



**Jersey Care
Commission**

INSPECTION REPORT

TESH Healthcare Jersey Limited

Home Care Service

**Suite 13, Bourne House
Francis Street, St Helier
JE2 4QE**

Inspection Date: 6 March 3 April 2025

**Date Published
22 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 TESH Healthcare Jersey Limited. This home care service is operated by TESH Healthcare Jersey Limited, and a registered manager is 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	Physical disability and or sensory impairment, Adult 60+
Maximum number of care hours per week	2250 hours
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
The Registered Manager is to complete a level 5 diploma in leadership in health and social care by 11 December 2026.	
Additional information:	
The Commission received a revised Statement of Purpose on 4 March 2025, which was dated 30 January 2025. This was to formalise the Statement of Purpose using the Commission's template.	

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory registration conditions and any additional discretionary conditions required under the Law. The Regulation Officer concluded that all requirements had been met.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced, notice of the inspection visit was given to the Registered Manager seven days before the visit to ensure that the Registered Manager would be available.

Inspection information	Detail
Dates and times of this inspection	6 March 2025 – 9am to 4pm 3 April 2025 – 2.05pm to 2.25pm
Number of areas for improvement from this inspection	None
Number of care hours on the week of the inspection.	786.5 hours
Date of previous inspection	25 July 2024
Areas for improvement noted in 2024	None
Link to the previous inspection report	Focused-IRTESHHealthcareJerseyLimited20240725.pdf

3.2 Focus for this inspection

This inspection focused on the following key 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

The service ensures due diligence is carried out on recruiting care staff, including safer recruitment practices.

There is adequate staffing to meet the needs of care receivers who access this service.

Care staff are provided with a sufficient level of training, including the administration of medications, infection control and food hygiene training.

Carer rotas are electronically managed, minimising the risk of missed visits. The health and safety reporting procedure ensures incidents are documented and addressed appropriately. In addition, environmental risk assessments are completed in all cases to ensure the safety of care receivers and care staff.

Complaints are handled in line with policy, and the service maintains oversight of notifiable events and medication management.

The service is effective and responsive, accepting referrals based on capacity and conducting thorough initial assessments. Care receivers are provided with appropriate documentation, such as contracts that clearly outline the costs of the package of care and what service they can expect. Care plans are person-centred and regularly reviewed in collaboration with care receivers and social workers where applicable. Risk assessments carried out cover areas like fall management, nutrition, and skin integrity. Quality assurance measures include monthly visits, spot checks, and corrective actions when needed.

The service is caring, with positive feedback from care receivers, their relatives and professionals. Documentation is well-maintained, and advanced care planning is in place where necessary.

Staff wellbeing is prioritised, with support for those experiencing difficulties, such as, bereavement or isolation. Overseas staff receive extensive onboarding support, including airport collection, accommodation assistance, and cultural orientation. Surveys show high staff satisfaction, with evidence of overseas carers rating their onboarding experience positively. Supervision and appraisals are conducted regularly.

The service is well-led, with a clear Statement of Purpose and a Service Development Plan detailing priorities for the coming year. Policies are comprehensive, and training is well-managed through an e-learning portal alongside some face-to-face training. Staff hold relevant qualifications, with ongoing professional development being prioritised. The governance and quality assurance measures in place provide good management oversight of care delivery and demonstrate corrective actions where necessary.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care Home Standards were referenced throughout the inspection.¹

Before the inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report, reviews of the Statement of Purpose, notification of incidents and other intelligence.

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

The Regulation Officer gathered feedback from one care receiver and two of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by three professionals external to the service.

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 Provider, Registered Manager and Administration Manager. This report sets out our findings and includes any areas of good practice identified during the inspection.

5.2 Sources of evidence.

New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<ul style="list-style-type: none"> • Statement of Purpose • Notifications and complaints • Health and safety policy • Safeguarding referrals • Staff training • Safer recruitment practice • Review of staff rotas • Medicine management policy and practice
Is the service effective and responsive	<ul style="list-style-type: none"> • Initial referral and assessment procedure • Care planning • Feedback mechanisms • Feedback from professionals • Quality assurance and monthly reports • Palliative and End-of-life care practice
Is the service caring	<ul style="list-style-type: none"> • Visit to a care receiver's home • Care planning • Feedback from care receivers, their representatives and professionals • Supervision and staff wellbeing
Is the service well-led	<ul style="list-style-type: none"> • Service development plan • Training matrix • Induction procedure and personnel files • Feedback from staff • Policies and procedures

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Most care staff working within this service have been recruited from overseas and employed on work permits. Other care staff are self-employed and contracted as live-in carers. The Regulation Officer explored capacity within the service to meet its contracted hours and was satisfied that this was managed adequately. Care packages are not taken on without the staffing resources to do so.

To secure more care staff, the management team has also been exploring opportunities with the 'Back to Work scheme'; however, this has not been successful as yet. The Regulation Officer examined safer recruitment for a sample of new recruits and was assured that this was carried out in line with best practices and the Home Care Standards.

Care staff rotas are electronically generated through the care management system and emailed to staff weekly. Staff are required to review and confirm their acceptance of the rota. Rotas are reviewed every three months or when care packages change. This review includes assessing locations to minimise travel time between care receivers, though this is not always feasible.

This service prioritises the safety of care receivers. Care staff undertake training in areas such as moving and handling, adult safeguarding, infection control, and food hygiene, helping to protect the wellbeing of those in their care.

Environmental risk assessments are also conducted in care receivers' homes to protect both care receivers and staff. These assessments are regularly reviewed and, where necessary, ensure the presence of a carbon monoxide monitor.

Care staff are carefully interviewed and assessed to ensure they have the proper care experience, attitude and work ethic. In addition, the Registered Manager provided an example of terminating a care package where a carer's rights were not being respected.

A health and safety reporting procedure are established for documenting accidents and incidents, with reporting forms accessible in care receivers' files. The Regulation Officer reviewed a sample of reports and evaluated the management's response, confirming that the service conducts thorough reviews and takes appropriate action to address identified risks.

The Regulation Officer reviewed complaints submitted both directly to the service and to the Commission. The complaints policy was followed in all cases, with evidence of consultation with care receivers and their representatives. A review of the provider's monthly reports demonstrated effective management oversight.

The Regulation Officer examined notifiable events reported to the Commission and found these to be appropriate, including the service response. To ensure clarity, the Regulation Officer discussed the reporting criteria with the Registered Manager to confirm their understanding of when and what to report. This discussion reassured the Regulation Officer that the service was reporting appropriately.

The Regulation Officer reviewed the management of medication. Where possible, care receivers are supported to self-administer their medication; however, where they require additional support, care staff have the requisite Level 3 training in medication management, and annual competency checks are in place. As part of visits to care receivers' homes, the Regulation Officer was satisfied that medication administration records (MAR) were completed appropriately.

There is an appropriate process for transcribing medication to a MAR. The Registered Manager confirmed that senior care staff only undertake this in exceptional circumstances.

A professional commented:

I have worked in partnership with TESH a lot, and they have always been very reliable. I have had no complaints from any of the clients that they have supported. The Manager and office manager have been brilliant in my experience, and working in partnership with them has been great.

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.

Referrals to this service can be made directly by adult social care or through self-referral. The management team first assess whether they have the capacity to provide the required hours and the appropriately trained care staff. If these conditions are met, an initial assessment is conducted, including a home visit to consult with the care receiver and/or their representative(s). This assessment identifies needs, risks, necessary equipment, and any environmental hazards. Based on the findings, a decision is made on whether to offer a care package.

The Regulation Officer reviewed a sample of contracts for packages of care (POC) and the invoicing process. The contracts clearly outlined the cost of the POC, distinguishing between the contribution from the Long-Term Care Fund and the amount payable by the care receiver or their representative(s). Invoices are generated weekly, providing a detailed breakdown of the hourly rate and the dates and times when care was delivered.

Care plans are created based on the initial assessment and agreed upon with the care receiver and/or their representative(s). They are recorded in an electronic care management system, which is accessible to care staff. Additionally, copies of these care plans are kept in dedicated files within care receivers' homes. The Regulation Officer confirmed this during a visit to the home of a care receiver.

Care planning was found to be adequate and subject to regular review, occurring at least every six to seven months, with automated reminders generated by the care management system. If a care receiver's needs change, prompting a reassessment and revision of the care plan, this process is carried out in agreement with the care receiver, their representative(s), and their allocated social worker, if applicable.

The Regulation Officer noted risk assessments on care receivers' records for areas such as pressure ulcer prevention, moving and handling, nutrition, and hydration. These risk assessments were cross-referenced with care plans to ensure that identified risks were appropriately mitigated.

There are procedures in place to ensure that care receivers visits are not missed, and if the carer is running late, carer receivers are contacted.

The Regulation Officer reviewed falls management for care receivers and found that incidents are appropriately reported, and a post-falls protocol is in place. During visits to care receivers' homes, care staff confirmed their awareness of this procedure and access to the post-falls protocol.



A carer commented:

I provide care through good communication and through mutual respect.

The Regulation Officer examined the quality assurance (QA) measures to verify their effectiveness in monitoring and evaluating care delivery. The following measures were identified, demonstrating that appropriate safeguards are in place:

- The Registered Manager or a senior carer conducts monthly visits to care receivers to review care plans and observe care delivery. These visits and any necessary follow-up actions are documented.
- The Registered Manager and Registered Provider conduct spot checks on care delivery, including observing care, gathering feedback from the care receiver, and recording any resulting actions on a designated form.
- If care delivery falls below the expected high standards, corrective actions are implemented, such as peer-to-peer training, reflective discussions, or additional training as required.
- Feedback is actively sought from care receivers and/or their representatives.
- Monthly provider reports are produced in accordance with the Home Care Standards, offering an overview for the Registered Provider.

A professional commented:

TESH has always been extremely approachable and professional. I can honestly say they have carried out their assessments in a person-centred way and put the client's wishes at the forefront of their care plans. The feedback I have had from clients and family members has always been very positive with reports of how caring the carers are, and no issues or concerns have been raised with me.

The Registered Manager reported that consideration is being given to developing care champions. Their role would involve taking a special interest in specific aspects of care delivery, such as pressure ulcer management or the unique needs of care receivers, including those living with dementia. The Regulation Officer welcomes this development work.

Is the service caring?

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

The Regulation Officer selected one care receiver randomly and undertook a visit to meet them and their relative. In addition, the Regulation Officer spoke to a close relative of a care receiver to seek their observation of the care provided to their loved one. In both cases, the feedback was very positive, some of which are detailed in the speech bubbles in the body of this report.

A relative of a care receiver stated:

The carer is wonderful. They go beyond their role, and I have no worries about the care they provide my relative.

In addition, the Regulation Officer reviewed the documentation available in care receiver files during the visit. This provided assurance that care receivers or their representatives had access to care plans.

Advanced care planning is in place for those care receivers who have elected for this. There is a plan to expand expertise across the staff team with specialist training in this area. Regarding palliative and end-of-life care, the service works with multi-agency partners, such as Jersey Hospice, Family Nursing and Home Care.

This service actively seeks feedback from care receivers and their representative(s). The Regulation Officer reviewed this feedback, which was largely positive, and was satisfied that any negative feedback is appropriately followed up to resolve concerns.

A carer commented on how they deliver care:

I understand their needs and provide support while respecting their dignity.

All feedback is stored in a centralised folder for easy access and documented in the provider's monthly report. Additionally, anonymous feedback from care staff is encouraged through regular surveys and a suggestions box.

The Registered Manager and Provider acknowledged the importance of supporting care staff experiencing bereavement. They explained that they allow staff time to adjust, offer immediate support, and provide additional supervision when needed. If required, the Registered Provider stated they would arrange specialist counselling.

The Registered Manager and Provider emphasised that staff wellbeing was a priority, particularly for live-in carers who may experience isolation. They provided the following examples of interventions they had implemented:

- Ensuring that carers had opportunities to network, for example, meeting up for lunch with fellow carers
- Organised activities for staff to connect, such as walking on the beach
- Birthday vouchers
- Christmas party and other events
- WhatsApp group.

A significant portion of the care staff in this service are employed under a work permit. The Registered Manager and Provider are fully aware of the regulations governing the employment of overseas staff. The Regulation Officer was satisfied that thorough pre-employment and due diligence checks are conducted to verify that care staff possess the necessary qualifications and experience.

Prospective care staff are informed of both the benefits and potential challenges of living and working in Jersey before receiving a job offer, ensuring they are fully aware of these factors before their arrival. There was evidence that the onboarding of overseas care staff is a priority for this service, as it recognises that these carers may lack experience with Jersey-British culture. Some of the measures in place to provide additional support are:

- Collected from the airport and transitioned to their accommodation
- Organising accommodation if required
- Initial assessment of driving competence and sign-off by the qualified driving instructor.
- Repayable relocation loan to help with initial accommodation costs
- Home starter kit
- Support to familiarise themselves with the local culture
- Repayable loan to buy a car.

A carer from overseas commented:

I was assisted with the payment of flight tickets, and I had a good welcome. I was picked up from the airport, and accommodation and food were readily available. They provided me with a bus pass and helped me register with social security and tax.

The Regulation Officer initiated a survey for all care staff on their experience of working for this service. The survey generated 11 responses, all of which were employed from overseas. The results were overwhelmingly positive in terms of feeling well supported by management and having good induction and onboarding experiences. Where any negative or constructive feedback was provided, the Regulation Officer shared this with the Registered Manager.

The Regulation Officer reviewed the central supervision matrix and was satisfied that care staff receive supervision and appraisals in accordance with the Home Care Standards. The Registered Manager confirmed that the supervision model incorporates both personal and clinical elements, providing a reflective space for care staff to discuss the care they deliver and its personal impact on them.

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 Regulation Officer reviewed the updated Statement of Purpose and deemed it fit for purpose. It reflected the registered categories of care and the service's ethos and principles.

The Registered Provider reported that since the last inspection in July 2024, they had scaled back other work to focus on the ongoing development of this service. This decision has enabled greater management oversight of care delivery and service development. The Regulation Officer reviewed the Service Development Plan and was assured that the service acknowledges the operational challenges in the home care sector. The plan outlines strategies for business growth with appropriate governance while maintaining high-quality care delivery.

This service maintains a comprehensive suite of policies and procedures, accessible to care staff in both paper format and via a dedicated computer. As part of the induction process, key policies, such as safeguarding adults and the disciplinary policy, are reviewed, with a sign-off procedure to confirm understanding. The Regulation Officer reviewed a sample of policies and found them to be thorough, incorporating references to local policy, best practices, and relevant legislation. In the coming year, there are plans to transition policies and procedures to an online portal, which will allow care staff to access them remotely.

For care receivers assessed as lacking the mental capacity to make appropriate decisions under the Capacity and Self-determination (Jersey) Law 2016, the Registered Manager provided assurance that they understood their responsibilities in this regard. The service has faced challenges in sourcing appropriate training in this area. However, a provider has now been sourced, and arrangements are being made to deliver this training.

New care staff undergo an induction process that includes two days of office-based activities and training, followed by a week of shadowing experienced care staff. Inductions are documented using a checklist, with both the Carer and Training Manager signing off to confirm completion. After reviewing personnel files, the Regulation Officer confirmed that inductions were consistently carried out.

The service delivers training to care staff through a combination of e-learning and face-to-face sessions, including essential topics such as moving and handling and Basic Life Support. The Regulation Officer reviewed the central training matrix and confirmed compliance with the mandatory training requirements. The e-learning portal automatically tracks when training needs to be refreshed, assigns the necessary updates to individual care staff, and notifies them via email. Additionally, the portal includes a management reporting feature, ensuring oversight of any overdue training.

All care staff hold at least a Level 2 Diploma in Adult Social Care or an equivalent qualification. Several staff members have either completed or are currently working towards a Level 3 Diploma. In addition, the Registered Manager and two other staff members have begun their Level 5 Diploma in Management and Leadership in Adult Social Care.

IMPROVEMENT PLAN

No areas for improvement were identified during this inspection, so 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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