



Jersey Care
Commission

INSPECTION REPORT

My Home Care Limited

Home Care Service

**9 Georgetown Mews
Georgetown Park Estate
St Clement
JE2 6QF**

9 April 2025

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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 My Home Care Limited. My Home Care Limited operates the home care service and there is a registered manager in place.

| Registration Details | Detail |
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| 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 4 October 2024, the Commission received a request to vary the condition on the provider's registration, seeking an increase to 600 hours per week. The Commission, on 8 October 2024, approved this.

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 relating to access to a confidential office and a secure area to store records, which were applied at the point of registration, are no longer deemed necessary as the Regulation Officer was satisfied with the arrangements to meet these conditions. Therefore, these conditions will be removed from the service's registration.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This was an announced inspection, with notice provided to the Registered Manager two days in advance. This was to ensure that the Registered Manager would be available, given that this was the service's first inspection since registration. One Regulation Officer carried out the inspection over the course of one day.

| Inspection information | Detail |
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| Date and time of this inspection | 9 April 2025 10.45am – 3.00pm |
| Number of areas for improvement from this inspection | Four |
| Number of care hours on week of inspection | 180 hours |
| Date of previous inspection: | This is the first inspection since the service was registered on 31 May 2024. |

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 registration, and it was clear that the service is delivering care and support in line with its Statement of Purpose and is compliant with the registration conditions. The Registered Manager described a careful and responsible approach to developing the service and had a clear understanding of the regulatory requirements. While some areas for improvement resulted from this inspection, these were acknowledged by the Registered Manager, who was aware of the areas where improvements were required.

From what care receivers, their families, staff and external health professionals told the Regulation Officer, this service provides safe, quality care and support, with care receivers' well-being and preferences given a priority. They all described that the support provided to them reflected their preferences, was provided by a consistent, small staff team, and they had confidence in their staff team and the Registered Manager to provide for what they needed.

Staff are recruited safely, provided with an induction programme, and introduced to care receivers before they support them. Staff and external health professionals spoke of how accessible the Registered Manager is and is responsive to requests. The staffing rosters show which staff member is working at any time, and there are systems in place to check that visits are completed as scheduled. All care receivers said they received their visits when they should and knew which staff member supported them.

There are areas for improvement in completing staff competency checks to evidence their ability to work without direct supervision, to strengthen the induction programme. Additional policies need to be developed. Each staff member should have a job description and interview notes retained as part of the recruitment process, and evidence of their learning should be assessed.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Home Care Standards were referenced throughout the inspection¹

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, and variation requests.

The Regulation Officer gathered feedback from one care receiver and two of their representatives. They also had discussions with the Registered Manager and care staff. Additionally, feedback was provided by one health and social care professional external to the service.

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

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and confirmed the identified areas for improvement by email, the day after the 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.

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

5.2 Sources of evidence.

| Key lines of enquiry | |
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| Focus | Evidence Reviewed |
| Is the service safe | Pre-admission assessments Safe recruitment policy Supervision records Staff personnel files Training records Whistleblowing policy |
| Is the service effective and responsive | Client guide Written agreement Care plans Archived care records Feedback from health and social care professional |
| Is the service caring | Feedback from care receivers/ representatives Care plans Records of visits completed |
| Is the service well-led | Samples of policies Staffing rosters Care visit attendance tracking system Statement of Purpose (SOP) Notifications and internal reporting records Applications from potential future staff |

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The service's recruitment process remains ongoing. Since registration, the Registered Manager has gradually recruited and appointed four permanent care staff members and one bank staff member. The safe recruitment policy was reviewed and cross-referenced with the actual recruitment practices followed by four staff members. The information within their staff files showed a safe and compliant approach to recruitment, confirming that safety is prioritised and that all necessary pre-employment checks, as the Standards require, were obtained before staff started work.

While there was evidence of a standard job description template, it was not tailored to individual staff roles, and no interview records were retained. This was discussed and acknowledged by the Registered Manager and identified as an area for improvement.

Staff described an induction programme that included working alongside the Registered Manager, shadowing them, and being introduced to care receivers before providing support. The induction paperwork was reviewed and noted to be based on the Scottish Care Standards, which cover the fundamental aspects of care; however, the induction should also make reference to the Jersey Home Care Standards.

The Standards require that care staff are assessed as competent before working without direct supervision. Although the Registered Manager expressed confidence in the staff member's abilities based on their interactions, there was no documented evidence of a competency assessment following their induction. This is an area for improvement.

The Registered Manager explained that once care staff are allocated to support care receivers, they follow up to ensure they are satisfied with their allocated care workers. Care receivers told the Regulation Officer that this had happened.

Samples of training certificates were reviewed, and the Registered Manager maintains oversight of staff training. Three staff members have vocational-level qualifications in medication management, with one staff member registered to complete this training when it becomes available. All staff have a minimum of a vocational Level 2 health and social care qualification, with some having additional qualifications. The Registered Manager is committed to increasing face-to-face training, particularly in dementia awareness, which will be reviewed at the next inspection. Staff are current with essential practical training and the Registered Manager monitors when updates are due.

E-learning certificates in subjects including Parkinson's, stroke awareness, pressure ulcers and safeguarding were noted in staff files, which shows a broad and varied training programme. However, there was no evidence of learning assessments following the completion of these sessions as required under Standard 3.11, this is an area for improvement.

A sample supervision record was reviewed in one staff member's file, and the Registered Manager explained of their plans to supervise all of the staff team. Staff reported that they communicate regularly with the Registered Manager and feel confident contacting them for support when needed. Staff told the Regulation Officer of their upcoming supervision schedule.

Samples of policies were reviewed. However, a few key policies considered essential to the safe operation of the service had not been developed. These included, for example, a medication policy, a missing care receiver policy, and a lone worker policy. This was discussed with the Registered Manager, and the importance of developing and implementing these core policies was highlighted as an area for improvement. It was suggested that the service's whistleblowing policy be amended to include an external point of contact, given that the provider and manager are the same individual.

The Registered Manager is very clear about the care and support the service can safely provide. They gave an example of recognising when one care receiver's needs exceeded what could safely be managed at home. They arranged for a health professional review and transfer into an alternative care setting.

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 Registered Manager explained that, on the inspection day, the service provided a total of 180 hours per week to eleven care receivers, with an anticipated increase to 200 hours per week in the following week. The Registered Manager provided an overview of care receivers' health and social care needs and confirmed that these needs are assessed before the service commences.

Samples of pre-assessment records were reviewed, which showed that the Standards relating to the completion of initial assessments are being met. The records also demonstrated that care receivers' needs are thoroughly assessed to ensure the service can meet them safely. The Registered Manager's assessment also included information provided by referring health and social care professionals.

Written information about the home care service is provided to care receivers and was reviewed during the inspection. This standard is met with information outlining the complaints process, expected staff conduct, contact details for the Commission, limitations in service provision, clarity around gift-giving procedures, and management of personal finances.

A glossary explaining commonly used health and social care terminology, potentially unfamiliar to care receivers, was also included. This was an example of good practice in ensuring clarity and accessibility of information. Discussions with care receivers and their representatives confirmed that they had received this information about the service.

Samples of written agreements that care receivers or their representatives had signed were reviewed. The Registered Manager explained that some relatives had previously provided feedback regarding the content of these agreements as part of the service's ongoing improvement journey, which was acknowledged and acted upon. Care receivers and their representatives consistently spoke positively about the open and approachable communication with care staff and the Registered Manager. They expressed confidence in raising any concerns or queries when needed.

Care receivers and their representatives told the Regulation Officer that their scheduled care visits happened as planned, and they had never experienced a missed care visit. They are provided with staffing rosters detailing which staff member attends each day. One care receiver explained that the staffing roster's design is helpful to them, informs other family members living in the same household, and allows them to be informed about who is coming into the family home.

Samples of care plans were reviewed for current care receivers and those who had previously received a service but moved into alternative care settings. The plans were detailed, tailored to assessed needs and reflected each person's abilities. They guide staff to meet care receivers' needs, and detailed records are maintained following each care episode. Feedback from care receivers and their representatives indicated that they felt that staff helped maintain their well-being, and specific examples were provided of how staff interventions had positively impacted their lives.

Care staff told the Regulation Officer that they review care records before visiting care receivers and have additional communication methods to keep updated on any changes in needs. Changes in plans are made as necessary and communicated to staff, with one staff member explaining how this process is carried out.

Care records included risk assessments as part of the care planning process and covered fire safety, environmental risks, falls, and skin integrity. The Regulation Officer offered some suggestions to enhance the environmental risk assessment process, particularly relating to staff and lone working. The Registered Manager acknowledged and accepted these suggestions.

One health and social care professional gave an overview of the service and described it as providing ongoing, high-quality support to one care receiver, whose overall well-being has significantly improved due to the staff team's approach. Communication is clear, and the service keeps relevant parties updated and takes a holistic, personalised approach, which has helped to reduce social isolation.

Notifications have been submitted to the Commission as necessary. The records for one care receiver, the subject of several notifications, were reviewed and discussed with the Registered Manager. This showed that appropriate care and support had been delivered, and arrangements were made for them to transfer to another care facility.

Is the service caring?

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| Care is respectful, compassionate, and dignified. Care meets people's unique needs. |
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The Statement of Purpose identifies client-centred care as one of the service's core values, and this was strongly reflected in the feedback provided by care receivers and their representatives. They described the service as delivering bespoke care tailored to their needs and preferences. They shared meaningful examples of how their daily lives had been enriched through the support they received, highlighting occasions where care staff went above and beyond their expected duties. This demonstrates the service's commitment to its stated values and reflects a culture of compassion and genuine care.

Feedback from staff demonstrates a good understanding of care receivers' individual needs and preferences. This was also reported by care receivers and their representatives, who confirmed that staff provided care and support in line with their needs and expectations. They also described staff as flexible in adapting to changing needs and circumstances.

Discussions with care receivers, their representatives, and a health and social care professional described the service as caring and supportive. All expressed confidence in the Registered Manager and care staff's abilities, as they felt included, valued, and well-supported in their care experiences.

What care receivers and their representatives said:

The carers are just great, they're really supportive and I never feel undermined. They're always happy and smiling.

I feel [my relative] is very safe with the carers, and I have no worries about the care provided.

I've noticed a huge difference with my relative since the girls have come on board, they are excellent and it's all really promising.

The manager is so adaptable and always checks in on me if I'm unwell. I've been able to direct the timings of my support, and they are so accommodating.

The hands on care is really good, [my relative] has developed a great relationship with the carers who are excellent.

The Registered Manager has sought feedback from families, care receivers, and healthcare professionals, all of whom have been consistently positive about the service to date.

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 provider also serves as the Registered Manager, and they outlined the service's development plans. These plans include measures to introduce additional support, both to assist them in their role and to facilitate the ongoing growth of the service. This approach reflects good practice, demonstrating that they are proactive and understand that a sustainable support structure is essential for the service to expand and improve safely.

The Registered Manager explained they have adequate time to focus on their responsibilities. While they may occasionally step in to cover shifts, when necessary, sufficient care staff are employed to enable them to carry out their management duties without regularly providing direct hands-on care as part of the team. This was confirmed by care staff and care receivers, who all spoke about accessing the Registered Manager when needed.

The Registered Manager had already begun advertising for additional staff and had received expressions of interest from potential employees. Their awareness of the need for further management capacity highlights a commitment to ensuring quality and safety as the service evolves. The discretionary condition on registration, requiring the manager to complete a Level 5 Diploma, was discussed, and they explained the options available to meet this requirement.

The Registered Manager clearly described the service's aims and objectives, demonstrating a strong understanding of the service's core values and purpose. They also showed an understanding and appreciation of regulatory requirements and were able to evidence how the service is being led in alignment with the SoP. This reflects a consistent approach to leadership, ensuring that the service's day-to-day operation remains focused, compliant, and person-centred. Care staff, health and social care professionals, and representatives described the service as well-managed and well-led.

Care receivers and their representatives reported being fully informed of the care fee rate at the initial care planning stage, reflecting transparency and good practice. The hourly rate is consistent for all care receivers and is detailed in the written agreement provided. During discussions, the Registered Manager explained that they have actively encouraged care receivers and their families to explore their Long-Term Care benefit eligibility.

The electronic record-keeping system enables the Registered Manager to effectively monitor and track care visits, ensuring they are provided at the scheduled times and for the agreed duration. During the inspection, the Regulation Officer was shown how this system operates. One care receiver said that the support hours provided had been better tailored to their lifestyle than previous home care services, which could not offer such personalised scheduling. This, they said, had improved their life considerably, which is an example of good practice.

Three staff members provided feedback to the Regulation Officer, and all expressed high satisfaction in their roles, with good support provided by their colleagues and the Registered Manager. They commented that they were proud of the quality service they could offer and described the roster system as allowing them a healthy work-life balance.

IMPROVEMENT PLAN

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

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| <p>Area for Improvement 1</p> <p>Ref: Standard 1.4 Regulation 5</p> <p>To be completed: by 9 August 2025</p> | <p>The registered provider must ensure that a range of policies are available and accessible to people receiving care and others.</p> <p>Response by the Registered Provider:</p> <p>As the registered provider, we fully acknowledge and are committed to ensuring that a comprehensive range of policies are readily available and easily accessible to people receiving care and others, including their families, advocates, and staff.</p> <p>We understand the importance of transparency and empowering individuals with the information they need to make informed decisions about their care and support. To achieve this, we will ensure the following:</p> <ul style="list-style-type: none"> • Accessible Formats: Policies will be made available in a variety of formats to meet different needs and preferences. This will include: <ul style="list-style-type: none"> ○ Clearly written paper copies, readily available in accessible locations within our service. ○ Electronic versions, easily accessible through our website or a dedicated portal. • Proactive Information Sharing: We will inform people receiving care and their representatives about the key policies relevant to their care and support upon admission. • Support for Access: We will provide assistance to individuals who may need support to access or understand our policies. <p>We believe that ensuring open access to our policies fosters trust, promotes understanding, and empowers individuals to be active partners in their care.</p> |
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| <p>Area for Improvement 2</p> <p>Ref: Standard 3.3, 6.4 Appendix 3 Regulation 17, 23</p> <p>To be completed: by 9 July 2025</p> | <p>The registered provider must ensure that job descriptions tailored to each role and person are in place, and records of the interview process are maintained.</p> |
| | <p>Response by the Registered Provider:</p> <p>As the registered provider, we acknowledge and will fully comply with the requirement to ensure that job descriptions tailored to each role and person are in place, and that comprehensive records of the interview process are maintained.</p> <p>We are committed to establishing and maintaining accurate and specific job descriptions that clearly outline the responsibilities, expectations, and required skills for every position within the service. These descriptions will be regularly reviewed and updated to reflect any changes in roles or individual needs.</p> <p>We will ensure that a thorough record of each interview process is maintained. This will include, but not be limited to:</p> <ul style="list-style-type: none"> • The questions asked during the interview. • The names of the interviewers and the candidate. • A summary of the candidate's performance and suitability for the role. • The rationale behind the hiring decision. <p>These records will be stored securely.</p> <p>We understand the importance of these measures in ensuring effective recruitment, clear role definitions, and fair employment practices, ultimately contributing to the high quality of care we provide.</p> |

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| <p>Area for Improvement 3</p> <p>Ref: Standard 3.10 Appendix 5 Regulation 17(1)</p> <p>To be completed: by 9 July 2025</p> | <p>The registered provider must demonstrate that care workers are competent to work in the care service without direct supervision.</p> <p>Response by the Registered Provider:</p> <p>To ensure care workers are competent to work without direct supervision, we will implement the following:</p> <ol style="list-style-type: none"> 1. Comprehensive Induction Program: All new care workers will undergo a thorough induction. The induction will be assessed and completed before a care worker is allowed to work without direct supervision. 2. Competency for Independent Work: Achieved through a phased approach, care workers will initially be shadowed. Following successful completion of a supervisor assessment (including client and carer feedback), they will progress to remote supervision. 3. Regular Supervision and Appraisal: Ongoing supervision will be provided by senior staff to monitor performance, address concerns, check progress, and arrange additional support. Regular appraisals will also be conducted to ensure that staff receive the necessary support, training, professional development, and supervision required for their roles. 4. Competency Assessments: We will regularly assess care workers' competency through various methods, including direct observation, review of their work, feedback from individuals receiving care. This will ensure they possess the necessary skills, knowledge, attitudes, and ability to practice safely and effectively without direct supervision. 5. Personal Development Plans: We will work with each care worker to create a personal development plan that identifies their learning needs and outlines activities and timescales to achieve competency in specific areas. This may include further training, shadowing experienced colleagues, and reflective practice. 6. Feedback Mechanisms: We will establish mechanisms for obtaining feedback from individuals receiving care and their families about the care provided by workers who are working without direct supervision. This feedback will be used to identify areas for improvement and ensure the quality of care is maintained. <p>By implementing these measures, we aim to ensure that all our care workers are competent, confident, and capable of</p> |
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| | providing high-quality care without direct supervision, while always prioritizing the safety and well-being of the individuals they support. |
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| Area for Improvement 4 Ref: Standard 3.11 Regulation 17 (1) (4) To be completed: by 9 July 2025 | The registered provider must implement a system that includes an assessment of learning, particularly following the completion of E-learning courses. |
| | <p>Response by the Registered Provider:</p> <p>We understand the critical importance of evaluating the effectiveness of our training programmes and ensuring that our staff have acquired the necessary knowledge and skills through e-learning. To achieve this, our system will include the following key elements:</p> <ul style="list-style-type: none"> • Varied Assessment Methods: We will employ a range of assessment methods. This may include: <ul style="list-style-type: none"> ○ Short Answer Questions: To assess understanding and the ability to articulate concepts. ○ Practical Tasks or Simulations (where applicable): To assess the demonstration of skills learned. • Timely Assessment: Assessments will be conducted promptly following the completion of each relevant e-learning course to reinforce learning and gauge immediate understanding. • Record Keeping: Records of assessment completion and outcomes will be maintained for each staff member. <p>We are committed to ensuring that our e-learning programmes are not only accessible but also effective in developing a competent and knowledgeable workforce.</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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