



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Blue Turtle**

**Home Care Service**

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

**17 March 2025**

**Date Published  
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## 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 Blue Turtle Home Care. The home care service is operated by Blue Turtle Care and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Home Care Service
Mandatory Conditions of Registration	
Type of care	Personal care and personal support
Categories of care	Autism, mental health, young adults (19-25), adult 60+, dementia care, physical disability and/or sensory impairment, learning disability
Maximum number of care hours per week	112 hours
Age range of care receivers	18+

Discretionary Conditions of Registration
Registered Manager to complete Management and Leadership Level 5 Diploma by 2 June 2026.
Additional information:
Since last inspection, the Commission received an updated Statement of Purpose in relation to staff update.

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory conditions of registration and any additional discretionary conditions required under the Law.

The Regulation Officer discussed with the Registered Provider the need to review the service's mandatory conditions to ensure they accurately reflect the support provided. It was found that some categories of care did not have enough supporting evidence to remain part of the registration.

As a result, the Registered Manager has decided to remove certain categories from the registration. To make these changes official, the Registered Manager submitted a variation request following the inspection visit.

### **3. ABOUT THE INSPECTION**

#### **3.1 Inspection Details**

This inspection was announced and 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 during the visit.

Inspection information	Detail
Dates and times of this inspection	17 March 2025
Number of areas for improvement from this inspection	Six
Number of care hours on week of inspection.	47 hours
Date of previous inspection:	25 September 2024
Areas for improvement noted in 2024	Two
Link to previous inspection report	<a href="#">IRBlueTurtle20240925Final.pdf</a>

### 3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection on 25 September 2024 as well as 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, two of areas for improvement were identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was concerning to note that insufficient progress had been made to address all of the areas for improvement. This means that the service has not met the Standards in relation to:

- Ensuring that all staff members are adequately supported through regular feedback and supervision sessions;
- Providing a clear training and development programme.

This will be discussed in more detail under inspection findings - Is the Service Safe.

## **4.2 Observations and overall findings from this inspection**

The Regulation Officer's inspection of Blue Turtle highlighted several key areas for improvement. Recruitment practices were a primary concern, with staff recruitment files not fully aligning with internal policies. It is important to note that this concern had been previously raised and requires further attention to ensure compliance with Home Care Standards.

The staff demonstrated a strong commitment to care, with positive feedback from both care receivers and staff regarding the overall atmosphere and the level of compassion shown.

The induction process for new staff was also identified as an area for improvement. A structured induction programme is needed to ensure all staff receive essential training and information.

Additionally, the service lacks a clear system for monitoring and addressing outstanding mandatory and bespoke training. While some staff members have completed training, there is no consistent approach to ensuring all courses are up to date.

Care plans and risk assessments were not being consistently reviewed, which is essential for ensuring care remains personalised, effective, and up to date. Regular reviews, with documented involvement from both care receivers and staff, are necessary to reflect any changes in needs, preferences, or risks, ensuring the delivery of safe and person-centred care.

Further areas for improvement include the need for written agreements for all care receivers to ensure transparency. A contingency plan is also required to maintain service delivery during staff shortages or management absence. Additionally, accurate records of accidents and incidents must be maintained for monitoring and planning. Policies must be regularly reviewed and updated to ensure compliance.

Despite the areas for improvement, Blue Turtle were able to evidence that dedicated staff were committed to enhancing the care experience. With improvements in recruitment, training, and monitoring, the service will be enabled to meet regulatory standards and enhance its overall care provision.

## **5. INSPECTION PROCESS**

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

The Home Care 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, monthly provider reports and notification of incidents.

The Regulation Officer sought feedback from five care receivers and their representatives, of which four provided a response. They also had discussions with the service's management and sought feedback from three staff members, of which two provided a response. Additionally, feedback was sought by three professionals external to the service, of which two responded.

As part of the inspection process, records including policies, statement of purpose and monthly provider reports were examined.

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

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and followed up on the identified areas for improvement by email, within the same week of inspection.

This report sets out our findings and includes any areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an improvement plan is attached at the end of the report.

## 5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	Evidence Reviewed
<b>Supervision</b>	Supervision records Staff feedback
<b>Training</b>	Training Records Staff feedback
New key lines of enquiry	
Focus	Evidence Reviewed
<b>Is the service safe</b>	Staff recruitment Recruitment Policy Rotas Staff feedback
<b>Is the service effective and responsive</b>	Statement of Purpose Staff feedback Care receivers and representees' feedback

<b>Is the service caring</b>	Staff wellbeing Policy Care receivers and representees' feedback Staff feedback Care plans and risk assessments
<b>Is the service well-led</b>	Written agreements Accident and incident Policies, procedures and protocols Categories of care

## 6. INSPECTION FINDINGS

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

People are protected from abuse and avoidable harm.

A key focus for the Regulation Officer during this inspection concerned recruitment processes of the service. The service has a recruitment policy in place, that meets the Home Care Standards.

During the inspection, staff folders for new recruits were reviewed, and it was noted that the structure did not align with the internal policy. New starters had documents from their previous employers, including Disclosure and Barring Service (DBS) checks, references, and training certificates. There were no structured interview notes or a formalised record of the decision-making process for selecting these candidates.

However, the Registered Manager had already taken steps to request enhanced DBS checks for these candidates, and this process was underway at the time of the inspection. Recruitment has been identified as an area for improvement to ensure consistency and compliance with internal policies.



The Regulation Officer noted that new starters did not follow a structured induction programme. The Registered Manager explained that while a formal programme was not in place, the service prioritised a robust shadowing system.

Staff feedback:

I felt very confident after my shadowing period to be on my own. The manager is always at the end of the phone if we need them too.

This approach was designed to help staff build strong relationships with care receivers, given the importance of understanding their needs and establishing trust. The Regulation Officer acknowledged that the shadowing period was a valuable part of the induction process. However, a formalised induction programme is necessary to ensure that all new staff receive the essential information and training required to carry out their roles effectively. As a result, the induction programme has been identified as an area for improvement.

The staff rotas were reviewed, and no concerns were identified. All staff were working within the required hours in accordance with the Home Care Standards. Staff also confirmed that the service accommodates the rotas as per the staff's requirements.

During the inspection, the Regulation Officer reviewed the service's training programme. The Registered Manager explained that he is exploring more tailored training specific to the needs of care receivers. There was evidence of some training certificates for two new staff members from their other employment.

The service has also started face-to-face safeguarding training, which has already been completed by one staff member and the Registered Manager. However, some staff members had outstanding mandatory training with no scheduled dates for completion, as required by the Home Care Standards. The Regulation Officer highlighted the need for a clearer structure to demonstrate how the service monitors and addresses outstanding training across the team.

The Registered Manager acknowledged this and is planning to develop a structured training programme, supported by a training matrix, to monitor and manage training more effectively. This has been identified as an area for improvement.

### 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 is satisfied that the Registered Manager maintains close and effective communication with the team. Given that Blue Turtle has a small team, the current approach is proportionate. The Registered Manager recognises that as the



team grows, a more structured system, including regular team meetings with set agendas, will be needed to support communication. Staff members reported feeling well-supported by management, which was also reflected in the feedback received.

During the inspection, written agreements were reviewed. The Registered Manager provided samples for two private care receivers, which outlined the service fees, demonstrating transparency. The Regulation Officer advised that additional details should be included in the written agreements to align with the service's internal policies and procedures. It was also highlighted that care receivers need to fully understand the service's terms, including notice periods and escalation procedures.

The Regulation Officer noted that there were no written agreements in place for care receivers under the Long-Term Care (LTC) benefit. It was explained that these clients still require a written agreement to ensure they understand the service's expectations and requirements. This has been identified as an area for improvement.

During the inspection, the Regulation Officer requested a concerns and complaints log. The Registered Manager explained that no concerns or complaints had been raised, so the log had not been produced. The Regulation Officer advised that it is essential to maintain a log to record any future concerns or complaints if they arise. However, given the size of the organisation, the current approach is considered proportionate.

Additionally, the Regulation Officer requested a contingency plan. The Registered Manager confirmed that there is no formal plan in place. It is important to have a structured contingency plan to ensure continuity of care in the event of staff shortages or management absence. The development of a contingency plan has been identified as an area for improvement.

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

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

During the inspection, discussions took place regarding social events. The Registered Manager explained that the service supports care receivers in attending activities of their choice. One care receiver currently attends Dementia Jersey, while others prefer activities such as walking or shopping. There is no fixed structure, as activities are tailored to individual preferences and can vary each time.

#### Care receiver feedback:

They support me over a year now, I have no concerns, they go shopping with me, they help me cleaning, is all very good.

#### Staff feedback:

The manager supported me in very difficult times, I never felt pressurised.

Staff wellbeing is a priority for the Registered Manager. Given that Blue Turtle has a small team, the Registered Manager is able to maintain close contact with all team members and occasionally share breakfast and lunch together.

As the team grows, the Registered Manager plans to introduce more structured team bonding and wellbeing activities, such as parties, events, and outings. For now, both the Registered Manager and the team feel that the current approach is the most effective.

During the inspection, care plans and risk assessments were reviewed. The Registered Manager explained that updates to these documents are completed as needed, without a set structure or established timeframes for regular reviews. The majority of care plan updates are carried out by the Registered Manager, with staff being informed of any changes. Although there is space to document the care receiver's involvement in their own care plans, this was not consistently evidenced in the documents.

Nonetheless, the feedback received from care receivers and families state that they feel very much involved in the care provided and that Blue Turtle is a brilliant and flexible service. Additionally, professional feedback confirms that Blue Turtle is a caring service.

Relative feedback:

The service is fantastic, we have been with them over two years now and are very lucky. The manager is very accommodating, and we feel very involved in the day-to-day care provided.

Professional feedback:

I have met some team members, and all of them have built a great relationships with the clients, and demonstrated they are very caring.

The Regulation Officer highlighted that care plans should be reviewed regularly, with clear evidence of involvement from both the care team and the care receivers themselves. It is important that the care receivers are actively engaged in the planning of their care and that this involvement is properly documented to ensure personalised and person-centred care.

Regular reviews and consistent involvement are key to maintaining up-to-date and effective care plans. This is therefore an area for improvement.

## 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.

The notifications received from the service were reviewed by the Regulation Officer and were found to be proportionate and appropriate in line with the notification's guidance.

Professional feedback:

Staff is exceptional at responding to client's needs, even when not on shift.

An accidents and incidents log was requested during the inspection. At the time, it was explained that incidents related to medical conditions were recorded in individual care plans. However, further information provided after the inspection confirmed that an electronic incident log is maintained via the service IT platform, accessible to staff using this platform.

A sample of policies and procedures was requested from the service, and it was positive to note that they contained appropriate and relevant content, in line with local legislation and the Commission Standards. However, the escalation

Staff feedback:

I have access to all policies and procedures; the manager has emailed them to me and are incorporated in the staff handbook.

policy did not include a reference to missing persons. The Registered Manager acknowledged this and during the inspection process the policy was being amended to incorporate this important aspect.

Additionally, it was noted that the policies lacked dates, which are essential for tracking updates. The Regulation Officer requested that dates be added to the policies, ensuring they are reviewed and updated in a timely manner when necessary.

The Regulation Officer reviewed a sample of monthly provider reports, which were completed by the Registered Manager. It was observed that these reports could be improved by including more detailed information on actions, plans, and key themes. They should function as monthly audits and incorporate consistent feedback from staff, care receivers, families, and healthcare professionals. Currently, the reports do not provide a comprehensive overview of the service's quality. Therefore, it is recommended that they be expanded to offer a clearer and more structured assessment.

The Regulation Officer reviewed the Significant Restriction of Liberty (SRoL) for the service. The Registered Manager explained that currently, Blue Turtle does not hold any SRoLs under its service. The service provides support to one care receiver who is under the care of another provider, and this care receiver has an SRoL attached to the other provider's premises. The Registered Manager confirmed that the service is aware of the Capacity and Self-Determination (Jersey) Law and is committed to ensure that any restrictions on care receivers are properly recorded and reviewed.

## IMPROVEMENT PLAN

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

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 3.4, 3.5, 3.6 Regulation 17 (5)</p> <p><b>To be completed:</b> With immediate effect</p>	<p>The service must ensure a clear recruitment process, conducting appropriate criminal records checks for each role and maintaining necessary documentation to comply with Home Care Standards and internal policies. This will ensure recruitment practices meet required standards and safeguard staff and care receivers.</p>
	<p><b>Response by the Registered Provider:</b></p> <p>The recruitment process has been reviewed and is now in line with the Home Care Standards.</p>

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 3.10, Regulation 17 (1) (a)</p> <p><b>To be completed:</b> With immediate effect</p>	<p>The service must implement a structured induction programme to assess the competence of care/support workers. This will ensure all staff receive essential training and are fully prepared to deliver safe and effective care.</p>
	<p><b>Response by the Registered Provider:</b></p> <p>A more structured induction will be implemented for new staff.</p>

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 3.11, Appendix 6 Regulation 17 (4) (c), (4) (d)</p> <p><b>To be completed:</b> by 17/10/2025</p>	<p>The service must ensure that all care/support workers complete and stay up to date with statutory and mandatory training requirements to maintain high standards of care and compliance.</p>
	<p><b>Response by the Registered Provider:</b></p> <p>Statutory and mandatory training is ongoing. A clearer training matrix will be accessible for further audit.</p>

<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 1.3 Regulation 5 (1), 6 (1)</p> <p><b>To be completed:</b> by 17/06/2025</p>	<p>The service must have a written agreement outlining how care will be provided to meet the needs of the care receiver. This must include terms and conditions, payment arrangements, and procedures for making changes or ending the agreement.</p>
	<p><b>Response by the Registered Provider:</b></p> <p>New Blue Turtle Care written agreements will be implemented to include further information in line with the standards.</p>

<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 9.3 Regulation 27 (5)</p> <p><b>To be completed:</b> by 17/05/2025</p>	<p>The service must have a written contingency plan as part of its development strategy. This plan should outline future operations and resources and be reviewed annually to ensure service continuity.</p>
	<p><b>Response by the Registered Provider:</b></p> <p>Contingency is under review. A comprehensive plan will be in place in the time prescribed.</p>



<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Standard 2.3, 2.5 Regulation 9 (1), (2)</p> <p><b>To be completed:</b> by 17/06/2025</p>	<p>The service must ensure that care plans are regularly reviewed and updated, with clear evidence of staff and care receivers' involvement. Care receivers should actively participate in planning their care to ensure it remains person-centred and reflective of their needs. Staff must also be engaged in the process to maintain consistency and quality of care.</p>
	<p><b>Response by the Registered Provider:</b></p> <p>Our collaborative care planning is the backbone of the support we offer. This will be more structured in future.</p>

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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