



**Jersey Care
Commission**

INSPECTION REPORT

Mourant Lodge

Care Home Service

**Les Amis Limited
Five Oaks
St Saviour
JE2 7GS**

**Inspection Dates
20 August 2026**

**Date Published
6 October 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 Mourant Lodge. 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	
Type of care	Personal care, personal support
Categories of care	Learning Disability; Autism; Physical Disability and/or Sensory Impairment
Maximum number of care receivers	Four
Age range of care receivers	16 and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1 – 4 one person
Discretionary Conditions of Registration	
None	
Additional information	
The Statement of Purpose was updated in March 2026 following the Commission's Care and Support Services with Accommodation Standards being published at the beginning of the year.	

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 was given to the Registered Manager two days prior to the first inspection visit. This was to ensure that the Registered Manager would be available during the visit. This was considered important because the home operates as a domestic environment, and the Regulation Officer wanted the care receivers to be aware of the inspection.

Inspection information	Detail
Dates and times of this inspection	20 August 2026 – 14:30 – 16:30
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	One
Date of previous inspection	14 and 28 November 2025
Areas for improvement noted at the last inspection	None
Link to the previous inspection report	RPT ML Inspection 20251128.pdf

3.2 Focus for this inspection

This inspection focused 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

Overall, the inspection found that the service provided safe, effective and caring person-centred support. Staff were appropriately recruited, trained and supported, and management and governance arrangements promoted quality, learning and continuous improvement.

Safe recruitment procedures were consistently followed, including appropriate identity, Disclosure and Barring Service (DBS) and reference checks. Staff had completed relevant training, including health and safety and medication administration. Medication arrangements were safe, and the home was clean, well maintained and subject to appropriate fire and safety checks.

The service had responded appropriately to a recent safeguarding concern. A comprehensive review was undertaken, resulting in an action plan and improvements to practice, including extending the staff induction programme from six to twelve weeks. This provides new staff with more time to understand care receivers' individual needs and develop relationships before working independently. The Regulation Officer was satisfied that meaningful action had been taken to reduce the likelihood of similar concerns arising. Future inspections will consider whether this learning and the resulting improvements have become embedded in practice.

Care plans were person-centred and provided clear information about each individual's communication needs, preferences, routines, goals and required support. Care receivers were encouraged to participate in decisions about their care and to maintain their independence. A varied programme of social and community activities was available, supporting participation, relationships and wellbeing.

Staff were observed providing compassionate, respectful and dignified care. Regular supervision, appraisals and team meetings supported staff development and the sharing of information and good practice.

Leadership and governance arrangements provided effective oversight of the service. Monthly quality assurance reviews considered areas including staffing, safeguarding, incidents, complaints, health and safety and the environment. Overall, the inspection found that the service promoted people's safety, wellbeing, independence and inclusion within a positive and supportive environment.

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, notification of incidents and a review of safeguarding referrals.

The Regulation Officer met with one of the care receivers and received feedback from six of their representatives. They also had discussions with the service's management and other staff. One professional who worked with the service provided feedback.

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 by email on 28 August 2026.

¹ 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
Is the service safe	Safe recruitment practice Review of Induction policy and practice Staff rotas Review of notifiable events Review of Health and Safety practice Staff training Medication management Review of safeguarding outcome
Is the service effective and responsive	Statement of Purpose Care plans and risk assessments Activities and social well being Communication needs and support Staff feedback
Is the service caring	Supervision and support of care receivers Staff skills to meet care needs care receivers Care plans Social activities Representative feedback Staff feedback Professional feedback
Is the service well-led	Quality assurance monthly reports Line of sight of the senior leadership team (SLT) Support provided by management and the SLT Policies and procedures Supervision and appraisal of support staff Discussions with the Registered Manager Feedback from Staff

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Ahead of the inspection, regulation officers met with the organisation's Human Resources team to review recruitment practices and associated records. Recruitment files demonstrated that robust recruitment procedures were being followed consistently. Application forms were fully completed, candidates participated in formal interviews, and interview responses were appropriately assessed and recorded. Evidence confirmed that identity checks, Disclosure and Barring Service (DBS) checks, and satisfactory references had been obtained prior to employment.

The service had a Safe Recruitment Policy in place, which had most recently been reviewed in May 2026. The policy had been updated to incorporate guidance relating to the recruitment and management of volunteers.

The Registered Manager described changes that had been made to the staff induction programme following the recent outcome of a safeguarding meeting. As part of the service's review of the incident, an evaluation of induction arrangements within the residential respite service identified opportunities to strengthen the process. In particular, it was recognised that new staff would benefit from additional opportunities to shadow experienced colleagues and spend time getting to know all care receivers before working independently.

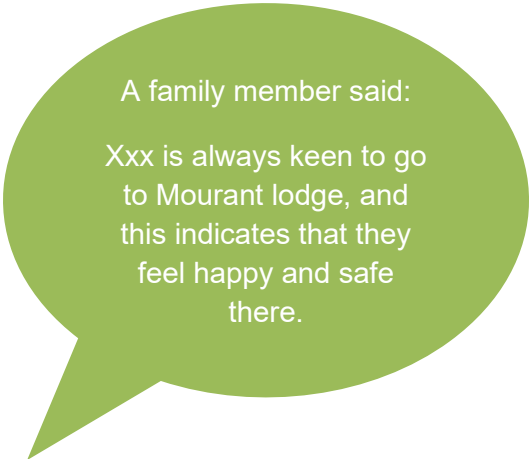
In response, the service extended the induction programme from six weeks to twelve weeks for the residential respite service. The revised approach is intended to ensure that new staff develop a comprehensive understanding of the individual needs, preferences and health conditions of all care receivers, including those who attend the service less frequently. It also provides greater opportunity for care receivers to build trusting relationships with new members of staff.

Feedback from a family member voiced their view of the importance of getting to know new staff. They said: *"Permanent staff who know Xxx are very caring towards them. I am always slightly wary of new staff as I know nothing about them. I would welcome knowing how much care experience they have and a little bit about them as I am handing Xxx over to them."*

The Regulation Officer noted that the extended induction programme may also provide an opportunity for new staff to be introduced to family members and representatives, helping to further develop confidence and positive working relationships.

The safeguarding review also identified a number of wider actions to strengthen practice. The service undertook a comprehensive evaluation of the circumstances that led to the safeguarding concern, developed an action plan and implemented a range of improvements. The adult safeguarding process ensured that concerns had been thoroughly investigated, and there was an undertaking from the service that learning would be incorporated into practice.

The Regulation Officer was satisfied that the service had responded appropriately to the incident and had taken meaningful steps to reduce the likelihood of similar issues occurring in the future. Due to the actions taken there is no area of improvement flowing from the safeguarding incident; however, future inspections will ensure learning and improvements are imbedded within the service and throughout the organisation.



A family member said:

Xxx is always keen to go to Mourant lodge, and this indicates that they feel happy and safe there.

Medication management was reviewed and found to be safe. Medicines are stored in a locked cupboard within the staff office and only accessible by staff. Each of the care receivers' medicines are kept in their own container which is clearly labelled. All current staff working for the service have completed the Regulated Qualifications Framework (RQF) Level 3 qualification in medication administration.

The home is well maintained and was clean and tidy. The organisation's maintenance team manages the upkeep of the property and complete repairs as required.

All staff are up to date with health and safety training, food hygiene, moving and handling and Control of Substances Hazardous to Health (COSHH) and first aid. The home's fire log was reviewed, and all checks have been signed as completed.

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 Regulation Officer discussed communication arrangements with the Registered Manager and reviewed a sample of care records. Each care plan included an 'All About Me' assessment, which provided detailed information about the individual's communication needs and preferences. Areas covered included vision, hearing, speech and language, understanding, communication changes, identified needs, desired outcomes, and the support required to achieve these outcomes.

Care records clearly outlined the support individuals required to communicate effectively. Examples included assistance with reading written information, recognising the impact that anxiety may have on communication, using symbols or pictorial aids, providing information in manageable amounts to avoid overwhelming the person, and using Makaton where appropriate.

Staff feedback confirmed that communication from management is either "always" or "usually" clear and helpful. The Regulation Officer was informed of a range of opportunities for sharing information and discussing the needs of people receiving care and their families or representatives. Monthly team meetings provided a forum for staff to discuss any issues, share updates, and seek guidance.

The Regulation Officer found that staff received regular supervision sessions every three months which are supplemented by informal check-ins with the Registered Manager or Team Leader.

Annual appraisals were also completed, during which individual objectives were agreed and reviewed throughout the year to support professional development and continuous improvement.



A family member said:

I feel Mourant lodge is well led and they have always been very accommodating with any requests.

The service provides opportunity for care receivers to engage in various activities both within the home or external events. The September Social Club events poster was on display with activities throughout the month that included; sing, sign and dance, bowling, air display, end of summer barbecue, bingo, cinema club

and the WetWheels trip, which is described as a boat trip around the bays and spotting dolphins, drive the boat and do some fishing.

Is the service caring?

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

Care plans were tailored to each individual and provided clear guidance on communication methods and emotional support needs. Personal profiles detailed what was important to each care receiver, including daily routines, preferred ways of communicating and personal goals. These records were reviewed regularly and supported the delivery of consistent, person-centred care.

Care receivers were encouraged to participate in decisions about their care wherever possible. Reviews were undertaken and involved care receivers when appropriate, with communication aids used to maximise involvement. This approach helped to promote choice, independence and inclusion in care planning. Feedback

from one of the family members spoke positively of the written communication that is provided by the staff following each respite period.

Staff demonstrated a commitment to treating care receivers with dignity and respect. Opportunities to maintain and develop independence were encouraged through participation in everyday tasks, such as preparing meals, contributing to household activities and engaging in the local community, with support provided according to individual needs.

A family member said:

the staff working at the service are all very caring and I have no hesitation in leaving Xxx in their care.

Observed care was delivered in a compassionate, respectful and person-centred manner and it was clear to the Regulation Officer the care receiver was relaxed and comfortable within the environment and with the support staff. Evidence reviewed during the inspection showed that staff received appropriate training

and supervision to support them in providing care.

The service provides respite care to people with a wide range of abilities or care needs. A number of those who use the service have friends who also use the service and will ask that they attend at the same time if it is possible. The home can provide for people who need specialist hoisting and bathing facilities due to their care needs and has a large ground floor bedroom with ensuite bathroom.

Overall, the service provided caring, compassionate and dignified support that promoted wellbeing, independence and a strong sense of belonging.

A family member said:

The support is truly appreciated, and we as a family are so happy for Xxx. They love Mourant Lodge. They (the staff) are super caring and very attentive.

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.

Management arrangements provided effective oversight of the service and supported staff to understand and fulfil their responsibilities. Systems were in place to enable care receivers, their representatives and staff to express their views, provide feedback and raise concerns. The staff who completed the feedback form confirmed that they would feel confident in reporting a concern and feel they can approach their manager for support and advice.

The provider undertook comprehensive monthly quality assurance reviews, completed by a representative who was independent of the day-to-day management of the service. These reviews considered a range of areas, including staffing, training, incidents, safeguarding, complaints, health and safety, and the suitability of the environment. This demonstrated a proactive and structured approach to governance and continuous service improvement in line with the Commission's Standards.

Staff received regular support through supervision, appraisal and management oversight. Feedback from staff indicated that leaders were approachable, supportive and responsive to their needs. Supervision sessions encouraged professional reflection, supported wellbeing and identified opportunities for learning and development, helping to maintain consistent standards of care.

A family member said, when asked if they felt the service is well-led:

Yes – the manager is quick to respond to any queries we make or to let us know of any staff changes.

Policies relating to equality, diversity and inclusion were in place and staff demonstrated an understanding of their responsibilities in this area. These arrangements promoted a culture of dignity, respect and fairness, ensuring that both care receivers and staff were treated equitably and without discrimination.

Overall, governance and leadership arrangements supported the delivery of safe, effective and person-centred care, while fostering a positive and inclusive environment for both care receivers and staff.

The Registered Manager explained the governance arrangements in place across the organisation. These included regular meetings for registered managers, which provided opportunities to share good practice, discuss operational matters, and promote consistency across services. Meetings involving managers and team leaders were also held to monitor compliance with relevant standards and regulatory requirements. In addition, information from senior management planning meetings was cascaded through the management structure to ensure staff remained informed of organisational developments.

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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