



Jersey Care
Commission

INSPECTION REPORT

Tutela Jersey Limited

Home Care Service

**Ground Floor
CTV House
La Pouquelaye
St Helier
JE2 3TP**

24 and 28 February 2025

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08 April 2025**

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 Tutela Jersey Ltd. The home care service is operated by Tutela Jersey Ltd 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	Adult 60+, Dementia Care, Physical Disability, Mental Health, Learning Disability, Autism, Substance Misuse
Maximum number of care hours per week	2500+ hours per week
Age range of care receivers	16 years 8 months and above

Discretionary Conditions of Registration

The Commission proposes to limit the number of total weekly hours of support which Tutela Jersey Ltd may provide to a maximum of 2288 hours per week. Accordingly, Tutela Jersey Ltd may not exceed this total maximum weekly number of hours from the time that this proposal is received. This condition is to remain active until such time as the Commission is satisfied that it need no longer apply.

Additional information:

Since last inspection, the Commission received:

- an updated Statement of Purpose;
- an absence of manager notification;
- a new registered manager application.

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory conditions of registration and additional discretionary conditions 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 and Registered Provider 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	24 February 2025 from 09:00 to 15:30 28 February 2025 from 08:30 to 12:00
Number of areas for improvement from this inspection	One
Number of care hours on week of inspection.	2245
Date of previous inspection:	3 and 5 April 2024
Areas for improvement noted in 2024	Three
Link to previous inspection report	IRTutelaJerseyLimited2024.04.05Final.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection on 3 and 5 April 2024 as well as 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, three 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 positive to note that all improvements had been made:

Staff supervision and appraisal – the service has increased the frequency of staff supervision and appraisal, with 95% completion. Additional staff have been trained in supervisor management.

Incident reporting – the service has a structure in place that oversees the timely reporting of incidents, accidents, and risks. During the inspection, evidence of internal processes were provided. The Commission has also received notifications in line with the Home Care Standards.

Person-centred care plans – additional support has been introduced to update care plans, ensuring they reflect individuals' diverse needs, wishes, and preferences. Efforts have been made to make care plans more accessible, with active involvement from care receivers in the review process.

These measures demonstrate that the provider has put in place developments to meet the required improvements.

4.2 Observations and overall findings from this inspection

During this inspection, the Regulation Officer focused on how the service demonstrated being safe, effective, responsive, caring and well-led.

Staff recruitment was an area of focus. References, and Disclose Barring Service (DBS) checks met the Home Care Standards, but some areas of recruitment require improvement. Interview panels were inconsistent, job descriptions were missing from staff folders, and there was no clear system of interviewee selection.

An induction pack was in place and completed, but it was recognised that it could better emphasise staff competency to evaluate the capability and ensure that staff can meet the care receivers' needs.

Rotas were reviewed, and no concerns were found.

A training matrix was provided, and it reflected an ongoing monitoring and regular review of the service needs. Training is bespoke and tailored for the service's categories of care.

The Regulation Officer was satisfied with the service's risk assessments, which were clear and monitored regularly.

Team meeting minutes were provided during the inspection visit and showed team commitment to continue to enhance and develop the care receiver's care plans and evaluate their progress.

During the inspection visit, the concerns and complaints log, spot checks, and audits were provided. Clear documentation was present, and a regular management overview was provided. The concerns and complaints log aligned with policy.

External professionals' involvement and care package reviews were also evident. The service provides internal care reviews at least every 6 months and do this earlier if external professionals are required to be involved.

Consideration of staff wellbeing was apparent, and this was evidenced during staff's feedback.

There was evidence that social care requirements were documented in the care plans, and evidence of progress in this area was provided during the inspection process. This was also strengthened during care receivers' feedback and throughout Regulation Officer's observations.

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 3 and 5 April 2024, reviews of the Statement of Purpose, application forms, and notification of incidents.

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

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

At the end of the inspection visit, the Regulation Officer provided feedback to the Registered Manager. Additionally, a follow-up email was sent to confirm the findings at the conclusion of the inspection process.

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.

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

5.2 Sources of evidence.

Follow up on previous areas for development/improvement	
Focus	Evidence Reviewed
Staff supervision and appraisal.	Organisational chart Team meetings minutes Supervisions and Appraisal log Staff feedback
Incident reporting	Accidents and Incidents log Concerns and Complaints Log Care receivers, Staff and relatives' feedback
Person-centred care plans	Care Plans Risk assessments Staff and care receivers' feedback
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Staff recruitment Recruitment Policy Induction Pack Rotas Training matrix Staff feedback Risk assessments

<p>Is the service effective and responsive</p>	<p>Statement of Purpose</p> <p>Team meeting minutes</p> <p>Organisational chart</p> <p>Staff feedback</p> <p>Care receivers and representees' feedback</p> <p>Concerns and complaints log</p> <p>Spot checks</p> <p>Audits</p> <p>Business Plan</p>
<p>Is the service caring</p>	<p>Multi-Disciplinary Team meetings' minutes</p> <p>Care package reviews</p> <p>Staff wellbeing</p> <p>Care receivers and representees' feedback</p> <p>Social requirements</p> <p>End of life</p> <p>Staff feedback</p> <p>Care plans</p>
<p>Is the service well-led</p>	<p>Written agreements</p> <p>Finances</p> <p>Training matrix</p> <p>Accident and incident log</p> <p>Policies, procedures and protocols</p> <p>Significant restriction of liberty (SROLs)</p> <p>Categories of care</p>

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 was staff recruitment, induction, rotas, training, and risk assessments to ensure they meet the required standards.

During the inspection of staff recruitment, references and Disclosure Barring Service (DBS) checks were in place, as required by the Home Care Standards. However, some areas did not fully meet the services recruitment policy.

The recruitment process was missing key elements: interview panels were not always fully completed, job descriptions were not consistently provided, and there was no clear decision-making process or system in place at the end of interviews. This could lead to inconsistencies in the way staff are selected and ultimately impact the quality of recruitment. Strengthening these elements would ensure a more structured and consistent approach, leading to the selection of the best candidates for the role. This is, therefore, an area for improvement.

An induction pack was in place and completed as required, with all necessary components covered. However, it was recognised that this could be improved by placing greater emphasis on staff competency. While the current induction meets regulatory requirements, ensuring compliance, there is an opportunity to enhance its effectiveness by incorporating more practical skills training. This would help ensure that new staff are not only familiar with the processes and procedures but also equipped with the practical skills and confidence needed to perform their roles effectively. Strengthening the competency aspect of the induction would better support staff in their initial training and improve overall performance.

A sample of rotas was made available during the inspection and staff were observed to be working within their contractual hours. The rotas provided were consistent with the expected staffing levels for the service, and there were no discrepancies noted between the scheduled shifts and the actual hours worked. No concerns were raised regarding staffing arrangements or adherence to the rota during the inspection.

Staff feedback was positive, with many expressing that the service considers their personal lives when scheduling shifts. Staff reported feeling that their work schedules were well-balanced, allowing for a fair distribution of hours while also accommodating personal commitments.

Staff feedback:

They reduced my hours when I requested this due to my personal life, and now I feel so much better, I feel listened to at all times.

The training matrix was robust and clearly reflected both mandatory and bespoke training requirements for staff. It was regularly monitored and reviewed to ensure that all training needs were being met. The matrix included a mix of face-to-face and e-learning training. This approach demonstrated compliance with regulatory requirements and ensured that staff received the necessary knowledge and skills to perform their roles effectively. The training records were up to date, and the monitoring process allowed for the timely identification of any gaps in training. Staff

Staff feedback:

We have a lot of bespoke training, and they remind us of when we are due.

verbalised that they have all the training they consider necessary and are always open to new training opportunities. Some staff members expressed that the training currently provided by the service is of a high standard

and meets their needs, and the care receivers effectively.

Risk assessments were present in both the care receiver's care plans and staff folders, ensuring that potential risks were identified and managed appropriately. The assessments were completed as required, with relevant information documented. The records showed that assessments were regularly reviewed.

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 had access to team meeting minutes, which were consistent, demonstrating that regular discussions and updates are documented. It was also evident that the service has also additionally implemented individual team meetings for each care receiver, covering key areas such as concerns, wellbeing, mental health, restrictive practices, safeguarding issues, and action plans. The IT platform used by the service helps to track when these meetings are due, providing prompts to the team to ensure that they are held consistently and on schedule. This system helps maintain structured and ongoing communication within the service.

The concerns and complaints log were made available, and the service provided evidence that each concern or complaint was followed up in line with their internal policy. Appropriate investigations, statements, and follow-ups were documented, and completed within the required timeframes.

Spot checks and audits were provided to the Regulation Officer during the inspection visit, showing that they are being completed regularly. These checks help ensure the safety of the care receivers' environment and demonstrate that regular monitoring and quality checks are being carried out.

Care receiver feedback:

They are always helping me with my tasks. I know that I can count on them. I feel safe.

An organisational chart was in place, providing a clear structure of roles within the service. It is now incorporated into the service's statement of purpose, ensuring clarity for all involved. Additionally, line management reporting is being discussed at a supervision level, allowing for better communication and understanding of responsibilities within the service.

A business continuity plan is in place and accessible; however, it requires further detail, particularly concerning head office replacements and management contingency. As it stands, if key staff members become unavailable, there may not be clear guidance on who will take over their responsibilities. Strengthening the business continuity plan by including more detailed procedures will provide greater clarity in unforeseen situations, ensuring continuity of care and stability for the people using the service.

Is the service caring?

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

The Regulation Officer was satisfied that the Multi-Disciplinary Team (MDT) and care package reviews are in place. There was evidence of MDT involvement, ensuring that various professionals collaborate to effectively support care receivers. Care package reviews were also in place, documented in the service platform, demonstrating that care is adjusted as needed to meet the individual needs of care receivers.

Care receiver feedback:

They always ask me what I want to do, every day is different, I know that I can change my mind, and they will support me.

There was evidence that care receivers' choice was respected, with active participation in decisions regarding their care. The social requirements of care receivers were documented in their care plans, ensuring that their personal preferences and

activities were considered. Care plans were completed and regularly reviewed, and a sample was provided for review during the inspection visit, confirming that the care provided is documented and updated as necessary to reflect changing needs.

Consideration of staff wellbeing was evident and echoed by staff during the inspection, with clear evidence that they feel supported in their roles. Feedback from staff members highlighted that they have access to resources and support when needed, and they reported feeling valued within the team. This was further supported by records of staff meetings and wellbeing initiatives that the service has implemented, such as regular supervision sessions, peer support, and access to mental health resources.



The training matrix was bespoke, tailored to meet the specific needs of the service, and ensured that staff received the required training. The service is now enrolling in a number of new training initiatives, such as end-of-life care and approach to relationships and sexuality in adult social care services. This will equip staff with the knowledge and skills necessary to provide skilled and bespoke care and support. Training is part of the service's ongoing commitment to enhancing staff competencies and ensuring they are fully prepared to handle sensitive and complex situations with professionalism.

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.

Written agreements are in place and are currently being adjusted to ensure they remain accurate and up to date, reflecting any changes in the service or care arrangements. Finances follow a transparent process aligned with Long Term Care (LTC) fees, including those for private care receivers, ensuring all financial matters are managed with clarity and fairness.

The training matrix is bespoke and regularly monitored. This helps to ensure that staff are consistently updated on necessary skills and knowledge. The accident and incident log is well-maintained, with an internal process in place to track, manage, and respond to any incidents. This ensures that any issues are recorded, investigated, and addressed in a timely manner.

Policies, procedures, and protocols are in place but require ongoing maintenance to reflect changes in the service and ensure they remain aligned with best practices. The service is actively looking to create an additional role within the team to enhance this process and ensure the continuous updating and maintenance of these important documents.

Significant Restriction of Liberty (SRoL) are in place and closely monitored to ensure that the correct timeframes are being followed for renewal, and that care receivers' rights are respected. This was reflected in the care receiver's care plans, where the

Relative feedback:

My family member has been with Tutela many years, and I have no concerns with the care provided by them. They like the way staff takes care of them.

necessary documentation and review processes were evident. The service ensures that any restrictions are properly recorded, regularly reviewed, and is in regular contact with the Capacity and Liberty team, to ensure the rights and wellbeing of care receivers are upheld.

The findings from this inspection were positive, as the service has demonstrated a commitment to improvement by implementing additional policies and procedures in 2024, which have been embedded into practice.

Following significant events, the service has taken proactive steps, including internal debriefs, staff workshops, and amendments to engagement protocols to improve communication and accountability. A root cause analysis was highlighted as a valuable tool for identifying necessary changes and strengthening resilience. Notably, the service has thoroughly reviewed and subsequently adjusted its missing person policy from three days to two days, reflecting its responsiveness to risk management and regulatory expectations.

What care receivers said:

Staff are great, they are brilliant, is just very easy with them all!

I have been in other agencies, but this one is different, they are my family!

A professional's view:

Over the past year there have been significant improvements. xxx has reviewed risk management strategies and lifted some of the restrictions. There also appears to be better staff supervision and subsequent improvements in practice and morale. This has had a positive impact on my client's quality of life.

Staff feedback:

I know that I can always talk to my line manager, they are always available.

Care plans are updated as required, every time that we need support, they are there for us.

From my own personal point of view, I am happy that I am listened too, I also can pick up my phone and talk to my management team for any assist I need or any concerns I have, I am also happy that they have recognized my achievements and the work that I do.

IMPROVEMENT PLAN

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

<p>Area for Improvement 1</p> <p>Ref: Standard 3.3, 3.5, Regulation 17 (5, 6)</p> <p>To be completed: with immediate effect.</p>	<p>The recruitment process should fully align with the service policy and home care standards. This includes ensuring that interview panels are complete, providing job descriptions, and implementing a structured system to ensure fair and consistent staff selection.</p>
	<p>Response by registered provider:</p> <p>Tutela will review the required policy's and ensure we follow the process and this will be incorporated into the updated policy. Tutela will ensure that we have panels in place for all interviews and all documents will be completed and filled in correctly.</p> <p>Tutela are in the process of providing all staff with job description and this will incorporate into the offer of employment process.</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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