



**Jersey Care
Commission**

INSPECTION REPORT

Les Amis – Garden Flat

Care Home Service

**La Grande Route de St Martin
St Saviour
JE2 7GS**

**Inspection Dates
20 and 23 April 2026**

**Date Published
13 May 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 Les Amis – Garden Flat. The Care Home is operated by Les Amis Limited and there is a registered manager in place.

Registration Details	Detail
Type of regulated activity	Care Home Service
Mandatory Conditions of Registration	
Categories of care	Learning disability, autism
Maximum number of care receivers	Seven
Age range of care receivers	18 years and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1-7: 1 person.
Discretionary Conditions of Registration	
None	
Additional information	
An up-to-date Statement of Purpose was provided to the Regulation Officer in advance of the inspection. This was discussed at inspection and found to be reflective of the service provided.	

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

The inspection was announced seven days in advance to ensure that care receivers were fully informed. This was considered important because the home operates as a domestic environment, and the Regulation Officer wanted care receivers to be aware of the inspection.

The Registered Manager was not present for the first visit. However, the Regulation Officer met with an experienced Registered Manager from another service, who was overseeing the Garden Flat in their absence. A second visit was held with the Registered Manager on 23 April 2026.

Inspection information	Detail
Dates and times of this inspection	20/04/2026 – 09:45-12:15 23/04/2026 – 14:00-15:00
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	Four
Date of previous inspection	14 and 21 May 2025
Areas for improvement noted at the last inspection	None
Link to the previous inspection report	RPT_GF_Inspection_20250521.pdf

3.2 Focus for this inspection

This inspection included a focus on the below 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 inspection found that the Garden Flat provides a safe environment where people are protected from abuse and harm. Robust recruitment processes are in place, with appropriate checks completed before staff start work. Staff receive training relevant to the needs of people living at the service, and medication is managed safely with clear procedures and regular competency checks. The environment is clean, well maintained and supports people's independence, helping care receivers feel secure in their home.

Communication needs are met through a range of tailored approaches, including visual aids, easy-read information and structured routines. Care receivers are actively involved in developing and reviewing their care plans, which supports person-centred care and responsiveness to changing needs. People are encouraged to make choices about their daily lives, including activities and meals. A wide programme of activities supports social inclusion, physical health and emotional wellbeing.

Care plans are personalised and show an understanding of each care receiver's needs, routines and preferences. Staff deliver care with dignity, respect and compassion, and respond sensitively to emotional and mental health needs. Health and wellbeing are monitored regularly using evidence-based approaches, and staff work closely with other professionals when additional support is required. Records demonstrate consistent care and strong oversight.

Leadership and governance arrangements are effective, with systems in place to monitor quality and manage risk. Feedback from care receivers, families and staff is encouraged and used to support improvement. Staffing arrangements promote continuity and stability, and staff are supported through regular supervision and clear policies.

Overall, the inspection found that the Garden Flat delivers safe, effective, caring and well-led services, supporting positive outcomes and a good quality of life for people living at the home.

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, the Statement of Purpose and notification of incidents.

The Regulation Officer gathered direct feedback from one care receiver during the inspection. Given the communication needs of some care receivers and the nature of the service, the Regulation Officer also relied on observation of interactions between staff and care receivers throughout the visits. These observations focused on communication, relationships, responsiveness and how care was delivered in practice. Feedback was also sought from two representatives of care receivers, of which one provided a response.

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

In addition, the Regulation Officer held discussions with the service’s management team and other staff members to understand how care and support are delivered and monitored. Feedback was sought from three professionals external to the service, and one professional provided a response. All feedback received was considered alongside observations, records reviewed and discussions held during the inspection.

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

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and followed up on by email on 30 April 2026.

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

5.2 Sources of evidence.

Key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<ul style="list-style-type: none"> • Recruitment records • References and DBS checks • HR, governance and learning discussions • Staff training records • Medication records and PRN protocols • Medication competency checks • Risk assessments (including fire safety) • Incident and accident records • Staffing rotas • Dependency-based staffing information • Observations of the environment • Feedback from care receivers, staff and representatives
Is the service effective and responsive	<ul style="list-style-type: none"> • Care plans • Care plan reviews • Communication tools and aids • Welcome information • Service information for care receivers

	<ul style="list-style-type: none"> • Activity schedules • Monthly activity plans • Feedback from care receivers, staff and representatives
Is the service caring	<ul style="list-style-type: none"> • Care plans and profiles • Person-centred documentation • Daily records • Behaviour monitoring records • Health and wellbeing monitoring • Nutrition and skin integrity records • Activity schedules • Engagement opportunities • Observations of care and interactions • Tour of the accommodation • Feedback from care receivers, staff and representatives
Is the service well-led	<ul style="list-style-type: none"> • Statement of Purpose • Policies and procedures • Safeguarding and complaints policies • Supervision and staffing policies • Monthly provider reports • Governance monitoring records • Staff supervision arrangements • Incident and notification records • Staffing rotas • Workforce planning information • Feedback from care receivers, staff and representatives

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Safe recruitment practices are well established. A Human Resources visit in March 2026 confirmed that references were obtained, including from previous employers where required, and that Disclosure and Barring Service checks were completed before staff started work.

These arrangements are supported by a safe recruitment policy aligned with the Commission's Standards. This provides assurance that staff working in the service are appropriately recruited.

Health and safety systems meet regulatory requirements. Policies and procedures cover fire safety, risk assessments, emergency procedures, training and record keeping. Staff understand how, when and to whom incidents must be reported. Records showed that incidents are documented and that learning is shared to reduce the risk of recurrence.

Training records confirmed that staff have completed mandatory training, alongside specialist training relevant to supporting people with autism and learning disabilities. Most training was in date, with a small number of refreshers planned. These did not present an immediate risk but require ongoing monitoring.

Medication management was reviewed and found to be safe. Medicines and administration records were stored securely. Staff competencies are assessed every six months. PRN protocols were clear and personalised, supporting safe administration and reducing the risk of medication-related harm.

The environment was clean, safe and well maintained, with communal indoor and outdoor spaces that support independence and wellbeing.

Feedback from care receiver:

I feel happy and safe.

Feedback from staff, relatives and care receivers supported the finding that people feel safe living at the Garden Flat. Where care receivers were unable or did not wish to engage directly, the Regulation Officer

observed positive staff interactions and consistent supervision that promoted safety.

Overall, the Garden Flat operates safely. Systems work together to protect people from harm and support positive outcomes.

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 needs are met through a range of appropriate methods tailored to individual abilities and preferences. These include picture-based aids, easy-read materials, visual prompts and structured routines that support understanding and reduce anxiety.

Care receivers are supported to access advocacy services and additional sources of advice when required. This helps people to understand their rights and take an active role in decisions about their care. Care plans are accessible to care receivers and are reviewed with them at a level appropriate to their capacity.

The welcome pack provides clear and accessible information about the service. It explains how care is delivered, highlights people's rights, dignity and respect, and sets out arrangements for safety, healthcare, medication and feedback. The information is presented in a way that supports understanding and informed choice when joining or living at the service.

Activities at the Garden Flat are planned to promote social, physical and psychological wellbeing. Care receivers can take part in a wide range of activities delivered through the Residents Social Club and other external community-based organisations that support social inclusion, physical activity and wellbeing. A monthly activity calendar is produced, and care receivers choose which activities they wish to attend. Participation is flexible and guided by individual preference and wellbeing on the day. These opportunities support independence, meaningful engagement and connection with the wider community.

Food and mealtimes support choice, health and enjoyment. Menus are planned with care receivers, reflect dietary requirements and preferences, and change weekly to provide variety. Visual menus support understanding and independence, helping people make informed choices about their meals.

Feedback from staff, relatives and care receivers highlighted positive experiences of daily routines, communication and opportunities for engagement.



Care receiver feedback:

I get the right support with my health and care needs in a timely way.

Overall, the Garden Flat provides effective and responsive care. The service promotes communication, choice and meaningful activity, supporting positive daily experiences and a good quality of life.

Is the service caring?

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

Care is planned with care receivers and reflects a detailed understanding of their

Relative feedback:
Staff demonstrate dignity, respect and support independence.

individual needs, routines, communication styles and preferences. Four care plans were reviewed and were found to be comprehensive, personalised and consistent with person-centred principles. Care receivers are involved in the development and

review of their plans in a way that reflects their capacity, supporting choice and autonomy.

Care plans reflect information from relevant health and social care professionals.

Where specialist input is required, this is incorporated, and staff follow agreed guidance. Risks to care receivers are identified, including physical, emotional, behavioural and health-related risks. Structured strategies are in place to manage risks safely and consistently, supporting care receivers both within the home and in the community.

Health and wellbeing are monitored closely. Staff record daily observations relating to nutrition, continence, skin integrity, medication and emotional wellbeing.

Evidence-based approaches to pressure area care are well established and clearly documented. Staff respond promptly to concerns and seek professional advice when needed.

Staff demonstrated respect, privacy and personal choice. Preferences for male or female care staff are recorded and followed. Communication aids are used to help care receivers express their wishes and feelings. Emotional wellbeing is monitored, and staff respond sensitively to signs of distress. Where required, mental health support is accessed, and care plans provide clear guidance for staff on reassurance, structure and therapeutic support.

Daily records show that staff follow agreed care plans and monitor wellbeing throughout the day. Behavioural episodes are recorded using structured methods, supporting consistent and proactive responses. Leadership oversight of care planning is evident through regular reviews and updated risk assessments.

Overall, the Garden Flat provides caring, compassionate and dignified support. Care is delivered by staff who know people well and respond appropriately to their individual needs, promoting comfort, wellbeing and trust.

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 service has clear ways for care receivers, families and staff to share their views. People can give feedback in different ways, making it easier for everyone to be heard. There are steps for raising concerns and reporting issues, which helps the service be open, responsible and accountable.

Monthly provider reports reviewed over a three-month period demonstrated stable staffing, effective monitoring of quality of care and no recorded incidents, safeguarding concerns or complaints.

These reports provide assurance that service performance is reviewed regularly and that risks are identified and managed in a timely way.

Feedback from care receivers is gathered through structured processes and regular opportunities to speak with staff. Complaints and suggestions are encouraged as part of a culture of openness and learning. A complaints policy is available in an easy-read format to support accessibility. The Registered Manager responds promptly to concerns, helping ensure that people feel listened to and supported.

Staff confirmed that they receive regular supervision and have opportunities to discuss their role, wellbeing and any concerns. The supervision policy supports safe practice, competence development, performance management and staff wellbeing.

This helps ensure continuity of care delivered by staff who understand their roles and responsibilities.

The provider has equality, diversity and anti-discrimination policies in place. These cover both care receivers and staff and set out procedures for reporting, investigating and addressing incidents of discrimination. This promotes dignity, respect and fair treatment across the service.

Feedback from staff highlighted positive experiences of training, professional support and feeling valued as part of the team. Relatives described staff as kind and supportive. Feedback was received from an external professional, which included some positive comments about day-to-day care and staff approachability, alongside broader

observations about service delivery, and this was considered alongside all other evidence without impacting the overall findings. This was considered alongside observations, records reviewed and discussions held during the inspection.

Staffing levels are determined using a dependency-based staffing tool, supported by a staffing policy. Rotas show safe staffing levels, continuity and appropriate supervision, with working hours and rest periods monitored to reduce fatigue. Learning from incidents and near misses is reviewed and used to improve practice.

Overall, the Garden Flat is well led. Leadership and governance arrangements support safe, consistent and person-centred care. They also promote learning and ongoing improvement.

Staff feedback:

I have been in the service for three years and completed my RQF Level 3. The training is excellent. Management are great both professionally and personally, and I feel part of the team.

What care receivers & relatives said:

Staff are good to me and understand me. I feel listened to. I am very happy with my room, lounge and kitchen.

All of the carers look after my Xxx extremely well.

Worries or issues are easy to report and dealt with in good time.

What staff said:

I have been here for nearly two years. It is the best place I have worked. I wish I had found this place sooner.

Care plans and records are up to date and reflective of care receivers' needs.

Management are great both professionally and personally. I feel part of the team.

Care is provided in a person-centred approach prioritising individual dignity, autonomy and preferences.

A professional's view:

Staff are approachable and cooperative, and day to day care is provided.

Staff are responsive when contacted.

Record keeping is clear. The management team is visible and engaged.

The service responds appropriately to safeguarding concerns.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection, therefore; 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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je