



**Jersey Care
Commission**

INSPECTION REPORT

The Care Hub

Home Care Service

**50 Don Street
St Helier
JE3 4TR**

5 December 2024

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1. 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 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 The Care Hub and there is an interim manager in place.

Registration Details	Detail
Regulated Activity	Home Care
Mandatory Conditions of Registration	
Type of care	Personal care, personal support, nursing care
Categories of care	Adults 60+; dementia care; physical disabilities; mental health; learning disability; children 0-18
Maximum number of care hours per week	Nursing hours 40 Personal care, personal support can exceed 2250
Age range of care receivers	0 and above

Discretionary Conditions of Registration
None
Additional information
The Commission was notified of the temporary absence of the Registered Manager, and suitable arrangements have been put in place by the service for an Interim Manager.

3. ABOUT THE INSPECTION

3.1 Inspection Details

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

Inspection information	Detail
Date and time of this inspection	5 December 2024
Number of areas for development from this inspection	One
Number of hours of care during the week of the inspection	3,200
Date of previous inspection:	1 December 2023
Areas for development noted in 2023	None
Link to previous inspection report	The Care Hub Inspection Report 2023

3.2 Focus for this inspection

This inspection focused on these specific new 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. Areas for improvement will now be referred to as areas for development.

4.2 Observations and overall findings from this inspection

During this inspection, one area of development was identified. The service is required to complete reassessments of support plans and dependency scales in discussion with the care receiver and/or their representative before changing or introducing live-in care packages.

The organisation has introduced a service for children and young people within its portfolio and has embarked on recruitment and training to ensure the care provided is of an appropriate standard.

The organisation identified the need for more office space and has increased its accommodation by securing offices on Bath Street as well as the original offices on Don Street. The Bath Street facility will also be able to offer an improved training facility.

The Care Hub provides valuable services to a wide client base that includes complex care, learning disabilities and autism, mental health, dementia, and children and young people. They have developed teams for each of these specialities and training packages to support the staff with the appropriate skills and knowledge.

New staff are recruited in line with the Standards set by the Commission. There was evidence that the recruitment team have been vigilant in the recruitment process. There is evidence of safe practices, with the appropriate checks and balances completed before staff employment and a comprehensive induction programme for when the new recruits commence employment. The organisation has successfully employed overseas staff who have been described as excellent additions to the team.

Feedback from family and other health professionals has been highly positive and praises the dedication of the teams. There is evidence of assessments and care planning that leads to person centred care. The detailed electronic records system allows care staff access in real time to care plans, assessments and required tasks. Care receivers can access the app to view their care plan if they wish to.

The Regulation Officer was satisfied that the service has appropriate governance systems, and they provide opportunity for staff and care receiver feedback.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Home Care 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 from 1 December 2023, reviews of the Statement of Purpose, variation requests and notification of incidents.

The Regulation Officer requested feedback from three care receivers but did not receive any responses. Three of their representatives did provide feedback, and the Regulation Officer also discussed the service with members of the management team and other staff. Additionally, feedback was provided by three professionals external to the service.

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

Initial feedback was given at the end of the inspection visit. Following the inspection, the Regulation Officer provided final feedback to the Interim Manager on 3 February. The Interim Manager has expressed to the Commission that they do not agree with the area for development identified and has provided a detailed response at the end of the report.

This report sets out 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.

¹ The Home Care Standards and all other Care Standards can be accessed on the Commission's website at [Standards | Jersey Care Commission](#)

5.2 Sources of evidence

The sources of evidence reviewed as part of this inspection are listed in Appendix 1.

6. INSPECTION FINDINGS

Is the service safe?

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

In 2024, the Care Hub successfully applied to the Commission to offer services for children and young people from the age of 0 to 18. Throughout the inspection, the Interim Manager gave a synopsis of the work being undertaken to develop a portfolio of care provision for this age group, including policies and staff training.

The service provided 3,200 hours of personal care and/or support during the inspection week. Nursing care provision averaged 5 hours weekly, with the registered nurses employed by the service all being part of the management team. The Interim Manager informed the Regulation Officer that the business had decided to improve staff terms and conditions, including the introduction of staff pensions, and enhance the training portfolio to ensure skills and knowledge of staff required for the specialist teams, which include:

- Complex care
- Mental health
- Learning disability/autism
- Children and young people
- Dementia care.

Staff retention over the past year has been good, with those who have left the service doing so to pursue professional training in nursing and psychology or to travel. The staff complement includes 38 full-time equivalent staff, seven part-time staff working 25 hours weekly, thirteen zero-hours bank staff, and five live-in carers.

Since January 2024, the Care Hub has recruited 18 new staff members who have completed their induction programme.

The care staff rota records the training, supervision, and appraisals completed, the staff duty rota and the people for whom they provide care. One of the comments from a family member highlighted the challenges of maintaining continuity of carers, saying, *“They (the service) are responsive and always available; however, continuity of staff can be a problem; Xxx needs consistency of care”*.

The Regulation Officer analysed the recruitment process, including application forms, CVs, the shortlisting process, and the interview template. The interview was always conducted with at least two interviewers. The interview questions template covered report writing, confidentiality, safeguarding, and areas relating to direct care, such as skin integrity.

The Disclosing and Barring Check (DBS) database was viewed and there was evidence of up-to-date DBS check for staff. All staff register with the online system allowing for ease of update and review. References and DBS checks are received prior to new staff commencing employment.

Following an incident involving a package of care, the service was proactive in completing a root cause analysis (RCA), which identified learning and areas of improvement. After the completion of the RCA, a referral to the adult safeguarding team was made by a healthcare professional; however, as the service had taken appropriate action, the safeguarding team concluded that further intervention would be disproportionate.

The Regulation Officer reviewed several policies, including the updated lone worker policy and the medicines policy and procedures, which had been revised in August 2024 along with:

- Records of medication returned to pharmacy
- Protocol for PRN (as required medication) and high-risk medications
- Medication assessment record Monthly medication audit.

Feedback from a professional who works with the service regularly:

“I have worked with Care Hub on multiple complex cases and feel confident that they create a safe environment for service users.”

The organisation’s lone worker policy has been reviewed and updated during the year. Staff working on their own are required to check in at the beginning of their shift and check out when they finish. The service manager knows who is on duty and where they are and can check staff safety. If a staff member fails to make contact as required, the policy directs the manager of what actions need to be taken. The organisation provides a manager on-call system that provides 24 hour cover, allowing staff, care receivers or their family/representatives access to a manager as necessary.

The Care Hub introduced an electronic homecare technology system two years ago and has gradually introduced the resources that are part of the package. The system provides a computer and mobile telephone app, allowing care staff to access care provider records in real-time. The medication administration record (MAR) has been implemented within the electronic system.

The nurses within the organisation check and sign off the medications with the MAR and can audit medication issues remotely. Each medicine has a brief descriptive overview describing what it is for and the common side effects.

Following an internal medication review, the Interim Manager introduced staff to count and consolidate medicines before administration and record a running balance. As required, medicines (PRN) have a protocol sheet which clarifies the details of the medicine, which includes (not an exhaustive list):

- Name of Medication
- Mode of administration
- Dose
- Maximum dose in 24 hours

- Frequency
- The drug is used to treat
- I [the client] will usually display the below symptoms when I require this medication
- Predictable side effects of medication.

The Regulation Officer was informed that care plans are reviewed and updated as required but at least every three months. Care receivers with their consent or in their best interest, family members and/or representatives will be invited to be involved in the care planning process and access the electronic homecare record system. A family member stated, *“I can view the care plan if I ask; I opted not to have direct access via the app”*.

The Interim Manager described the complex care team supporting people with personal care needs who have a Do Not Attempt Cardiac Pulmonary Resuscitation (DNACPR). A fridge magnet within the care receivers home indicates to staff that there is a DNACPR in place and, for continuity and ease of access, the relevant medical information is kept in a bottle in the fridge of the person’s home.

In discussion with one of the professionals who work closely with the service, the Regulation Officer was informed that a Care Hub risk assessment is of a good standard. On one occasion, the risk assessment identified the need to adapt the care package to minimise risk to the care receiver and care staff. There was initial resistance to changes to the care plan from the care receivers’ representatives. However, the risk mitigation plan was implemented following further communication with a detailed rationale.

Is the service effective and responsive?

Assessing the organisation of the service so that care receiver's needs are respected and met.

The Interim Manager described how, as the service has diversified, a number of teams have been developed, including complex care, mental health, learning disabilities/autism, children/young people/young adults, respite care, and 24-hour live-in care.

As the services provided have become more specialist, the organisation have commissioned several expert trainers/supervisors in the fields of:

- learning disability
- autism
- mental health
- capacity and self-determination
- children's care including:
 - safeguarding
 - children's law
 - nursing
- clinical supervision.

Feedback from a family member:

"They have been very good; they provide a good service and staff are well trained."

The experts can help develop packages of care, be involved in risk assessment and care planning, advise the management team as well as providing training and supervision.

The service is looking at developing a nursing telecare service to support people living within their own homes with reduced risk. The service offers an alarm to alert the Care Hub. It will respond to assess and help the person at home, including having access to a qualified nurse 24/7 and a sitting service attached to the twenty-four-hour helpline. The Interim Manager stated that one of the aims of a comprehensive telecare service would support hospital discharges and onward referrals if appropriate. The service has been completing falls assessments and liaising with the ambulance service to introduce the best local practices.

The Regulation Officer viewed several assessments of care needs and care plans, which were clear and concise, with evidence of reviews being completed appropriately. A family member gave feedback that the evaluation of the behavioural changes of their relative triggered physical health assessments and treatment. The family member stated, *“If it had not been for the carers’ diligence and knowledge of Xxx, this could have been life-threatening”*.

Earlier in the year, the Commission received information that a complaint had been made by representatives of a care receiver. This related to the Standards that specify that thorough assessments should be completed whenever there is a significant change in care provision, relevant professionals should be involved, and the records should be clear to evidence the rationale for any changes, including evidence of the care receiver’s health condition and needs. The Standards require that assessments be updated when there is a change in needs or circumstances and that the person be fully involved in the review process. In correspondence between the service and the Commission regarding the complaint, the Regulation Officer concluded that the Standards had not been met. This is an area for development.

The Interim Manager described positive working relationships with other care services and noted how the crisis mental health team “has been brilliant”. They described good links to the inpatient mental health wards and gave an example of care receivers, key workers, and The Care Hub jointly developing a care programme as part of the discharge planning.

Over the past year, the liaison with care receivers' GPs has improved with the introduction of the consent form, in which the care receiver gives written consent for their GP to share health information and consultations on behalf of the care receiver.

There were also examples of positive working relationships with the learning disability/autism service, psychology and psychiatric services and the advocacy service 'My Voice'. The importance of positive joined-up care provision has been identified in many reviews and inquiries, and it is encouraging to hear that The Care Hub is working well with partner agencies. One of the care professionals with regular involvement with the service nicely describes how they work together: *"Communication with Care Hub is always efficient, and I feel that we can professionally challenge each other while maintaining a positive working relationship"*.

Is the service caring?

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

In developing specialist teams, the organisation has developed a Care Hub Training Programme, which consists of a matrix that cross-references staff training requirements against the specialism. All staff undertake the mandatory training which includes:

- Safeguarding foundation course (or update)
- Safe handling core (or update)
- Emergency First Aid at Work (or update)
- Dementia, mental health and learning disability awareness
- Oliver McGowan Tier 1 eLearning
- Conflict Management
- Data Protection and confidentiality
- Capacity and Self-Determination Law and Significant Restrictions on Liberty
- Fire safety
- Communication
- Health and Safety
- Equality, diversity & human rights.

Additional mandatory training for service-specific areas includes de-escalation and restraint reduction, trauma-informed practice, and SPELL training for supporting people with autism. The compulsory additional training for the staff in the new children's and young people service includes safeguarding children, paediatric first aid, children's Law, therapeutic interventions & restrictive practice with positive behaviour support, child development, mental health in children and adolescents, trauma-informed practice and attachment theories.

The organisation's 'Skills and Development Plan' is in poster format and visible to all staff who come to the office. It clearly outlines the training requirements for:

- Mandatory training (when new staff commence work)
- Probationary period
- Additional task, learning and supervision
- Career progression.

Staff will be expected to undertake the Regulated Qualifications Framework (RQF) Diploma at level two or three for the area of specialism they work in: complex care, mental health, autism, learning disability, dementia, and children and young people.

Care staff receive supervision in various ways, including one-on-one and group supervision from expert trainers and specialist consultants who support the service. These supervisions cover issues such as skin care, safeguarding, confidentiality, and case study discussions. Annual appraisals are booked for the beginning of the year, during which objectives from the previous year are reviewed, and new objectives are set. Staff health and well-being are an essential part of the appraisal process.

The care planning process is managed through an electronic system. It includes an initial assessment, further specific assessment dependent on the needs and presentation of the care receiver, assessment summaries, risk assessments and mitigation. Each care plan generates carer tasks and instructions on how to carry out the task, such as positioning someone in bed using a sliding sheet, breakfast preferences and time, and assistance in dressing and bathing.

Each task is recorded and signed as it is completed. The care plan includes a chronology of activities and events and relevant observations such as fluid intake and output.

Care receivers and their representatives (with the permission of the care receiver) can download the care planning app, allowing real-time access to the records. For those who don't have access to electronic devices, they can be provided with paper copies of the care records.

The Interim Manager noted that when offered access, families are often happy to request information as and when required rather than having the app. After receiving feedback from a care receiver representative, this was reiterated to the Regulation Officer.

The Regulation Officer received positive feedback from several sources regarding the caring nature of the service and the care staff. A professional with regular contact with the service noted the support they have accessed from a specialist in learning disability and autism to work with the staff within the equivalent team. They also referred to joint work with other health professionals, including speech and language therapy services and mental health services, to ensure the appropriate therapeutic interventions for the care receivers. Another health and social care professional stated, *"Staff appear to go the extra mile for their clients, and the care teams supporting (the care receivers) are tailored to meet their holistic needs"*.

Feedback from a family member:

"Xxx is cared for very well by all carers, they understand her likes and dislikes, and ensure that her physical & emotional needs are well looked after.... having a good relationship with them is very important to us."

Is the service well led?

Evaluating the effectiveness of the service leadership and management.

The Regulation Officer was provided with an organisational chart identifying the organisation's directors, managers, and team leaders. There is a picture of each of those named on the chart for ease of reference for staff and care receivers and their families.

Feedback from a family member:
Leadership is good at the Registered Manger level they are responsive and always available; communication could be better at the Team Leader level."

The organisation provides a comprehensive training package that includes a mixture of eLearning and face-to-face training. It was noteworthy that as the organisation has developed and diversified into new areas of care provision, the training offer has expanded with it.

The Care Hub funds all training for its staff, and staff are paid when attending training courses. Staff are expected to also complete some self-directed study/reading in their own time. The majority, 97%, of carers have completed or are undertaking Regulated Qualifications Framework (RQF) level two or three in health and social care.

The Care Hub have looked to overseas recruits to ensure they can deliver the service and care required for the care receivers. The Interim Manager stated they have had some excellent success and appointed some excellent staff. The Regulation Officer was satisfied that the checks and balances in place during the recruitment process had been applied appropriately and inappropriate applications had been identified. This demonstrates that the service prioritises the safety of care receivers by implementing a thorough and secure recruitment process.

The Regulation Officer reviewed the recruitment process, which included a comprehensive checklist for recruitment, interview records, safe recruitment policy and induction documentation for recruits, which covers:

- Code of Practice for Health & Social Care
- Important emails
- Key objectives for new staff
- Care team grading
- Team allocation
- Induction process for the first two weeks
- Mandatory training requirements
- Competences
- Ongoing Support
- Email and Staff Chat (Communication systems) that include:
 - All staff
 - Staff Wellbeing
 - Learning & Development
 - Staff accessible Drive
- Care Planner
- Electronic Records System Staff accessible Google Drive that includes:
 - Staff handbook
 - Pay Rates
 - Care Hub policies and procedures
 - A huge range of educational resources
 - Training resources, and much more.

The Regulation Officer reviewed a sample of monthly reports. Each focussed on a different standard within the Adult Home Care Standards required by the Commission.

During July, the service reviewed Standard 7 - *Yours and other people's thoughts, worries and complaints about how you are cared for will be listened to and taken seriously*. The report included some detailed and thoughtful reflections; yet the Regulation Officer did identify an area where processes could be enhanced and had a constructive conversation with the Interim Manager, recognising the importance of addressing concerns with empathy and understanding.

Feedback should be viewed as an opportunity to reflect on how services are provided. This is reflected within the organisation's policies and procedures, which state:

- Care Hub welcomes compliments and suggestions and recognises their importance in celebrating and recognising the success of our service and opportunities for improvement.
- Care Hub takes complaints seriously and are committed to putting things right that have gone wrong and to learning lessons to avoid the problem happening again.

The monthly report for May focused on Standard 5. *You will be supported to make your own decisions, and you will receive care and support which respects your lifestyle, wishes and preferences*. A narrative within the May report described the service advocating for the care receivers and involving external services when appropriate. It was stated that a review of care plans the previous month identified good person-centred care.

January's monthly report focused on Standard 1. *You will be given information that is shared in a way that you understand. This will tell you and others about the service and how you will be cared for*. The review described the Newsletter being provided biannually as they had received feedback that, before now, the Newsletter was being produced too regularly. An action to update the Statement of Purpose was included within the report, and the Commission received a revised Statement of Purpose in May.

The Regulation Officer was satisfied that the monthly reports were helping the service to reflect, learn and improve the delivery of care.

The Interim Manager described the management team as operating an “*open door policy*”, where staff are encouraged to pop into the office for advice or support as and when required. The organisation seeks regular anonymous feedback from the staff. It uses a web browser staff feedback survey carried out by the wellbeing team. A carer newsletter is published twice yearly, updating staff on service developments and information. A twice-yearly client newsletter is also published for care receivers and their families.

Feedback from a family member:

“In our opinion the service is very well led by Management... We are invited to attend regular staff meetings and feel included in all aspects of decision making.”

All communication with staff is directed through an encrypted electronic chat server, which can be used for communicating with all staff or for team-specific messages. The system also allows care receivers to have their own chat room at their request. The organisation also arranges staff team-building events.

The management team provides a 24 hour on-call service for staff, care receivers, families, and/or representatives. One of the professionals who regularly works with the Care Hub referred to the ability to access the on-call manager out of hours and described the service managers as having a good understanding of working with people with learning disabilities and autism.

DEVELOPMENT PLAN

There was one area for development identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p>Area for Development 1</p> <p>Ref: Standard 2.1 and 2.5 Regulation 8 (1) and (3)</p> <p>To be completed: Immediately</p>	<p>The Registered Person must assess and keep under regular review the care receiver's care, with the assistance of the care receiver or their representative and ensure a formal assessment/dependency scale is completed.</p> <p>Response by registered provider:</p> <p>We must respectfully disagree with the suggested area of development, as we can (and did) provide clear evidence demonstrating the consistency and quality of our reassessments.</p> <p>The JCC's assessment was based on a snapshot of a challenging situation in which we took a person-centered approach to discuss increased staffing needs—distinct from a change in care provision. This approach, while tailored to the unique circumstances at the time, was not acknowledged as appropriate or acceptable.</p> <p>Furthermore, we note that this concern was not raised at the time of a complaint (July 2024) nor during our inspection (December 2024). Instead, it was introduced for the first time in February 2025—some six months later.</p> <p>Despite our appeal and evidence of a comprehensive record including communications, meeting notes, a dynamic care plan, and a holistic assessment, the JCC has not recognised these as valid reassessments. They requested that information be 'all in one place on one form'. We find this position both unreasonable and impractical.</p> <p>A rigid approach to documentation does not reflect the dynamic nature of community care.</p> <p>We remain committed to maintaining high standards and ensuring that reassessments are conducted in a way that best serves the individuals we support and are appropriate for the situation at the time.</p>
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Appendix 1 – Sources of Evidence

New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<ul style="list-style-type: none"> • Policies • The service Statement of Purpose • Staff files • Training records • The Care Hub Skills Development Plan • Feedback from professionals external to the service • Feedback from family / representatives • Care records • Monthly Provider Report • Recruitment processes
Is the service effective and responsive	<ul style="list-style-type: none"> • Feedback from professionals external to the service • Feedback from care receivers' families • Care records • Policies • The service Statement of Purpose • Complaint and email correspondence • Terms of Care Agreement
Is the service caring	<ul style="list-style-type: none"> • The service Statement of Purpose • Feedback from care receiver families • Care records • Patient information leaflets • Care receiver/family newsletter • Staff newsletter • Staff anonymous feedback

	<ul style="list-style-type: none"> • Training • Feedback from professionals external to the service
<p>Is the service well-led</p>	<ul style="list-style-type: none"> • Feedback from professionals external to the service • Feedback from care receivers' families • Care records • Policies • The service Statement of Purpose • Training • Communication with staff • Recruitment processes

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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