



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Westley Lodge and Cottage**

**Care Home Service**

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

**Inspection Date  
1 June 2026**

**Date Published  
22 June 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 Westley Lodge and Cottage. 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	Four
Age range of care receivers	18 years and above
Maximum number of care receivers that can be accommodated in each room	Room 1 – 4, one person
Discretionary Conditions of Registration	
None	
Additional information	
The Commission received an updated Statement of Purpose in April 2026.	

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

This inspection was announced and notice of the inspection visit was given to the Registered Manager six days prior to the inspection. This was to ensure that the Registered Manager would be available during the visit.

Inspection information	Detail
Dates and times of this inspection	01 June 2026, 09:00-13:00
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	11 September 2025 13 October 2025
Areas for improvement noted at the last inspection	None
Link to the previous inspection report	<a href="#">RPT WLC Inspection 20251013.pdf</a>

#### 3.2 Focus for this inspection

This inspection focussed on the following 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 Westley Lodge & Cottage provides a safe, structured and person-centred environment for care receivers with learning disabilities and autism. Recruitment processes are robust and follow safe recruitment policies and procedures. Staffing levels are based on care receivers needs. Staff are trained in areas such as autism, Positive Behaviour Support (PBS) and safeguarding, and this training is reflected in practice.

The Statement of Purpose is clear and aligned with the model of “Right Support, Right Place, Right Time”, and this is reflected in care planning and daily practice. Care plans are detailed, regularly reviewed and provide guidance for staff. Activities are personalised and support social inclusion and wellbeing.

Care receivers are supported by staff who know them well and understand their needs, routines and preferences. Care is delivered with dignity and respect, and there is consistency, choice and independence. Communication support is well developed and tailored to each care receiver.

Governance systems are clear, with regular audits, oversight and structured leadership. Policies and procedures are aligned with the Standards and are embedded in practice. The home demonstrates a culture of person-centred care and continuous improvement.

Observations during the inspection confirmed a calm, structured and positive environment, where care receivers were engaged in meaningful daily routines and supported by familiar staff.

Due to the complexity of some care receivers' communication needs, direct feedback was limited. Feedback during the inspection was gathered through a combination of observation of interactions, behaviours and engagement in daily activities, alongside some direct feedback where possible. Care receivers appeared relaxed, comfortable and positively engaged with staff and their environment throughout the inspection.

## **5. INSPECTION PROCESS**

### **5.1 How the inspection was undertaken**

The Care Home 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, reviews of the Statement of Purpose and notification of incidents.

The Regulation Officer gathered feedback from care receivers through a combination of observation and, where possible, direct engagement, due to the complexity of some communication needs, and from one of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by two professionals external to the service.

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

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and followed up by email on 08 June 2026.

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

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 and HR checks</li> <li>• Induction processes</li> <li>• Training matrix</li> <li>• Staffing rotas and dependency-based staffing</li> <li>• Care plans and risk assessments</li> <li>• Incident and reporting systems</li> <li>• Health and safety checks and fire safety records</li> <li>• Safeguarding policy and procedures</li> <li>• Monthly provider reports</li> <li>• Environment observations</li> <li>• Feedback from care receivers, staff, relatives and external professionals</li> </ul>
<b>Is the service effective and responsive</b>	<ul style="list-style-type: none"> <li>• Statement of Purpose</li> <li>• Pre-admission assessments</li> <li>• Care plans and reviews</li> <li>• Communication tools and support strategies</li> <li>• Activity plans and community engagement</li> <li>• Nutrition and dietary support records</li> <li>• Healthcare referrals and monitoring</li> <li>• Welcome information for care receivers</li> <li>• Feedback from care receivers, staff, relatives and external professionals</li> </ul>
<b>Is the service caring</b>	<ul style="list-style-type: none"> <li>• Care plans profiles</li> <li>• Care receiver preferences and routines</li> <li>• Daily care records</li> <li>• Health and wellbeing records</li> <li>• Observations of care and interactions</li> <li>• Dignity and privacy practices</li> <li>• Communication approaches</li> <li>• Staffing</li> <li>• Feedback from care receivers, staff, relatives and external professionals</li> </ul>
<b>Is the service well-led</b>	<ul style="list-style-type: none"> <li>• Statement of Purpose and governance structure</li> <li>• Policies and procedures</li> <li>• Monthly provider reports and audits</li> <li>• Management oversight systems</li> </ul>

	<ul style="list-style-type: none"> <li>• Staff supervision and appraisal</li> <li>• Training oversight and workforce development</li> <li>• Complaints processes &amp; feedback systems</li> <li>• Incident monitoring and learning</li> <li>• Feedback from care receivers, staff, relatives and external professionals</li> </ul>
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## 6. INSPECTION FINDINGS

### Is the service safe?

People are protected from abuse and avoidable harm.

Westley Lodge & Cottage provides accommodation and care for adults with learning disabilities and autism and operates within its conditions of registration.

Safe recruitment arrangements are in place. A Human Resources visit in March 2026 confirmed that recruitment processes include references and Disclosure and Barring Service checks before staff begin employment. A structured induction programme supports staff to develop the skills required for their role.

Staffing levels are based on care receivers' needs and risks. Care plans show that care receivers receive appropriate levels of support and supervision where required. There is an emphasis on consistent and familiar staff to support stability and reduce anxiety.

Training records confirm that staff are competent to meet care receivers' needs. Training includes safeguarding, autism, PBS, manual handling and health and safety. Staff demonstrated an understanding of safeguarding processes and how to report concerns.

Incident reporting systems are in place and embedded in practice. Incidents are recorded, reviewed and used to support learning and improvement. Care plans include guidance to reduce risks and prevent escalation.

Monthly provider reports support these findings, showing low levels of incidents and no safeguarding concerns.

Professional feedback further supported these findings. One professional described the home and service as, “*very proactive and known to seek guidance and help.*”

Health and safety systems are well established. These include fire safety checks, environmental risk assessments and emergency planning. Records reviewed confirmed that regular checks are completed.

The environment is adapted to meet care receivers’ needs. Considerations such as routines are clearly reflected in care plans and observed in practice. This supports care receivers to feel safe and reduces anxiety.

During the inspection visit, daily life within the home was observed. Care receivers were following their usual routines, including preparing for work, attending community activities and spending time independently. One resident was preparing to go on holidays and appeared excited and happy, engaging positively with staff. Another resident independently accessed the community, returning later to attend a planned activity with staff. The atmosphere in the home was calm, positive and relaxed, with care receivers and staff interacting in a natural and familiar way.

Accidents and incidents were reviewed and were found to be well documented and monitored internally. One Significant Restriction of Liberty renewal notification had not been submitted within the required timeframe; however, this was addressed promptly by the Registered Manager following the inspection.

In relation to medication and clinical tasks, delegated healthcare tasks were reviewed. Staff supporting a resident with diabetes had received training and competency assessment from an external agency, in line with delegated task guidance. Medication competencies were also up to date. ‘When required’ medication protocols, staff signature lists and resident identification processes were in place and up to date. Temperature monitoring was completed consistently in line with the medication policy.

Overall, the home provides safe care, with effective systems in place to manage risks and protect care receivers from harm.

## 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.

Care is planned and delivered in a person-centred way. Pre-admission assessments ensure that the home can meet care receivers' needs. The Statement of Purpose outlines the home's model and is reflected in practice.

Care plans are detailed and provide clear, practical guidance for staff. They include information about communication needs, routines, risks and behaviour support. Plans are regularly reviewed and updated, with evidence of multidisciplinary input.

Communication support is a key strength. Staff use simple language, repetition and visual tools to support understanding and personalised care. Care plans provide detailed guidance on how each resident communicates and how staff should respond.

Activities are personalised and based on individual preferences. These include community activities, social clubs and hobbies. Care receivers are supported to maintain relationships and participate in the wider community.

Care receivers were observed engaging in meaningful daily routines and activities that reflected their individual preferences. Interactions were consistent, and care receivers moved between activities with confidence. Staff used familiar approaches and routines to support engagement, which helped maintain a calm and structured environment.

Feedback from relatives further supports this caring approach. One relative stated: *"We have absolutely no concerns whatsoever with the care... and she is so well looked after. We are so grateful to you all."*

Professional feedback also identified strong relationships within the home: *"Staff retention is a notable strength, contributing to continuity and strong relationships."* This demonstrates that care is not only planned effectively but delivered in a consistent and informed way, supporting positive outcomes for care receivers.

Care receivers are supported to make choices in their daily lives. Care plans show that staff promote choice in activities, meals and routines, even where care receivers require additional support to make decisions.

Nutrition is well managed. Care plans include preferences and dietary needs, and staff monitor intake where required. Meals are flexible and tailored to individual preferences.

Observations and feedback confirmed that care receivers are supported to achieve meaningful outcomes, including participation in work, community activities and daily routines.

Overall, care is responsive, personalised and supports independence, wellbeing and positive outcomes.

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

Care is respectful, compassionate, and dignified. Care meets people's unique needs.
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The home demonstrates a caring culture. Staff were observed to know care receivers well and interact with them in a respectful, calm and supportive way.

The atmosphere within the home was warm and relaxed. Care receivers and staff were observed laughing, communicating easily and engaging in activities. Interactions were natural and respectful, reflecting established relationships and an understanding of individual needs. Each care receiver's environment was personalised and reflected their preferences, supporting a sense of comfort and belonging.

Care plans are person centred. They include detailed information about care receivers' lives, preferences and relationships, supporting staff to deliver personalised care.

Care receivers are supported with dignity and respect. Care plans include guidance on personal care, privacy and communication. Feedback is gathered from care receivers and used to inform care planning, and there is evidence that plans are updated to reflect changing needs and preferences. This supports staff to provide care in a calm, respectful and responsive way.

Consistency of care is a key strength. Care receivers are supported by familiar staff, which helps build trust and reduces anxiety. New staff complete induction with shadowing periods, to ensure safe and consistent care.

Care receivers' health and wellbeing are supported through regular monitoring and access to healthcare professionals. Care plans include detailed guidance on health needs, appointments and support during hospital visits.

Overall, care is compassionate, respectful and tailored to each resident, promoting dignity, independence and wellbeing.

### **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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Westley Lodge & Cottage is well led, with governance structures in place. The Statement of Purpose outlines the home's operating model and is reflected in daily practice.

The home has continued to develop since the previous inspection. Improvements include the refurbishment of bedrooms, with further works planned, and enhancements to external areas, including garden improvements supported through external funding.

Additional environmental improvements were observed during the inspection, with maintenance work being carried out to further improve care receivers' living spaces.

Staffing is planned, using a structured, outcome-based approach. Rotas are developed using a 'diary of support', which reflects care receivers' daily routines and required support levels across the day and night. This ensures that staffing levels and skill mix meet care receivers' needs at all times.

The home has clear arrangements in place to manage unplanned absences. An on-call system is in place, and cover is arranged with consideration of care receivers' needs and staff skills. Where required, management provide direct support to maintain safe staffing levels.

There is evidence of a learning culture within the home. For example, following a fall incident, staff implemented increased supervision during specific tasks, which reduced the risk of recurrence. This demonstrates that the home uses incidents to promote learning and improve safety. Provider reports support this, showing that incidents are monitored, actions are recorded, and learning is followed up through structured tracking systems. This reflects a proactive approach to governance and continuous improvement.

Staff are supported through regular supervision, team meetings and ongoing communication. Supervision is undertaken every two months, and staff receive ongoing feedback through daily oversight, handovers and internal communication systems. The home promotes an open approach where staff are encouraged to share concerns, reflect on practice and contribute to improvements.

Care receivers and families are engaged through a variety of communication methods, including meetings, surveys, direct contact and informal updates. Care planning and reviews reflect this input, ensuring that care remains responsive to individual needs.

Leadership and oversight are supported by regular audits, reporting systems and performance monitoring.

Monthly provider reports provide additional assurance of oversight, including monitoring of staffing, incidents, health and safety, and quality of care. No safeguarding concerns or complaints were reported during the review period.

External professionals also highlighted the positive working relationships and communication within the home: *“Staff were efficient in giving me updated information... regarding physical and mental wellbeing.”*

Policies and procedures are aligned with the Standards, including safeguarding, recruitment, complaints and staff supervision.

Overall, governance systems are robust and support continuous improvement. The home demonstrates strong leadership and a clear commitment to high-quality, person-centred care.

What relatives said:

Everyone is so kind.

She is so well looked after.

A professional's view:

The service demonstrates excellent knowledge of the individuals in their care and consistently provides high-quality support.

A staff's feedback:

The service offers promotion of choice, dignity, respect and independence.  
Encouragement of community participation, and resident's involvement to activities.  
Safe and comfortable home environment.  
Good teamwork among staff.

I am grateful to my organization for the support and trainings that equip me to be a best support worker and gain more skills and confidence to support residents complying with JCC care standards effectively.

## **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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