



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**LV Home Care**

**Home Care Service**

**Second Floor  
Charles House  
Charles Street  
St Helier  
JE2 4SF**

**Inspection Dates:  
24 & 25 April 2025**

**Date Published:  
3 June 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 LV Home Care. The Home Care service is operated by LV Group and there is a Registered Manager in place.

Registration Details	Detail
Regulated Activity	Home Care
Mandatory Conditions of Registration	
Type of care	Personal care and personal support
Categories of care	Learning Disability Physical Disability and/or Sensory Impairment Autism Adult 60+ Dementia Care Substance misuse

	Mental Health
Maximum number of care hours per week	2249
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
The Registered Manager must achieve a Level 5 Diploma in Leadership in Health and Social Care by 22 January 2027.	
Additional information:	
An up-to-date Statement of Purpose was provided for the purposes of this inspection.	

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

### 3. ABOUT THE INSPECTION

#### 3.1 Inspection Details

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

Inspection information	Detail
Dates and times of this inspection	24 and 25 April 2025 09:00-14:40 and 09:00-12:30

Number of areas for improvement from this inspection	One
Number of care hours on week of inspection.	1105
Date of previous inspection:	6 and 13 June 2024
Areas for improvement noted in 2024	None
Link to previous inspection report	<a href="#">IRLVHomeCare20240613Final.pdf</a>

### 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

Staff feedback indicated a high level of satisfaction and contentment with working for the service. Numerous positive comments were shared, particularly highlighting appreciation for the management team as a whole and the support provided by the organisation.

If carers identify that a home presents a high fire risk, they proactively refer the care receiver to the fire service for a 'Home Line Fire Safety Check'. This demonstrates a responsible and preventative approach to ensuring the safety of care receivers.

Risk assessments are completed based on each care receiver's individual needs. The Regulation Officer reviewed examples including those for falls, lone working, personal emergency evacuation plans, and mobility.

Initial assessments are completed by the Registered Manager and Deputy Manager to ensure the service can meet care receivers needs and to support person-centred planning based on their preferences and wishes.

The service places strong emphasis on training, with staff development tailored to meet the specific needs of care receivers. The management team encourages specialist training to enhance staff knowledge and understanding of the care receivers.

Care plans are individualised for each care receiver and are regularly reviewed by senior staff, particularly when changes in needs occur, to ensure care remains appropriate and responsive.

Care records provide a comprehensive overview of each care receiver, including personal profiles, medical history, care plans, and risk assessments.

Incidents are reviewed by the Registered Manager before being shared with the organisations Compliance Manager, ensuring appropriate oversight and supporting quality assurance.

Annual medication competencies are completed for relevant staff. However, some assessors have not recently completed refresher training, which has been identified as an area for improvement.

## 5. INSPECTION PROCESS

### 5.1 How the inspection was undertaken

The Care Home 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 the previous inspection report, the Statement of Purpose, the discretionary condition, monthly quality assurance reports, and notification of incidents.

The Regulation Officer gathered feedback from three care receivers and two-family representatives of care receivers. They also had discussions with the service's management and received feedback from eight members of staff. Additionally, feedback was sought from four professionals external to the service. One of these professionals responded with comments about their experiences of working with the service.

As part of the inspection process, records including policies, care records, incidents and complaints, supervision, training and recruitment records were examined.

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager, Deputy Manager and the Head of Complex Needs. This was followed up on 25 April 2025 to the Registered Manager by email, confirming the identified area for improvement.

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.

New key lines of enquiry	
Focus	Evidence Reviewed
<b>Is the service safe</b>	Recruitment files and practices Induction paperwork Training matrix Policies Staff qualification spreadsheet Statement of Purpose Feedback Risk assessments Incident reporting Duty rotas
<b>Is the service effective and responsive</b>	Supervision records Training Matrix Staff qualification spreadsheet Written agreement document Feedback Complaints policy and procedures Incident reporting Risk assessments Care records Monthly quality assurance reports Statement of Purpose

<b>Is the service caring</b>	Care plans Risk assessments Feedback Written agreements
<b>Is the service well-led</b>	Feedback Statement of Purpose Policies Agreement letters Organisational chart Staff qualifications spreadsheet Monthly quality assurance reports

## 6. INSPECTION FINDINGS

### Is the service safe?

People are protected from abuse and avoidable harm.

Where carers identify that a care receiver's home presents a heightened risk of fire, they take proactive steps to safeguard the individual by referring them to the fire service for a 'Home Line Fire Safety Check'. This initiative reflects the service's commitment to risk prevention and the overall safety and well-being of those they support. It ensures that potential hazards within the home environment are recognised, and that appropriate safety measures and guidance are recommended. This collaborative approach with external agencies further enhances the level of protection offered to care receivers, particularly those who may be more vulnerable.




Annual medication administration competencies are completed for staff who are qualified to administer medication to care receivers. However, it was noted that staff responsible for assessing these competencies have not recently updated their own knowledge and competency. This has been identified as an area for improvement to ensure continued best practice and compliance.

Safe recruitment practices are carried out in accordance with the Home Care Standards. The Regulation Officer reviewed five staff recruitment files and confirmed that each contained all required elements for safe recruitment, including Disclosure and Barring Service (DBS) checks, two references, interview notes, and work permits where necessary.

A system is in place for the management team to ensure all staff complete DBS updates every three years. The Registered Manager monitors a dashboard monthly to maintain ongoing compliance.

The service provides a one-month induction for all new staff, extended if additional support is needed. Care workers without prior qualifications receive basic care certificate training. All mandatory training is completed during induction. At the end of induction and probation, the Registered Manager and Deputy Manager verify and sign off competencies before staff work unsupervised. Staff members confirmed they completed an induction process during feedback.



Feedback from a member of staff:

I received an induction when I started working for the service, I recall completing training before working unsupervised.

## 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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Initial assessments are carried out for all clients by the Registered Manager and Deputy Manager. These assessments are a crucial part of the admission process, as they ensure the service is able to meet the individual's needs safely and effectively. They also provide an opportunity to gather detailed information about each person's preferences, wishes, and personal history. This enables the service to develop a tailored approach to care and support, promoting person-centred practice from the outset and helping to ensure a smooth transition into the service.

The service supports individuals with a range of moderate and specialist needs, placing emphasis on staff training. Training and experience are tailored to reflect the specific needs of care receivers, ensuring staff are equipped to provide appropriate and effective support. The management team actively encourage staff to undertake training in specialist areas to enhance their knowledge, skills, and overall understanding.

### Staff member feedback:

Xxx encourages us to complete our essential training. If I identify specialist training relevant to the individuals we support, I am also supported to do this.

The service has an effective system to ensure the quality of care delivered to care receivers. The Deputy Manager conducts spot checks during care worker visits to homes, while a member of the management team visits each care receiver at least once a month. Equipment use is also randomly observed by the Deputy Manager to ensure safe and proper handling. Care receivers receive feedback forms every six months, with the collected data reviewed and improvements made as needed. This practice demonstrates a commitment to effective care delivery, this is an area of good practice.

The service conducts exit interviews with all staff who choose to leave, demonstrating a clear commitment to understanding their reasons for leaving the organisation. This practice helps identify areas for improvement, understand any issues and supports efforts to enhance future staff retention.

The Regulation Officer observed signed written agreements in every care record reviewed. Feedback from care receivers and relatives also confirmed that the service provided written agreements outlining such things as the contract of care, fees, and hours of care delivery.

### **Is the service caring?**

Care is respectful, compassionate, and dignified. Care meets people's unique needs.
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Care is delivered in a respectful, sensitive, and person-centred manner, with particular attention given to maintaining dignity and privacy, especially during the provision of personal care. Staff demonstrate a clear commitment to treating care receivers with compassion and respect, ensuring their rights, preferences, and individuality are respected.


Feedback from a care receiver:

The staff are respectful, and check with me before they support me to have a shower. I am made to feel comfortable, and I have the same people supporting me which helps.

The Regulation Officer reviewed several care records on the electronic system used, which provided a comprehensive overview of each care receiver. A personal profile and detailed medical history are gathered during initial assessments and maintained for staff to reference. Care plans and relevant risk assessments are easily accessible, and the system's dashboard allows staff to quickly view and manage daily tasks, this supports consistent and responsive care delivery.

A sample of care records was reviewed by the Regulation Officer. The care plans were detailed and clearly reflected the wishes and preferences of care receivers, including information on their individual daily routines to support the delivery of personalised care. The Registered Manager explained that care receivers are asked whether they would like their relatives to be involved in developing the care plans, as family members may have valuable insight into their preferences and routines. Where appropriate, relatives are encouraged to contribute to the care planning process. This was corroborated in some of the relative's feedback.

Where the service supports care receivers with more complex needs who may have



Feedback from a staff member:

I find supervision useful, I feel listened to when I give feedback, and things are acted upon if it is appropriate.

difficulty communicating their preferences, family members are engaged to help build an understanding of the individual's likes and dislikes. In addition, information gathered from other professionals involved in the care receiver's support, such as health action plans, is incorporated into a personalised hospital passport to ensure continuity and person-centred care across different settings.

The Registered Manager confirmed that staff supervision is carried out at least quarterly. A strengths-based model of supervision is used, which focuses on actively listening to and valuing staff members. Supervision sessions encourage professional development, support work-life balance, and recognise the skills and experience of each team member. The management team maintains oversight of supervision schedules to ensure they are conducted in line with the Home Care standards. Staff members confirmed during feedback that they receive regular supervision, with additional sessions provided when specific incidents occur that require reflection and discussion.

The electronic care records system includes a feature that sends alerts to the management team if scheduled tasks for a care receiver have not been recorded. This enables timely follow-up with carers to ensure that care has been delivered as planned. Family members can also be granted access to the records via Open Pass, which is particularly useful when they are away, such as on holiday, and wish to stay informed about the care being provided.

### **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.

Incidents that occur within the service are first reported and reviewed by the Registered Manager to ensure appropriate oversight and response. Following this initial review, the incidents are shared with the organisation's Compliance Manager for further monitoring. Details and actions taken are documented in the service's monthly quality assurance reports to support continuous improvement.

The organisation has developed a written continuity plan designed to ensure the ongoing delivery of care in the event of unforeseen disruptions. This plan includes a critical function analysis that identifies essential services. It also outlines mitigation procedures to reduce risks and maintain service provision during emergencies. A key contact list is included to ensure effective communication. Additionally, an emergency response checklist provides guidance to support staff in responding promptly and effectively.

The service has a comprehensive suite of policies in place, covering key areas such as operations, human resources, and governance. When new or updated policies are introduced, they are distributed to staff via email. Staff members are expected to review the content and sign to confirm that they have read and understood the policy. All policies are also readily accessible to staff through the service's electronic system, ensuring they can be easily referenced as needed to support safe and consistent practice.

The service's fees are clearly outlined in the written agreements provided to care receivers at the commencement of care. While fee information is not published on the organisation's website, any changes to charges are communicated transparently. Fees are reviewed and adjusted annually in line with inflation. Care receivers and their families are formally notified of any changes through a written letter, which confirms the updated charges and provides notice of the changes.

The service has an equitable and transparent salary structure in place, with pay increments determined based on the role, individual skills, and relevant qualifications. This approach ensures fairness across the team and provides clarity around how pay levels are established and progressed. Staff are actively encouraged to pursue professional development opportunities, and the acquisition of new skills or qualifications can lead to progression within the pay structure. This system not only supports staff growth but also helps to retain a skilled and motivated workforce.

### What staff members said:

They have been good to me, I feel valued.

I find that the clients are well assessed initially which gives us a good understanding of their needs.

I would recommend the organisation as an employer to other people.

The managers are considerate when completing the duty rotas and will ask if we have any requests.

The team I work with are lovely, Xxx, the manager is very supportive. Xxx is a good communicator; xxx is easy to contact and available when needed.

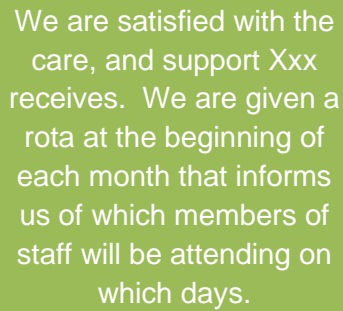
### What care receivers said:

Xxx looks after me very well. Xxx goes over and above xxx duties for me.

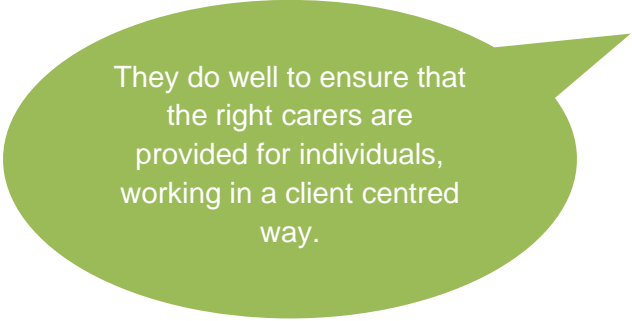
I would like more hours of support, unfortunately they do not have capacity at the moment.

I do have a selection of different carers, I don't mind, I am told beforehand who is coming to support me.

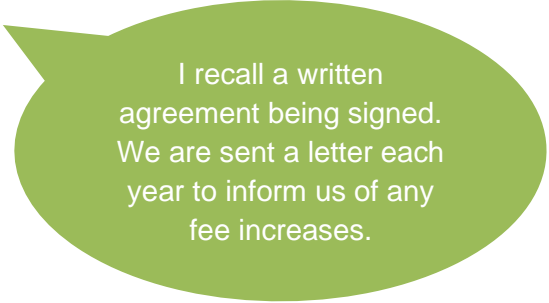
### Feedback from relatives:



We are satisfied with the care, and support Xxx receives. We are given a rota at the beginning of each month that informs us of which members of staff will be attending on which days.




They do well to ensure that the right carers are provided for individuals, working in a client centred way.



I recall a written agreement being signed. We are sent a letter each year to inform us of any fee increases.

### A professional's view:



They have always been very professional and quick to respond to my initial requests.



## IMPROVEMENT PLAN

There was one area 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 6.8, Appendix 8 Regulation 14</p> <p><b>To be completed:</b> by 25 July 2025</p>	<p>Staff responsible for conducting annual medication competency assessments for the team must also ensure their own knowledge of medication administration is regularly updated and refreshed, and that their own competencies are formally assessed.</p> <p><b>Response by the Registered Provider:</b></p> <p>We are addressing this area by partnering with Care College to ensure that all staff responsible for conducting medication competency assessments complete a formal refresher training and reassessment every three years. This will ensure their knowledge remains current and aligns with best practice standards.</p>
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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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