



**Jersey Care
Commission**

INSPECTION REPORT

Complete Individual Home Care

Home Care Service

**Suite 3, Longueville Business Centre
Longueville Road
St Saviour
JE2 7SA**

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15 May 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 Complete Individual (CI) Home Care. The home care service is operated by Evergreen Homecare Services Limited and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Home Care
Mandatory Conditions of Registration	
Type of care	Personal care; Personal support
Categories of care	Adult 60+; dementia care; physical disability and/or sensory impairment; mental health
Maximum number of care hours per week	2250 hours
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
None	

Additional information:

None

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced, and notice of the inspection visit was given to the Registered Manager eight days 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	10 April 2025 9.00am – 3.45pm
Number of areas for improvement from this inspection	None
Number of care hours on week of inspection.	1420 hours
Date of previous inspection:	27 March 2024
Areas for improvement noted in 2024	None
Link to previous inspection report	IRCIhomecare20240327.pdf

3.2 Focus for this inspection

This inspection included a focus 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.

4.2 Observations and overall findings from this inspection

This service benefits from a strong leadership team comprising the Registered Provider, Registered Manager, Deputy Manager, and Care Manager for the live-in care packages.

This service follows safe recruitment practices, ensuring all safety checks are completed in accordance with its recruitment policy. Since the last inspection, nine staff members, many with considerable experience in care, have joined the team.

Staff training is paramount to this service, and this is reflected in the training matrix, which includes a blend of online and face-to-face courses.

A compliance consultant oversees health and safety and mitigates risk as much as possible with comprehensive risk assessments in place.

All care receivers and/or their representatives sign a written agreement prior to the start of their care package, which clearly documents fees, terms, and conditions.

Policies and protocols are in place covering safe recruitment, medications, raising concerns and whistleblowing, finances, and more. However, due to the size of each document, these may not be as user-friendly as they could be. This is discussed further in the main body of the report.

Robust measures are in place to ensure all staff complete Regulated Qualification Framework (RQF) Level 3 Medication Administration training with subsequent competency checks annually and regular audits.

The Regulation Officer completed several visits to care receivers' homes and found the interactions between the carers, care receivers and their families warm, caring and humorous, depending on the situation.

The staff consulted provided positive feedback on the training, regular supervision, the management team, and feeling valued by the company.

This inspection has highlighted that this service consistently meets the Home Care Standards and follows best practice. Staff wellbeing is paramount to the Registered Provider and the senior management team, which is reflected in the feedback received.

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, the Commission reviewed all its information about this service, including the previous inspection report from 27 March 2024, a review of the Statement of Purpose, and notification of incidents.

The Regulation Officer gathered feedback from three care receivers and two of their representatives. Additionally, they observed care being delivered in several homes. They also had discussions with the service's management and seven staff. Furthermore, feedback was requested from four professionals external to the service, and two responded.

Policies, care records, induction and competency records, incidents, and training matrixes were examined as part of the inspection process.

At the conclusion of the inspection, the Regulation Officer gave feedback verbally then emailed feedback to the Registered Provider, Registered Manager, and Deputy Manager six days later.

This report sets out our findings and includes any areas of good practice identified during the inspection. There were no areas for improvement from this inspection.

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

5.2 Sources of evidence.


New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Recruitment policy Induction handbook Competency assessment template Finances policy Training matrix Risk assessments Feedback Medication policy
Is the service effective and responsive	Written agreements Feedback Raising concerns and whistleblowing policy Complaints suggestions and compliments policy Surveys (staff and care receivers) Audits and spot checks
Is the service caring	Initial assessments Risk assessments Individualised care plans Staff supervisions and appraisals Feedback
Is the service well-led	Selection of policies Organisational chart Feedback Restrictive interventions Monthly quality reports Statement of purpose

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

This service benefits from an experienced management team comprising a Registered Manager, Deputy Manager, and Care Manager for the live-in care packages. Feedback from staff and care receivers and/or relatives confirmed that the managers regularly visit to ensure the staff practise safely. The Registered Provider takes a keen interest in all aspects of the service and visits every fortnight to remain actively involved in service developments.



We see one of the managers once a month. They come out to do spot checks and check the paperwork. They are superb.

A compliance consultant oversees the service's health and safety. The Regulation Officer viewed a variety of risk assessments and was reassured that mitigation measures are in place and updated regularly to keep care receivers and staff safe.

Since the last inspection, nine staff members have been recruited to join the team. The Regulation Officer viewed all nine recruitment files and was satisfied that all safety checks had been completed. This included Disclosure and Barring Service checks, robust interview processes, references (one from their most recent employer), signed contracts with terms and conditions, and photographic identification.

Any areas of concern from references are thoroughly risk-assessed before a decision is taken to offer employment. This aligns with the services recruitment policy.

During the inspection, a selection of induction and competency handbooks were viewed.

These are completed by the new staff member and signed off by one of the managers. This ensures that policies and the staff handbook have been read, mandatory training has been completed, and ongoing formal supervisions are documented at four, eight, and 16 weeks.

My induction was super, I met all the staff and was introduced to clients to see if our personalities matched before being assigned to anyone.

Medicines are managed in care receivers' homes in line with the service's policy. All staff have completed RQF Level 3 Medication training and are subject to regular medication competency checks from the senior staff. Furthermore, audits of the medication administration records are completed once a month to ensure safe practice.

The care team holds various RQF awards. At the time of inspection, over fifty per cent of the staff team possessed a level 2 or level 3 RQF in health and social care and all the management team were RQF Level 5 qualified. Additionally, there is one senior carer trained to Level 3 and two trainee senior carers currently working through personal development plans.

On viewing the training matrix, the Regulation Officer was satisfied that all staff, including the management team, have kept up to date with their mandatory training through a blended mix of online and face-to-face courses. To ensure the service complies with their mandatory conditions of registration with the Commission all staff complete training in learning disability, mental health, and dementia along with client-specific training, including diabetes.

As a new member of staff, I completed lots of training both online and in the classroom.

A robust financial policy protects care receivers from financial abuse. In all financial transactions with care receivers, the carers must follow a strict protocol, including keeping receipts, completing a transaction record, and asking the care receiver to sign each time a transaction has taken place. This is good practice and protects both the carer and care receiver.

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.

Effective communication was highlighted as a critical strength by staff, care receivers and relatives. All the managers were complimented for their willingness to make themselves available to care receivers, relatives, and staff and for their responsiveness when any issues or concerns were raised.

A member of staff said:

I love it here. Its lovely the way we are treated, the managers are always available, and they have an open-door policy so we can just pop in.

The company demonstrated transparency about fees and charges. Many of the care packages at the time of the inspection were through the long-term care scheme with a top-up from care receivers where required. A table of fees was sent to all the care receivers in January this year.

There was evidence of information sharing, and beneficial early collaboration with relevant external organisations. This ensures care receivers receive care pertinent to changes in care needs, as evidenced by the review of care plans and feedback from relatives and professionals involved with the service.

Communication in this service is consistently strong, fostering a positive and supportive environment for the care receivers and/or their families. Adaptions can be made to meet care receivers' communication needs. Care receivers are kept well informed and are actively involved in decision-making where possible, with timely updates about care plans, changes depending on need, and any concerns. This approach builds trust and ensures everyone feels heard and valued. Additionally, feedback has confirmed that communication within the staff team is open and respectful.

The company uses a cloud-based scheduling system, where the staff can access duty rotas via their mobile phones supplied by the company. The care team scans in and out of visits, and the system alerts managers or the person on-call to any missed visits. This was viewed in real-time during the inspection. Visits are colour-coded so that managers can see immediately if a visit is completed, in progress, or not started yet.

Although feedback is received monthly during the manager visits, surveys are sent to all care receivers and/or their representatives at least once a year. These are collated and discussed at the management level and then disseminated to the care team. Staff are encouraged to complete six-monthly surveys and regular discussions during spot checks.

The staff who gave feedback were all fully aware of how to raise a safeguarding concern and complete a referral form, although they stated that the management team would act on this.

Since the last inspection, there have been no formal complaints about this service, and a clear system is in place to deal with any complaints.

Regular audits and spot checks are completed to promote safe practices as they help identify potential risks early and support continuous improvement in service quality and safety.

Is the service caring?

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

Prior to commencing a care package, one of the management team will complete an initial assessment to assess specific care needs. A written agreement outlining the intended package of care, terms and conditions, charges, and termination of contract details is given to the care receiver and/or their representative. Several initial assessments and written agreements were viewed during the inspection.

The Regulation Officer viewed care plans for both live-in and hourly care packages and found them to be specific to each individual's needs and updated regularly.

Risk assessments accompanied the care plans covering the environment, falls, medication, nutrition, continence, activities and moving and handling.

Interactions between care receivers and staff were noted to be respectful and conducted in a way that complimented the personalities of individuals whilst maintaining professional boundaries. It was evident that carers knew the care receivers' needs and understood the importance of demonstrating person-centredness when providing care and support.

A relative said:

Xxx is extremely well cared for and the care staff are so well trained, experienced, reliable and efficient.

Staff receive regular supervisions to align with the Home Care Standards and annual appraisals. Each supervision focuses on a subject such as data protection, medication, food hygiene, infection control or health and safety. Staff then complete a well-being and safety culture questionnaire and go through it with a senior carer or manager.

The Regulation Officer viewed a sample of supervision records and was satisfied that they are completed promptly and considerately, ensuring the staff feel they can freely express their opinions. This was supported by feedback from several staff: *“One of the managers regularly comes here to see me and does regular supervision to ensure I am happy, and we go through lots of things.”*

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 governance procedures within the service were reviewed. Evidence of comprehensive audits for medication management, falls, pressure care and incident management were noted. All incidents and accidents are comprehensively reviewed, and all members of the staff team are involved in identifying lessons learned and taking steps to improve care. The service’s approach to governance is crucial in ensuring best practice is followed. The service benefits from regular visits by the Registered Provider every fortnight over two days.

A poster was requested to be put up in the office to advise any visitors (relatives, professionals, staff members) that an inspection was in progress and that any feedback about the quality of care provision would be welcome. This was done immediately.

A selection of policies were requested and reviewed before the inspection, including:

- Complaints, suggestions and compliments
- Discipline
- Finances
- Grievance
- Medication
- Whistleblowing
- Recruitment.

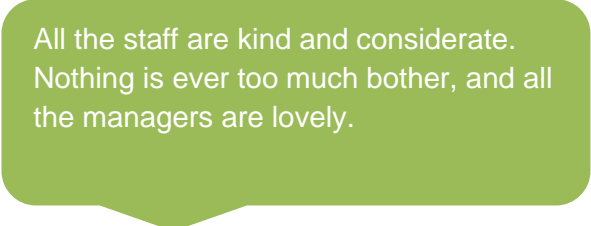
While the Regulation Officer appreciated the thoroughness of the policies, they found them lengthy and somewhat challenging to navigate from a user perspective. The Regulation Officer advised that a more concise version would assist users to ensure the key information is more easily understood. Both the Registered and Deputy Manager agreed and advised this would be escalated to the Registered Provider.

The management team completes comprehensive monthly quality reports detailing information about care packages, staffing, training, feedback, spot-check outcomes, audits, incidents, complaints, and safeguarding referrals. One was examined during the inspection, and an excellent overview of service delivery was given.

The Statement of Purpose was reviewed during the inspection process. The document was comprehensive; however, its extended format could make it challenging for readers to understand the core aims and objectives. The Regulation Officer advised streamlining the content to which the managers agreed to take forward.

This inspection has reassured the Regulation Officer that the care provided is in accordance with the Statement of Purpose and the mandatory conditions of registration with the Commission.

A care receiver said:



All the staff are kind and considerate. Nothing is ever too much bother, and all the managers are lovely.

Staff said:



I feel valued and well looked after by everyone. My induction was flexible and there was no rush to give me clients until I was ready. We were given a bonus at Christmas, and we have "carer of the month" where one of us receives a bunch of flowers.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an improvement plan is not required.

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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