



Jersey Care  
Commission

## **INSPECTION REPORT**

**La Mabonnerie**

**Care Home Service**

**Les Amis Limited  
La Grande Route de St Martin  
St Saviour  
JE2 7GS**

**Inspection Date  
29 April 2026**

**Date Published  
29 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 La Mabonnerie. 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, physical disability/or sensory impairment
Type of care	Personal care; personal support
Maximum number of care receivers	4
Age range of care receivers	18 years and over
Maximum number & category of care receivers that can be accommodated in each room	Rooms 1-4 one person Persons with a physical disability can only be accommodated on the ground floor bedroom.
Discretionary Conditions of Registration	
The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care Module by 29 May 2028.	
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 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

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 announced visit. However, the Regulation Officer was able to undertake the initial inspection with an experienced Registered Manager from another service, who was overseeing La Mabonnerie in their absence. The Registered Manager was not available during the inspection; however, the Regulation Officer met with them subsequently via an online meeting to support engagement, reinforce their responsibilities, and allow them to contribute their views in relation to the service.

Inspection information	Detail
Date and time of this inspection	29 April 2026 – 09:00-12:00
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	Two
Date of previous inspection	9 and 16 October 2025
Areas for improvement noted at the last inspection	None
Link to the previous inspection report	<a href="#">RPT_LM_Inspection_20251016.pdf</a>

### **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 inspection found that La Mabonnerie provides a safe environment where care receivers are protected from abuse and avoidable harm. Recruitment processes are in place to ensure staff are appropriately checked before starting work. Staff receive mandatory training and specialist training relevant to supporting people with learning disabilities and autism. Medication is managed safely, with clear procedures and staff demonstrating confidence in their responsibilities. Health and safety arrangements are well established, and the environment is clean, safe and suitable to meet care receivers' needs.

Staff use communication approaches tailored to each person, helping care receivers understand routines and make choices in their daily lives. Care receivers are involved in developing and reviewing their care plans at a level appropriate to their capacity, and advocacy is considered when needed. Activities support social inclusion, independence and wellbeing, and they are encouraged to take part in meaningful daily routines. Food and mealtimes reflect individual preferences and dietary needs, supporting enjoyment and wellbeing.

Care plans are personalised and show a clear understanding of each person's needs, preferences and routines. Staff deliver care with dignity, respect and respond to emotional and mental health needs. Observations during the inspection showed positive and familiar interactions between staff and care receivers, with communication adapted to individual needs. Care receivers' health and wellbeing needs are regularly monitored, and staff seek professional advice when required.

Leadership and governance arrangements provide oversight of care delivery and support continuous improvement. Staff received regular supervision and reported feeling supported and valued. Feedback from care receivers, representatives and staff is encouraged, and clear processes are in place for raising concerns and making improvements. Staffing arrangements support continuity and stability for care receivers.

Care receivers are supported to live in a stable, respectful and person-centred environment that promotes wellbeing, independence and quality of life.

## 5. INSPECTION PROCESS

### 5.1 How the inspection was undertaken

The Care and Support Services with Accommodation Standards were referenced throughout the inspection.<sup>1</sup>

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 obtained direct feedback from one care receiver during the inspection. In recognition of individual communication needs and the nature of the service, the Regulation Officer also gathered evidence through observation of day-to-day interactions between staff and care receivers throughout the visit. These observations considered how staff communicated, how relationships were demonstrated, how responsive care was, and how support was delivered in practice. Feedback was also provided from one representative of a care receiver.

The Regulation Officer also spoke with the service's management team and members of staff to gain an understanding of how care and support are provided, monitored and reviewed. Feedback was requested from four professionals external to the service; however, no responses were received. All feedback received was considered alongside observations made during the inspection, records reviewed and discussions held on the day.

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 who participated in the inspection. This was initially followed up by email to the Registered Manager two and a half weeks later, upon their return from leave, to summarise and confirm the feedback provided.

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

An online meeting then took place so the Registered Manager could share their views and be involved in the inspection.

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
<b>Is the service safe</b>	<ul style="list-style-type: none"> <li>• Recruitment records</li> <li>• References and pre-employment checks</li> <li>• HR and learning discussions</li> <li>• Staff training records</li> <li>• Medication records</li> <li>• PRN (as required medication) guidance</li> <li>• Medication competency checks</li> <li>• Risk assessments (including fire safety)</li> <li>• Incident and notification records</li> <li>• Staffing rotas</li> <li>• Staffing level and skill mix information</li> <li>• Observations of the environment</li> <li>• Feedback from care receivers, staff and representatives</li> </ul>
<b>Is the service effective and responsive</b>	<ul style="list-style-type: none"> <li>• Care plans</li> <li>• Care plan reviews</li> <li>• Communication methods and tools</li> <li>• Welcome information</li> <li>• Accessible service information</li> <li>• Activity planning records</li> <li>• Activity schedules</li> <li>• Involvement in daily routines</li> <li>• Feedback from care receivers, staff and representatives</li> </ul>
<b>Is the service caring</b>	<ul style="list-style-type: none"> <li>• Care plans and profiles</li> <li>• Preference information</li> <li>• Daily records</li> <li>• Behaviour monitoring</li> <li>• Health and wellbeing records</li> <li>• Nutrition and skin integrity</li> </ul>

	<ul style="list-style-type: none"> <li>• Observations of care and interactions</li> <li>• Relationships and engagement</li> <li>• Support for independence</li> <li>• Everyday activity examples</li> <li>• Feedback from care receivers, staff and representatives</li> </ul>
<b>Is the service well-led</b>	<ul style="list-style-type: none"> <li>• Statement of Purpose</li> <li>• Policies and procedures</li> <li>• Safeguarding and complaints processes</li> <li>• Supervision and staffing policies</li> <li>• Monthly provider reports</li> <li>• Governance records</li> <li>• Staff supervision arrangements</li> <li>• Workforce support</li> <li>• Staffing rotas</li> <li>• Workforce planning</li> <li>• Incident and monitoring records</li> <li>• Feedback from care receivers, staff and representatives</li> </ul>

## 6. INSPECTION FINDINGS

### **Is the service safe?**

People are protected from abuse and avoidable harm.

La Mabonnerie provides accommodation and care for up to four adults with learning disabilities, autism and physical and or sensory impairments.

Safe recruitment arrangements are in place. Recruitment processes follow the Commission's Standards and include appropriate pre-employment checks. An up-to-date Statement of Purpose was provided prior to the inspection and discussed during the visit. It was found to reflect the care and support delivered. A small number of minor changes were suggested, and the manager confirmed these would be addressed.

Health and Safety policies and procedures cover fire safety, risk assessments, emergency procedures, staff training and record keeping. Training records reviewed confirmed that staff have completed mandatory and role-specific training, supporting safe practice.

Staff were able to explain how, when and to whom concerns and incidents must be reported.

Medication management was reviewed and found to meet the standards. Records were completed appropriately and staff demonstrated understanding of safe medication administration. Staff have completed the required level 3 medication training, and competency assessments are carried out annually. Systems are in place to support ongoing staff competence.

The use of the stairlift was discussed during the inspection. While this was not identified as an immediate risk, a recommendation is made for the service to develop an internal training and competency framework aligned with the manufacturer's guidance. This should include regular competency checks for staff and a clear, accessible competency for the care receiver who uses the stairlift most frequently.

Significant Restrictions of Liberty were reviewed. Notifications held on file were in line with the agreed framework. One restriction relating to February 2026 had not yet been submitted, as the assessment and formal authorisation were still pending. This was clarified during the inspection.

Care receiver's feedback:

I feel comfortable moving around my home on my own.

The environment was observed to be safe, clean and suitable. Accommodation reflects individual needs, including ground floor bedrooms for care receivers with a physical disability where required. Some wear and tear to the staircase was noted.

The manager confirmed that work has commenced and remaining work will be completed within one month. This was not identified as an area for improvement but is noted for transparency.

During the inspection, care receivers were observed to appear relaxed and at ease within the home environment. One care receiver moved freely around the home. Staff interactions were calm, familiar and supportive.

Overall, the inspection found that La Mabonnerie operates safely, with systems in place to protect people from harm and support safe, consistent care.

## 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.

The inspection found that La Mabonnerie provides care that is effective and responsive to individual needs. Support is delivered in a way that promotes understanding, choice and involvement in daily life.

Staff use communication approaches tailored to each person. These include visual prompts, picture-based materials and structured routines that help reduce uncertainty and support understanding. Observations showed that staff communicated effectively with both verbal and non-verbal care receivers, ensuring they were understood and able to express preferences.

Care receivers' feedback:

I am happy living here. The staff are good to me.

Care receivers are involved in developing and reviewing their care plans, with support provided at a level appropriate to capacity. This reflects the Standards for person-centred care and involvement in decision-making. This helps ensure that care reflects what matters to each person and remains responsive to changes. Advocacy support is considered and accessed when required.

The Registered Manager confirmed that the service is awaiting responses from professionals to arrange a multi-disciplinary meeting. This includes follow-up regarding dental care and a dietitian assessment. The outcome will help clarify ongoing needs, including dietary support. This demonstrates that the service works in partnership with external professionals and seeks professional support whenever it is required.

Information about the service is provided in a clear and accessible way. Welcome information explains what people can expect, how care is delivered, how to raise concerns and how to access support. This supports informed choice for care receivers and representatives.

Activities support social, physical and emotional wellbeing. Care receivers are offered choice and encouraged to engage at a level that reflects interests, abilities and how they feel on the day. One care receiver described choosing when to help with cooking and shared favourite foods, demonstrating flexible, person-led support. This was seen as an area of good practice.

Overall, the inspection found that La Mabonnerie responds well to individual needs and preferences, supporting positive outcomes and quality of life.

### **Is the service caring?**

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

Care at La Mabonnerie is delivered in a caring, respectful and compassionate way. Staff demonstrated knowledge of each care receiver as an individual and provided support that reflected personal histories, preferences and emotional needs. This was supported by staff training and supervision arrangements reviewed during the inspection.

#### Staff feedback:

I feel that I have received enough training to do my job safely and confidently.

Care plans are personalised and include clear guidance on communication, reassurance and emotional support. Care profiles outline what is important to each person, including routines, communication preferences and aspirations. These are reviewed regularly and used to support consistent and meaningful care.

Care receivers are involved in decisions about their care as much as practicable. Monthly reviews are completed and include care receivers where possible, with communication aids used when needed. This supports autonomy and ensures that people's voices remain central.

Staff promote dignity and respect in everyday practice. Personal preferences, including choices around personal care and support from male or female staff, are recorded and followed. Independence is encouraged through daily activities such as meal preparation, household tasks and community involvement, with appropriate supervision provided.

Health and emotional wellbeing are closely supported. Daily records show that staff monitor mood, comfort and physical health, and respond promptly to concerns. Staff seek professional advice where needed and follow agreed guidance.

The Regulation Officer observed calm, familiar and respectful interactions between staff and care receivers. One care receiver provided direct verbal feedback, describing being happy living at the service and valuing support to maintain important personal relationships. Care receivers appeared relaxed, content and comfortable.

Overall, La Mabonnerie provides caring, dignified and compassionate support that promotes comfort, wellbeing and a sense of belonging.

### **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.
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The inspection found that La Mabonnerie is well led, with governance and leadership arrangements that support safe, high-quality care.

Management systems provide oversight of daily practice and ensure staff understand their roles and responsibilities. The service has clear ways for care receivers, representatives and staff to share views and raise concerns. Feedback can be given in different ways, supporting openness and accountability.

The provider completes regular monthly quality reports, undertaken by a representative independent from day-to-day management. These reports cover staffing, training, incidents, safeguarding, complaints, health and safety and the environment, providing a clear picture of service performance. This reflects a structured governance approach in line with the Commission's Standards.

Staff are supported through regular supervision and management contact. Staff described leadership as approachable and supportive and reported feeling valued. Supervision supports reflection, wellbeing and professional development, contributing to consistency of care.

Equality, diversity and anti-discrimination policies are in place and understood by staff. These promote dignity, fairness and respect for both care receivers and staff.

Staff feedback:

I feel supported by the management team.

Staffing arrangements are planned by using a dependency-based approach. Rotas support continuity, appropriate supervision and safe working hours. Learning from incidents and near

misses is reviewed and shared to support improvement. This supports continuous improvement and demonstrates a reflective approach to service delivery.

Overall, the inspection found that La Mabonnerie is well led. Leadership and governance arrangements support stability, effective oversight and continuous improvement, helping ensure safe, consistent and person-centred care.

What care receivers said:

I feel comfortable in my home. I like helping in the kitchen when I want to. Fish and chips is my favourite.

What relatives said:

We feel very happy that Xxxx is at La Mabonnerie.

Xxxx is very well, xxx has their routines, xxx loves it there. We have no concerns.

Staff feedback

I feel confident reporting safeguarding concerns, and I know who to report them to.

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I feel that I have enough time to interact with care receivers in a meaningful and caring way.

I feel able to speak up if something is not right without fear of negative consequences.

The organisation provides good training and supports staff during difficult times.

## **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.



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