



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Blue Turtle**

**Home Care Service**

**La Maison Du Canal  
La Rue Des Nouettes  
St Ouen  
JE3 2GZ**

**25 September 2024**

## **THE JERSEY CARE COMMISSION**

Under the Regulation of Care (Jersey) Law 2014, 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 (as amended) to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity, and to encourage improvement.

## **ABOUT THE SERVICE**

This is a report of the inspection of Blue Turtle Home Care. Blue Turtle is a small service that helps adults with personal care and support, allowing them to live in their own homes. The service focuses on the whole person, not just their care needs, and works to help them have the best possible quality of life. By supporting people to remain independent, Blue Turtle gives them more control over their lives and aims to improve their well-being.

Regulated Activity	Home Care Service
Mandatory Conditions of Registration	<p>Type of care: personal care and personal support</p> <p>Category of care: autism, mental health, young adults (19-25), adult 60+, dementia care, physical disability and/or sensory impairment, learning disability</p> <p>Maximum number of combined personal care and personal support to be provided per week: 112 hours</p> <p>Age range of care receivers: 18+</p>
Discretionary Condition of Registration	Registered Manager to complete Management and Leadership Level 5 Diploma by 2 June 2026.
Dates of Inspection	25 September 2024
Times of Inspection	16:00-17:00
Type of Inspection	Announced
Number of areas for development	2
Maximum number of care hours per week	65

The Home Care service is operated by Blue Turtle Care, and there is a Registered Manager in place.

## INSPECTION PROCESS

This was a focused announced inspection and was completed on 25 September 2024. Notice of the inspection visit was given to the Registered Manager one week before the visit. This was to ensure that the Registered Manager would be available.

The inspection was undertaken to review compliance with the six areas for development identified at the annual inspection, which was completed on 20 March 2024.

The Home Care Standards were referenced throughout the inspection.<sup>1</sup>

Prior to our inspection, all of the information held by the Commission about this service was reviewed, including the previous inspection report.

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

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager.

This report outlines our findings and includes areas of good practice identified during the inspection. Where areas for development have been identified, these are described in the report, and a development plan is attached at the end of the report.

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<sup>1</sup> The Home Care Standards and all other Care Standards can be accessed on the Commission's website at <https://carecommission.ie/Standards/>

## INSPECTION FINDINGS

At the last inspection, six of areas for development were identified, and a development plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed. This report focuses on measuring the progress made.

While the Registered Manager highlighted the challenges posed by a small team and limited resources in Jersey, they have expressed a strong commitment to addressing these requirements.

### **Area for development 1:**

The Registered Provider must ensure that the home care service fully enhances its recruitment procedures to align with regulatory standards.

Recruitment procedures were reviewed, and it was found that references were correctly in place for the staff members. However, as there were no new recruits, the verification of reference procedures for new staff could not be assessed. A robust recruitment policy has already been established.

Two Disclosure and Barring Service (DBS) checks were reviewed. Although the Regulation Officer had access to all DBS and correspondent risk assessments, it was advised that all DBS information should be uploaded to the electronic system for better accessibility.

Curriculum Vitae (CV) for staff are available on the electronic system, but additional documents such as ID photos, Social Security cards, and interview notes need to be uploaded for all staff members to ensure comprehensiveness.

Terms of employment and induction records were not available for review during this inspection, as no new staff have been recruited. These documents should be verified and made accessible in future inspections.

This area of development is currently met, but it is recommended that safe recruitment processes are consistently followed for future recruitment and that all existing employees' documents are kept up to date in the electronic system.

**Area for development 2:**

The Registered Provider must notify the Commission of any incidents, accidents, or potential risks to care receivers, as outlined in the Home Care Standards

The internal system for logging accidents and incidents at Blue Turtle is well-structured and effectively maintained. This system allows for accurate documentation and easy retrieval of information, contributing to overall transparency and accountability.

Since May 2024, a comprehensive notification policy has been in place, which ensures that all necessary notifications are sent to the Commission in a timely and proportionate manner. The Commission has been receiving consistent notifications and relevant communications from the service, reflecting a commitment to keeping all parties informed about any significant events.

This area of development has been successfully addressed, and the service demonstrates compliance with the established notifications system.

**Area for development 3:**

Personal care plans must evidence the involvement of care receivers in decisions making processes and be regularly reviewed to capture changes in needs, wishes and preferences.

Care plans are currently being managed effectively, with all risk assessments available on an electronic care planning system and reviewed on a monthly basis. Examples of these assessments include external activity engagement and moving and handling assessments.

Personal plans show active involvement from both the care receiver and their families, with signatures recorded. It is suggested that, during monthly reviews, a note is added to confirm there are no changes to the care plan and that both the care receiver and their families remain in agreement.

Monthly reviews of care plans are evident, and the last review date is clearly shown in the system. Currently, the Registered Manager is responsible for all care plan reviews. Given the size of the service, this is a reasonable approach, but it is recommended that other staff begin to take responsibility for additional care plans, with regular audits being introduced to ensure consistency.

When necessary, the service also engages with external professionals, such as Hospice and general practitioners. However, catheter care requires further staff training, as the existing training is out of date. It was recommended that a referral to Family Nursing and Home Care be made to assess staff competencies, with these being reviewed annually.

This area of development is currently met, though regular audits are recommended to ensure better compliance.

**Area for development 4:**

The Registered Manager must ensure that all staff members are adequately supported through regular feedback and supervision sessions.
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Supervision and appraisal processes were reviewed, revealing that only one round of supervisions has been completed for all staff since the last inspection. A second round is scheduled, but no appraisals have taken place this year, and there is currently no appraisal template in use. The Registered Manager plans to develop a template; however, a concrete plan has not yet been established.

The focus of the current supervisions is on caseloads, staff support, and overall progress. It was recommended that additional training be provided to enhance the effectiveness of these sessions.

Supervisions are being logged electronically, which flags when renewals are due.

This area for development has not been met, as the standards require that supervision occur a minimum of four times a year.

**Area for development 5:**

The service needs to adjust current operational policies to ensure they are based upon local legislation and are accessible to everyone.

The policies related to recruitment, whistleblowing, and complaints at Blue Turtle are all up to date and easily accessible for all staff members. This ensures that everyone is informed about the protocols and procedures in place.

To enhance these policies further, it was suggested that recent guidelines incorporate more detailed information, particularly regarding completion and review dates. This addition would provide greater clarity and accuracy, helping staff to understand the timelines associated with each policy.

Overall, this area of development has been met, and it is recommended that the service continues to refine its policies to align with evolving needs and best practice guidance.

**Area for development 6:**

A clear training and development programme must be in place for all staff and must be evaluated regularly.

The training log and relevant certificates for staff are stored electronically, providing a clear record of completed training. However, when a training matrix was requested from the Registered Manager, it was noted that most training is currently offered through an e-learning platform. While this is convenient, a balanced approach that includes both online and face-to-face training is recommended for more effective learning.



Additionally, it appears that not all mandatory training is up to date, which raises concerns regarding compliance with required standards. Therefore, this area of development remains outstanding. Although the presence of the training matrix and some certificates is a positive, there is a need for greater consistency and accuracy in maintaining mandatory training to ensure that all staff members are adequately prepared and compliant.

## DEVELOPMENT PLAN

There were two areas for development identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p><b>Area for development 1</b></p> <p><b>Ref:</b> Standard 3.14</p> <p><b>To be completed by:</b> Three months from the date of inspection (25 December 2024).</p>	<p>The Registered Manager must ensure that all staff members are adequately supported through regular feedback and supervision sessions.</p>
<p><b>Area for development 2</b></p> <p><b>Ref:</b> Standard 3.11; Appendix 6</p> <p><b>To be completed by:</b> Six months from the date of inspection (25 March 2025).</p>	<p>A clear training and development programme must be in place for all staff and must be evaluated regularly.</p>
<p><b>Area for development 1</b></p> <p><b>Ref:</b> Standard 3.14</p> <p><b>To be completed by:</b> Three months from the date of inspection (25 December 2024).</p>	<p><b>Response of Registered Provider:</b></p> <p>A more robust timetable for supervision and appraisal is now in place.</p>
<p><b>Area for development 2</b></p> <p><b>Ref:</b> Standard 3.11; Appendix 6</p> <p><b>To be completed by:</b> Six months from the date of inspection (25 March 2025).</p>	<p><b>Response of Registered Provider:</b></p> <p>The training matrix has been adjusted and will be audited regularly.</p>

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for development 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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