



**Jersey Care  
Commission**

# **FOCUSED INSPECTION REPORT**

**We Care Community**

**Home Care Service**

**Suite 120, Floor 1  
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St Helier  
JE2 3AS**

**Inspection Date  
28 July 2025**

**Date Published  
16 September 2025**

## 1. THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 (as amended) to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity, and to encourage improvement.

## 2. ABOUT THE SERVICE

This is a report of the inspection of We Care Community. We Care Community operate the home care service and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Home Care Service
Mandatory Conditions of Registration	
Type of care	Personal care and personal support
Categories of care	Adult 60+, Dementia Care, Learning Disability, Young Adults (19 to 25)
Maximum number of care hours per week	600 hours
Age range of care receivers	19 years and above
Discretionary Conditions of Registration	
The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 31 May 2027.	

Additional information:

Since the last inspection was completed on 19 February 2025, the Commission has received notifications from the Registered Manager as required. In June, the Commission received correspondence from a relative concerning a complaint they had submitted about the service.

### 3. ABOUT THE INSPECTION

#### 3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager two working days before the visit. This was to ensure that the Registered Manager would be available during the visit.

Inspection information	Detail
Date and time of this inspection	28 July 2025 1pm – 4:50pm
Number of areas for improvement from this inspection	Four
Number of care hours provided during week of inspection	278 hours
Date of previous inspection:	14 and 19 February 2025
Areas for improvement noted in 2025	Seven
Link to previous inspection report	<a href="#">RPT_WCC_Inspection_20250219.pdf</a>

### **3.2 Focus for this inspection**

This inspection was a focused inspection on the areas for improvement identified at the previous inspection on 14 and 19 February 2025, and related to the following:

- **Safe recruitment**
- **Induction programme**
- **Mandatory training**
- **Initial assessments**
- **Care planning and risk assessments**
- **Policy development**
- **Supervision and appraisal**

## **4. SUMMARY OF INSPECTION FINDINGS**

### **4.1 Observations and overall findings from this inspection**

This inspection was narrower in scope on this occasion, focusing on the areas for improvement that were identified during the inspection in February of this year. The findings from this focused inspection show that, while some progress has been made in meeting some of the Standards and areas for improvement, several key areas continue to require more attention and focus.

Since the last inspection, the Registered Manager has evidenced better initial assessments and detail within the care records, the implementation of an induction programme, and the registration of several care staff to begin a Level 3 Award in Health and Social Care.

Despite this progress, several areas identified for improvement during the February inspection have not yet been met. These include the absence of staff supervision and appraisal, the need for more robust recruitment practices, improvements in staff training, and further development of organisational policies and procedures. Since the last inspection, the service received one formal complaint from a family member.

The Registered Manager acknowledged that the complaint could have been managed more effectively and has used this as a learning opportunity to handle concerns raised in future.

The Registered Manager remains committed to meeting the Standards and developing the service. They have voluntarily agreed to withhold accepting new admissions until they can demonstrate and sustain meeting the Standards. This decision reflects a responsible approach, allowing the necessary time and capacity to embed improvements and demonstrate sustained compliance.

## **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, reviews of the Statement of Purpose, communication from relatives, and notification of incidents.

As part of this focused inspection process, records including policies, care records, staff personnel files, and training 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 following day.

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

Focus	Evidence Reviewed
<b>Improvement 1</b> Safe recruitment	Samples of staff personnel files relating to staff recruited since the last inspection
<b>Improvement 2</b> Induction programme	Induction programme template Samples of staff induction records and competency assessments
<b>Improvement 3</b> Mandatory training	Training records in staff files Records on e-Learning platform
<b>Improvement 4</b> Initial assessments	Samples of pre-admission assessments
<b>Improvement 5</b> Care planning and risk assessments	Samples of care plans and risk assessments
<b>Improvement 6</b> Policy development	Discussion with the Registered Manager Sudden death policy, missing client policy, accident and incident policy
<b>Improvement 7</b> Supervision and appraisal	Discussion with the Registered Manager

## 6. INSPECTION FINDINGS

At the last inspection, seven areas for improvement were identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed. This report focuses on measuring the progress made.

### Area for Improvement 1:

The registered provider must ensure all staff are subject to safe recruitment practice in line with the Standards.

It was encouraging to note that the staff team has remained stable since the February inspection, with no staff turnover, only new additions to the team.

Samples of staff files were reviewed, focusing on staff recruited since the last inspection. This showed inconsistencies in the approach to safe recruitment.

For instance, one file showed no references had been sought, while another included a single reference. The original criminal record certificate was unavailable in another file to verify the details against the updated service information.

One other person's application provided a different reason for leaving their previous care work role compared to the reason given by the Registered Manager of that service within the reference they had provided. This had not been explored and discussed with the staff member.

The need to evidence a safe, robust approach to safe recruitment remains an ongoing area for improvement.

## **Area for Improvement 2:**

The registered provider must demonstrate that all care workers complete a structured induction programme, which will assess their competence to work in the service.

Since the last inspection, a care worker induction programme has been developed and implemented. The programme outlines the roles and responsibilities of a care worker, health and safety requirements, and expectations regarding dress code.

The induction process is a twelve-week programme that requires essential training, knowledge, and skills to be developed by the time it is completed. The competency assessment framework assures the Registered Manager that the staff member can work unsupervised.

One staff member underwent a comprehensive assessment, assessing their competency in performing hand hygiene, communications, responding to emergencies, and accessing care records. However, other staff had not received the same depth of assessment and had been evaluated on a more limited range of competencies.

The induction programme specifies that specific training must be completed over 12 weeks. A review of training records noted that key training required during the first week had not been completed, which will be discussed under Area for Improvement 3.

## **Area for Improvement 3:**

The registered provider must ensure that all care workers receive the identified mandatory training for their roles, and in line with the categories of registration.

The key training required within the induction programme had not consistently been completed. Most staff had not completed several key training areas, including practical moving and handling, safeguarding, food hygiene, and infection control. The e-Learning training platform showed that many staff had not yet commenced their required training modules.



The training database, detailing all scheduled, completed, and outstanding training needs, must be developed to support the Registered Manager in effectively monitoring staff training and development within and beyond the induction programme.

Since the last inspection, care staff have received face-to-face first aid training. The Registered Manager has contacted Dementia Jersey about accessing dementia-specific training, and four care staff are registered to begin a Level 3 Award in Health and Social Care. Until more staff complete the required training in medication management, the Registered Manager has opted not to accept care packages that require staff to administer medication.

The Registered Manager explained that they are registered to undertake 'train the trainer' training for manual handling, commencing in September 2025, which will allow them to deliver this training to the staff team. A discussion with the Registered Manager highlighted that no dedicated time is allocated to training within the staff roster. It was suggested that protected time be incorporated into the weekly working hours to support staff development and learning. The Registered Manager knows the need to complete their Level 5 Diploma in the required timeframe.

Ensuring staff receive both mandatory and statutory training and role-specific training remains an ongoing area for improvement.

#### **Area for Improvement 4:**

The registered provider must ensure that initial assessments identify care receivers' preferences, needs, and wishes and information in line with the Standards.

A review of pre-admission assessments showed that they were consistently completed and demonstrated a notable improvement in detail compared to previous inspection. It was positive to note that the assessments included meaningful and person-centred information about the individual requiring care and support. This added valuable context and helped identify the individual as a person, rather than someone needing care and support.

The Registered Manager completes all assessments, where relevant, and information from the referring agency is also provided.

**Area for Improvement 5:**

Care plans and risk assessments must be implemented to demonstrate how risks are identified and managed, and care planning arrangements must meet the Standards.
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A review of care plans, like the pre-admission assessments, demonstrated a significant improvement in detail compared to previous inspections. The plans were developed in line with assessed needs, and the Registered Manager now actively involves care receivers in their development. The plans outlined the reason for each visit and specified the type of support needed. The plans reviewed showed that care receivers needed support with personal care, meal preparation, domestic tasks, emotional support, and attending appointments. The Registered Manager confirmed that no care receivers require support from two staff members at any one time.

Environmental risk assessments have also been noted within the assessment framework since the last inspection. Care staff can access care plans on their mobile devices. However, the Registered Manager explained that staff will soon be issued with work mobile telephones to reduce the risks associated with using personal devices for work-related purposes and to enhance professionalism.

### **Area for Improvement 6:**

The registered provider must ensure that a range of policies, specific to Jersey legislation and practices, are available and accessible to people receiving care and others.

The Registered Manager acknowledged that progress had not been made in developing policies specific to Jersey legislation and practices. They advised that they have engaged with an external source to support this work and assist in their development. Sample policies related to accident and incident management, missing clients, and unexpected death were requested for review during the inspection. While these policies were simple and offered clear guidance for staff, they were based on English protocols and laws and were irrelevant to the Jersey context. This remains an area requiring improvement.

The provider has a complaints policy in place; however, communication received by the Commission from a relative of a care receiver indicated that it had not been followed, nor effective in the recent handling of a complaint. This was addressed by the Commission soon after the complaint was raised and further discussed during this inspection. The Registered Manager provided an overview of the situation, shared relevant communications with the relative, and acknowledged the learning from the experience. They committed to fully following their own complaints policy in future and will keep records of the actions taken and the level of a complainant's satisfaction with the outcome.

### **Area for Improvement 7:**

The registered provider must ensure that care workers receive regular opportunities to discuss their roles through formal supervision and appraisal.

The Registered Manager acknowledged that no progress has yet been made in meeting the Standards for staff supervision and appraisals. Therefore, this continues to be a key area requiring improvement. To ensure progress, a clear and structured plan for supervision and appraisal must be developed and implemented, outlining specific actions, assigning responsibilities, and setting timelines.

## 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.

<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 3 Appendix 4 Regulation 17  <b>To be completed:</b> with immediate effect	The registered provider must ensure that all staff are subject to safe recruitment practices in line with the Standards.
	<b>Response by Registered Provider:</b>  <b>We Care have acknowledged this and will therefore ensure all the checks and references are in place prior job offer.</b>

<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 3, 6 Regulation 17  <b>To be completed:</b> with immediate effect	The registered provider must ensure that all care workers receive both mandatory and role specific training, and where appropriate, time away from their duties to complete training.
	<b>Response by Registered Provider:</b>  <b>As external training could not be sourced, We Care will provide safeguarding and moving and handling training in-house, with the trainer completing 'train the trainer' certification. Dementia training will be delivered by Dementia Jersey, and First Aid training had already been completed by the time of the follow-up inspection.</b>

<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 3. Regulation 17  <b>To be completed:</b> by 29 September 2025	The registered provider must ensure that care workers receive regular opportunities to discuss their roles through formal supervision and appraisal.
	<b>Response by Registered Provider:</b> <b>We Care will ensure this is recorded and keep on each staff files.</b>

<b>Area for Improvement 4</b>  <b>Ref:</b> Standard 1 Regulation 5  <b>To be completed:</b> By 29 September 2025	The registered provider must ensure that a range of policies, specific to Jersey legislation and practices, are available.
	<b>Response by Registered Provider:</b> <b>We Care is working on this and will ensure that policies meet and apply to Jersey legislation.</b>

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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