



Jersey Care  
Commission

# **INSPECTION REPORT**

**We Care Community**

**Home Care Service**

**Regus Suite 115, Floor 1  
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St Helier  
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**14 and 19 February 2025**

**Date Published  
17 April 2025**

## 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 We Care Community. We Care Community operates the home care service 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 and/or sensory impairment
Maximum number of care hours per week	600 hours
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
1. The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 31 May 2027.	

2. To ensure that private and confidential, fully accessible office space, separate to the address used for initial registration, will be used to hold any meetings relating to the home care service.
3. To implement a system of the secure physical or digital storage of all records relating to the home care service.

#### Additional information

4. On 20 October 2024, the Commission received a retrospective request to vary the conditions of the provider's registration, seeking an increase to 600 hours per week. The application indicated that the service had inadvertently breached the discretionary conditions set at registration.

The Registered Manager acknowledged this as an oversight, and the Commission accepted it as an unintentional error. On 23 October 2024, the Commission approved the provider's mandatory registration conditions, allowing an increase to 600 hours per week.

## 3. ABOUT THE INSPECTION

### 3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager three days before the visit. The advance notice was given to ensure the Registered Manager's availability, especially as it was the first inspection since the service became registered. One Regulation Officer visited the service's offices on two occasions to carry out the inspection.

Inspection information	Detail
Dates and times of this inspection	14 and 19 February 2025  1.30pm - 3.30pm  9.30am - 12.15 pm
Number of areas for improvement from this inspection	Seven
Number of care hours on week of inspection.	106 hours
Date of previous inspection:	This is the first inspection since the service was registered on 31 May 2024.

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory and discretionary conditions of registration required under the Law. The Regulation Officer concluded that all requirements have been met. The discretionary conditions with regard to having access to a confidential office and a secure area to store records, which were applied at the point of registration, are no longer necessary as the service now operates from a private office space. Therefore, these conditions will be removed from the service's registration.

### 3.2 Focus for this inspection

This inspection included a focus on the following 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 Observations and overall findings from this inspection

This was the first inspection of the service since its registration, and overall, feedback from care receivers was highly positive. They expressed that the staff team provided effective care, as they expected and wished for. They described being introduced to their workers in advance and felt well cared for and supported by them. Discussions with the Registered Manager showed a detailed knowledge of care receivers' needs and requirements. The manager articulated their vision for the service and their commitment to its ongoing development.

Several areas for improvement were identified from this inspection, all acknowledged and understood by the Registered Manager. These included the need to evidence safer recruitment practices and to provide staff with a structured and comprehensive induction programme. Although some records indicated that staff competency assessments had been carried out, the induction process fell short of meeting the Standards overall. Supervision and appraisals have not yet been implemented. While the Registered Manager and staff team confirmed that regular discussions occur, the Standards require formal supervision and appraisals to be carried out.

Although a range of training has been provided to staff through e-Learning, there is a need to ensure that all mandatory training is provided, some of which should include face-to-face training and in-depth dementia training to align with the service's registration category. The Registered Manager has identified the potential of two staff members and supported their application for a Level 3 vocational award in health and social care. A range of policies, pre-admission assessments, and care plans were available and reviewed; they all needed strengthening to meet the required Standards.

The staff team shared positive feedback about working for the service and felt appreciated, and happy in their work.

Several good examples were provided of the service ensuring consistency in care staff, providing written information about the service, and maintaining effective communication with care receivers and their representatives.

## 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 information that was submitted as part of the registration application, a review of the Statement of Purpose, variation requests and other information brought to the Commission's attention.

The Regulation Officer gathered feedback from three care receivers and three of their representatives. They also had discussions with the Registered Manager and care staff. The Regulation Officer contacted four health and social care professionals for feedback, although no responses were received.

As part of the inspection process, records including policies, service user guide, written agreements, invoices, staff files, training records and care records were examined.

At the end of the inspection, the Regulation Officer provided feedback to the Registered Manager and followed up on the identified areas for improvement by email, on the day after the second inspection visit.

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.

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

## 5.2 Sources of evidence.

<b>Key lines of enquiry</b>	
<b>Focus</b>	<b>Evidence Reviewed</b>
<b>Is the service safe</b>	<b>Pre admission assessments</b> <b>Safe recruitment policy</b> <b>Supervision policy</b> <b>Samples of staff personnel files</b> <b>Competency checks</b> <b>Training records</b>
<b>Is the service effective and responsive</b>	<b>Service user guide</b> <b>Written agreement</b> <b>Invoices</b> <b>Care plans</b> <b>Archived care records</b>
<b>Is the service caring</b>	<b>Feedback from care receivers/ representatives</b> <b>Care plans</b> <b>Records of visits</b>
<b>Is the service well-led</b>	<b>Samples of policies</b> <b>Staffing rosters</b> <b>Care visit attendance tracking system</b> <b>Statement of Purpose</b>

## 6. INSPECTION FINDINGS

### Is the service safe?

People are protected from abuse and avoidable harm.

A review of the service's recruitment policy was assessed against the recruitment practices followed for four care staff employed since the service was registered. The information within the recruitment policy was detailed, setting out the recruitment process, from advertising the position to appointing the successful candidate. However, the policy referred to English law and included National Health Service (NHS) procedures rather than local requirements.

Four staff files were examined, identifying gaps in line with the standards and the recruitment policy. Examples included incomplete application forms, criminal record checks provided after the employee's start date, and references brought by the applicant rather than being requested by the service. The interview notes were minimal, only covering the applicant's knowledge of safeguarding. Identity verification, confirmation of their right to work in Jersey, and overseas criminal record checks had been provided. The recruitment checks carried out were discussed with the Registered Manager, who acknowledged that they did not align with the Standards or the service's policy. Demonstrating safe recruitment practices is essential for promoting the safety of care receivers, and this has been identified as an area for improvement.

Three care staff confirmed to the Regulation Officer that they had felt well supported during their introduction to the service. They said their induction included shadowing the Registered Manager, meeting care receivers, and completing online training. However, the service did not have a formal induction programme in place, nor were there records to evidence its content as described by staff. The Registered Manager described the induction programme as adaptable and flexible depending upon the staff member's skills, qualifications and experience. The need to evidence that a structured and well-documented induction programme is in place is an area for improvement.



The Registered Manager confirmed that two care staff are registered to undertake vocational Level 3 training in health and social care, which is a positive step towards strengthening their existing knowledge. A review of training records in staff members' folders showed that, apart from end-of-life care, all training had been delivered via e-Learning. However, the minimum mandatory training requirements as per Standards, including practical manual handling and first aid, had not been met, nor had more in-depth training reflecting the registration categories. As the service is registered to provide dementia care, staff must receive training beyond e-Learning to ensure appropriate support and care. Ensuring all care workers receive relevant training and their learning is assessed is an area for improvement.

The Registered Manager carried out competency checks to ensure that staff fulfilled their expected roles. The records showed that staff were performing appropriately while supporting care receivers, who also expressed that they felt well supported by the staff.

Supervisions and appraisals have not yet been implemented in accordance with the Standards. While the Registered Manager and staff described the communication systems in place, and staff expressed that they felt comfortable speaking with the manager if they had concerns, formal records of supervisions and appraisals must be maintained. This is an area for improvement.

The Registered Manager provided an overview of care receiver needs and the support they receive. As part of their assessment process, they consider staffing availability and the complexity of needs, indicating that care receivers with non-complex health care needs are typically supported. The manager is actively recruiting and building the staff team before taking on more intensive care packages which is a positive approach to safety.

The Registered Manager described the service's approach to checking on care receivers who do not respond or are not at home during their scheduled visit. They provided an example of promptly following up when one care receiver did not answer their telephone, demonstrating good practice in ensuring safety.

While the service does not currently have a missing person policy, as suggested in Appendix 2 of the Standards, the Registered Manager described the steps taken in such situations.

It was suggested that these measures be developed into a formal policy to be shared with the staff team, reinforcing the existing practices.

Samples of written pre assessment records were examined, which showed limited details, and they did not fully meet the requirements of Standard 2. This was discussed with the Registered Manager, who was able to give a verbal account of the care receiver's health conditions and needs. However, this information had not been documented in the pre assessment records, highlighting a gap in recording procedures. To meet the Standards and improve the completeness of records, improvements in documentation practices are required, and this is an area for improvement.

The service has not yet submitted any notifications to the Commission. This was discussed with the Registered Manager, who demonstrated an understanding of their responsibilities. From their perspective, no notifiable events had occurred that required reporting.

### **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.
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The Statement of Purpose (SoP), submitted as part of the application, describes the range of needs the service supports, consistent with the description provided by the Registered Manager. At the time of inspection, the service supported 14 care receivers, delivering 106 hours of care per week. The Registered Manager described that most support needs included personal care, socialisation, shopping, and welfare checks. There were no care receivers who required assistance from two staff members at any time to meet their needs, and all were able to consent to their care arrangements.

Care receivers are provided with written information about the service at the start of their care episode. The guidance was reviewed during the inspection and was found to detail the services offered, the complaints process, and the arrangements for ending the agreement. During a discussion with the Regulation Officer, care receivers acknowledged they had received this information at the beginning of their care and understood what they were expecting from the service.

The records of a potential new care receiver were reviewed, showing email correspondence between the Registered Manager and a family member overseas. These emails confirmed that the guide had been provided and reassured the family members about the care their relative would receive. Family members can request access to care receivers' care records with their agreement, and this was evidenced during the inspection.

There was evidence that care receivers were given the option to choose the sex of their care workers as part of the initial assessment. The Registered Manager provided an example of a care package being declined because the only care worker available at the chosen times was not compatible with the care receiver's preference. This demonstrated good practice.

Feedback from care receivers mainly confirmed that their care workers were punctual and arrived as expected. The Registered Manager outlined plans to provide care receivers with rosters so that they would know which care worker would attend each visit. Some care receivers told the Regulation Officer they would find this helpful. The implementation and effectiveness of this will be assessed at the next inspection.

A review of samples of care plans showed that while they included some essential information, they generally lacked specific details about care receivers' preferences and did not demonstrate that their views had been captured. One example included the absence of a care plan relating to how one care receiver's pressure trauma risks were to be minimised. However, in discussions with the Registered Manager, they could describe in detail how care was provided, and care receivers confirmed to the Regulation Officer that their care and support were in line with their preferences.

No formal risk assessments had been completed, including those for pressure trauma or home environment hazards. For example, one care receiver was identified as being at risk of pressure trauma, as noted in the skin integrity assessment and the preventative measures reported by the Registered Manager. However, no recognised pressure ulcer assessment tool had been used to evaluate or monitor the level of risk.

Additionally, there were no documented risk assessments addressing potential hazards within care receivers' home environments. The absence of assessments means there is no evidence to demonstrate that risks to both care receivers and staff have been identified and mitigated. Ensuring comprehensive care plans and carrying out risk assessments are areas for improvement.

### **Is the service caring**

Care is respectful, compassionate, and dignified. Care meets people's unique needs.
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Feedback from care receivers and their families was complimentary, with all expressing satisfaction with the service. They said that having the same carers helped with consistency and communication. Care receivers indicated they felt respected by the team and found them to be very helpful. While care receivers told the Regulation Officer, they had no reason to raise concerns, they stated that they could speak up and express any issues if needed.

During a discussion with a care worker, they emphasised respecting and prioritising the care receiver's needs. This was evident during the telephone call when they informed the Regulation Officer that their primary focus was supporting the individual. Care staff spoke of the range of care tasks undertaken for care receivers, including shopping, personal care assistance, domestic duties, and support with socialisation. At the time of inspection, no care receivers required support with medication.

What care receivers and their families said:

*“I’m very pleased with the way things are going, and the staff have changed my life around. I know my two carers and I feel very confident with them and never feel intimidated by them. They will do anything I ask of them, and they are a breath of fresh air. My experience has been absolutely fantastic.”*

*“They look after [name] with kindness.”*

I’m happy with the carers, I find them helpful and reassuring. They are punctual and they’re always happy.

The carers are very good, they try their best and we feel safe with them. Carers are very punctual, and they look after [name] well.

Carers do a good job, and they always come when they are meant to. I’ve got no concerns, and I think it’s a good service.

I feel the carers work efficiently and they know the procedures. We have the same two carers, and feel comfortable with them

The service had also gathered feedback from care receivers, which was shown to be positive based on information provided in January 2025.

### **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.

As the Provider and Registered Manager are the same, the service is not required under the Regulations to produce monthly reports on the quality of care provided or compliance with registration requirements, standards, and regulations. However, implementing a system to evaluate whether the service meets standards and identifies strengths and weaknesses would be considered good practice, and this was discussed with the Registered Manager during the inspection.

A discussion was held with the Registered Manager about the need to implement a contingency plan in the event of their unexpected or planned absence. They are responsible for operating the service 24 hours per day and will step in to provide care and cover staff absences when needed. The service's mandatory conditions were varied five months after registration to allow for an increase in weekly care hours. With this increase, the Registered Manager must have sufficient time to oversee and manage the service to ensure it delivers high standards of care and complies with regulatory requirements.

The Registered Manager acknowledged the challenges and responsibilities of their role and expressed a commitment to strengthening the managerial arrangements. This will be reviewed at the next inspection. They are also aware of the discretionary condition to complete the Level 5 Diploma within the next two years.

The Registered Manager acknowledged the service's limitations in delivering certain aspects of care and emphasised the importance of staff receiving appropriate training before undertaking any delegated tasks. They provided examples of escalating concerns to relevant health and social care professionals when necessary. They know that care workers need additional vocational training in medication management if and when the service supports care receivers with medication.

The service has a tracker as part of the care record system, so the Registered Manager can closely monitor staff visits. It tracks and records the staff member's location in alignment with the care receiver's home, which adds to staff safety. The system alerts the Registered Manager if a care worker fails to check into a care receiver's home within fifteen minutes of the scheduled time, which was demonstrated during the inspection.

Care receivers were aware of the care fee rate they were paying and confirmed that this had been discussed with them at the start of their care assessment, demonstrating transparency and good practice. The fees are £35 per hour, seven days per week, with a double rate for Bank Holidays.

Some care receivers, who had been paying a lower hourly rate since the beginning of their care package last year, have not been subject to the increase to £35 per hour. Most care receivers are supported through the Long-Term Care Scheme, and self-funding care receivers are charged the same rate. Samples of invoices were reviewed, which outlined the weekly care hours provided, the fee schedule, and the payment methods.

The service displays its public liability insurance details, data protection registration, and business licence in the office. Samples of policies were reviewed, showing that relevant policies were in place and that considerable efforts had been made to develop relevant policies and procedures. However, they were primarily based on English legislation and were not specific to Jersey. While the Registered Manager's initiative to seek assistance from a professional company in England is commendable, all policies must be adapted and reflect local practice and legislation. This is an area for improvement.

## IMPROVEMENT PLAN

There were seven 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 3.6, (Appendix 4 Home Care Standards Regulation 17 (5) <b>To be completed:</b> with immediate effect</p>	<p>The registered provider must ensure all staff are subject to safe recruitment practice in line with the Standards.</p> <hr/> <p><b>Response by registered provider:</b></p> <p>We care will conducting comprehensive background checks, such as obtaining criminal record checks and references, to verify the candidate's integrity and history and commitment to safeguarding and promoting the well-being of those in our care.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 3.10 Regulation 17 (4) <b>To be completed:</b> by 19 April 2025</p>	<p>The registered provider must demonstrate that all care workers complete a structured induction programme, which will assess their competence to work in the service.</p> <hr/> <p><b>Response by registered provider:</b></p> <p>An induction programme is currently being developed to ensure that all new staff members receive comprehensive training and support as they begin their roles. The programme will cover essential topics, including organizational policies, safeguarding procedures, health and safety guidelines, and specific responsibilities related to their positions. To ensure accountability and compliance, records of each individual's participation in the induction programme will be maintained. These records will be securely stored and regularly reviewed, helping to track completion and ensure that all staff members have received the necessary training to perform their roles effectively and in line with organizational standards.</p>



<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 3.11 Regulation 17 (4)</p> <p><b>To be completed:</b> by 19 June 2025</p>	<p>The registered provider must ensure that all care workers receive the identified mandatory training for their roles, and in line with the categories of registration.</p>
	<p><b>Response by registered provider:</b></p> <p>We will ensure that face to face training will be provided for all staff to ensure they have the necessary skills, knowledge, and understanding to perform their roles effectively This training will cover essential areas, such as safeguarding, health and safety, first aid, dementia equality and diversity, and specific job-related competencies. Additionally, ongoing professional development opportunities will be offered to help staff stay up-to-date with best practices, new regulations, and any changes in their roles.</p>

<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 2.1 Regulation 8 (3)</p> <p><b>To be completed:</b> by 19 April 2025</p>	<p>The registered provider must ensure that initial assessments identify care receivers' preferences, needs, and wishes and information in line with the Standards.</p>
	<p><b>Response by registered provider:</b></p> <p>We care will ensure that all relevant information about individuals is gathered and accurately documented before any formal assessment or intervention takes place. ensuring that assessments are tailored to the individual's specific circumstances, allowing for more effective and appropriate decision-making and for future evaluations or follow-ups.</p>

<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 2.3, 2.6, 4.7 Regulation 8, 9.1</p> <p><b>To be completed:</b> by 19 April 2025</p>	<p>Care plans and risk assessments must be implemented to demonstrate how risks are identified and managed, and care planning arrangements must meet the Standards.</p>
	<p><b>Response by registered provider:</b></p> <p>We will ensure detailed care plans reflect a person-centred approach, ensuring that all aspects of an individual's needs, preferences, and goals are fully understood and considered. We care services, will 16 meet the individual's needs, whether they relate to health, emotional well-being, daily activities, or personal goals demonstrating that the person has been actively involved in its development.</p>

<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Standard 1.4 Regulation 5</p>	<p>The registered provider must ensure that a range of policies, specific to Jersey legislation and practices, are available and accessible to people receiving care and others.</p>
<p><b>To be completed:</b> by 19 June 2025</p>	<p><b>Response by registered provider:</b></p> <p>We will ensure that a comprehensive range of policies, tailored specifically to Jersey legislation and local practices, are developed, regularly reviewed, and readily accessible to individuals receiving care, their families, and other relevant stakeholders. These policies are designed to uphold the rights, safety, and well-being of all service users, and are made available in formats that are easy to understand and access, promoting transparency and informed decision-making.</p>

<p><b>Area for Improvement 7</b></p> <p><b>Ref:</b> Standard 3.14 Regulation 17 (4)(c)</p>	<p>The registered provider must ensure that care workers receive regular opportunities to discuss their roles through formal supervision and appraisal.</p>
<p><b>To be completed:</b> by 19 April 2025</p>	<p><b>Response by registered provider:</b></p> <p>Supervision and appraisal for staff will be carried out regularly to ensure continuous professional development, maintain high performance, and support the well-being of all employees. The supervision process will provide staff with one-on-one sessions to discuss their roles, receive feedback, set goals, and address any concerns or challenges they may face Appraisals will be conducted on an annual or bi-annual basis, offering a more formal review of staff performance. Both supervision and appraisals will be documented, with records retained to track progress over time.</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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