy was comprehensive and referenced local organisations. Although updated since the 2025 inspection, it did not record when it was produced or a review date, making it unclear how the home is able to evidence that it is up to date.

Since the previous inspection, the medication policy has been substantially expanded and now references practice guidelines and local standards and legislation. However, several hyperlinks are out of date, as are those in the health and safety policy. The recruitment policy stated it was updated in February 2025 but did not reference the Commission's Standards or the Employment (Jersey) Law 2003.

While improvements have been made since the last inspection, the policies still do not fully meet requirements and this area for improvement will remain. This is the third consecutive year that policies have been identified as an area for improvement for the home, though it is important to acknowledge that 2025 was the first year this applied to the current Registered Provider.

What care receiver representatives said:



When asked about communication care receives representatives said:

The staff are always ready to take a call and provide an update.

Very good.

All communication is spot on, always making me aware if there are any changes.

I don't get any updates now unless I specifically ask.

IMPROVEMENT PLAN

There were five areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 7.12 and Appendix 6</p> <p>Regulation 14</p> <p>To be completed: with immediate effect</p>	<p>The Registered Provider must ensure medicines are managed in compliance with legislative requirements, professional standards and best practice guidelines.</p>
	<p>Response by the Registered Provider:</p> <p>We have strengthened our weekly audit to include points raised during the inspection.</p> <p>We continue with our weekly clinical review meetings and now have monthly SCA team meetings to review and reflect on areas needed for improvement.</p> <p>There has been continuous improvement since the Regulation Officer completed their inspection.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 3.2 and 3.4</p> <p>Regulation 9</p> <p>To be completed: With immediate effect</p>	<p>The Registered Provider must ensure that care receivers needs are assessed and planned holistically.</p>
	<p>Response by the Registered Provider:</p> <p>Review of all care plans is nearing completion with the focus being on emotional and social needs of all individuals in our care.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 1.6</p> <p>Regulation 19</p> <p>To be completed: 04/06/2026</p>	<p>The Registered Provider must arrange for a representative of the home to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. These reports must be shared with the Registered Manager and must be available for inspection by the Jersey Care Commission.</p>
	<p>Response by the Registered Provider:</p> <p>Following the inspection, the service acknowledges that our monthly provider reports were not consistently completed due to unavoidable team changes. This has now been addressed through the appointment of a Clinical Deputy Director, who will be overseeing the completion of the provider reports. Since the inspection these have been completed regularly.</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 2.7</p> <p>Regulation 5</p> <p>To be completed: by 18/06/2026</p>	<p>The Registered Provider must ensure policies are up to date, based on current practice and relevant to Jersey legislation and guidance.</p>
	<p>Response by the Registered Provider:</p> <p>A review of all policies is currently in progress to ensure they are up to date, reflect practice, and align with relevant Jersey legislation and best practice guidance.</p>

<p>Area for Improvement 5</p> <p>Ref: Standard 9.1 and Appendix 8</p> <p>Regulation 18</p> <p>To be completed: 05/03/2027</p>	<p>The Registered Provider must improve and enhance the internal and external home environment to reflect the needs of those living with dementia.</p>
	<p>Response by the Registered Provider:</p> <p>There is an ongoing refurbishment plan in place to enhance both the internal and external environment of the home, ensuring is it more reflective of the needs of those in our care. This will continue once current construction works are completed.</p>

To ensure there is clear evidence that the required improvements have been made, the following action will be taken:

- The Register Provide must evidence the areas for improvement related to medication management is met to the Commission’s Pharmacist during an unannounced inspection later in 2026.
- The Register Provider must submit plans of how the home will meet the environmental requirements on or before 31 July 2026.
- The Provider must submit written confirmation to the Commission when the remaining three areas of improvement have been achieved.

These actions will be used to track progress, confirm completion, and provide assurance that the necessary improvements have been achieved.

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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