



**Jersey Care
Commission**

Summary Report

La Haule

Care Home Service

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

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

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

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.

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> <hr/> <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>
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<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> <hr/> <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>
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<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>

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

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

- The Registered Provider 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 Registered 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.

The full report can be accessed from [here](#).