FOCUSED INSPECTION REPORT

Able Community Care Limited

Home Care Service

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Bethlehem Centre
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Inspection Date
20 October 2025

Date Published
1 December 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 Able Community Care. Able Community Care Limited operates the home care service 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	Category of care: Adult 60+, dementia care, physical disability and/or sensory impairment, mental health, learning disability
Maximum number of care hours per week	2250
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
The Registered Manager must complete Level 5 Diploma in Leadership by 3 May 2027.	
Additional information:	
None	

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager 17 days before the visit. This was to ensure that the Registered Manager would be available during the visit.

Inspection information	Detail
Dates and times of this inspection	20 October 2025 9:00-11:00
Number of areas for improvement from this inspection	One
Number of care receivers accommodated on day of the inspection	14
Date of previous inspection: Areas for improvement noted in 202X Link to previous inspection report	15 May 2025 & 12 June 2025 Nine RPT_ABL_Inspection_20250612.pdf

This inspection was a focused inspection on the areas for improvement identified at the previous inspection on 15 May & 12 June 2025:

- **Staff supervision**
- **Medication training**
- **Capacity and Self-determination Law training**
- **Preparing personal plans**
- **Statement of purpose**
- **Policies and procedures**
- **Written Agreements**
- **Induction**
- **Risk Assessment**

4. SUMMARY OF INSPECTION FINDINGS

4.1 Observations and overall findings from this inspection

This focused inspection found that Able Community Care has made notable progress in addressing the areas previously identified for improvement. Supervision and appraisal systems are now in place, with records showing regular three-monthly meetings and clear documentation of discussions, actions, and follow-up.

Medication competency training has progressed, with 15 staff members having completed the required training. A further 10 staff members in Jersey have yet to complete their training. The Provider has confirmed that these staff are not administering medication and that interim measures are in place to ensure safe service delivery.

All staff have completed Capacity and Self-Determination Law (Jersey) training. Personal care plans and risk assessments now demonstrate clearer guidance, integration of risk management measures, and a more person-centred approach. In addition, key governance documents have been updated.

The Statement of Purpose now meets Home Care Standards and provides comprehensive information about the service. Policies and procedures have been revised to include clear protocols for safeguarding, medication management, and quality assurance. Written agreements now contain essential contractual details, including service scope, responsibilities, and complaints procedures.

A structured induction programme has been implemented, supported by competency checklists and documented evidence of completion.

Overall, eight of the nine areas for improvement have been addressed. Medication training remains ongoing and will continue to be monitored until full compliance is achieved.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care Home Standards were referenced throughout the inspection.1

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report and reviews of the Statement of Purpose. As part of the inspection process, records including policies, care records, incidents and complaints were examined.

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Provider and the Registered Manager and identified areas for improvement were confirmed by email, on the 5 November 2025.

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.

5.2 Sources of evidence.

Focus	Evidence Reviewed
Improvement 1 Staff Supervision	Supervision Log Sample of Supervision records
Improvement 2 Medication training	Training certificates received and confirmation of staff who have completed training
Improvement 3 Capacity and Self-determination Law training	Training Certificates
Improvement 4 Preparing personal plans	Review of sample of personal plans
Improvement 5 Statement of purpose	Review of statement of purpose Care plans, risk assessments and policies
Improvement 6 Policies and procedures	Review of policies and procedures
Improvement 7 Written agreements	Review of written agreements
Improvement 8 Induction	Review of induction handbook and checklist
Improvement 9 Risk assessments	Review of risk assessments from a sample of care receivers

6. INSPECTION FINDINGS

At the last inspection, nine 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 person will ensure that all care/support workers are given regular opportunities to discuss their roles and identify any issues through formal supervision and appraisal.

The Jersey Care Commission requires that all care and support workers receive regular, documented supervision addressing their roles, performance, and any challenges.

During the annual inspection, supervision and appraisal processes were found to be inconsistent. Seven Jersey-based staff had recorded supervision sessions, and no formal appraisal system was in place.

At the focused inspection, supervision logs indicated that carers are being monitored appropriately. Dates of supervision, follow-up actions, and distribution of key materials such as the Carer Handbook and Code of Practice were documented. Multiple entries for some staff indicated adherence to a three-month supervision cycle. A sample review of supervision records confirmed that they contained relevant content and structure, indicating that effective oversight arrangements are now established.

Area for Improvement 2:

The Registered Provider must ensure that live-in care workers who administer medication receive appropriate training and, following this training, undergo annual competency assessments.

The annual inspection highlighted that 11 staff members had commenced Level 3 medication training, with a further eight scheduled to begin on 27 May 2025.

During the focused inspection, the Registered Manager provided documentation, including training certificates confirming that 15 staff members have successfully completed their medication training. However, 10 staff have not yet completed the required training. The Provider has confirmed that these staff will not administer medication until training has been achieved and that interim arrangements are in place to ensure safe service delivery.

While significant progress has been made, full compliance with medication training requirements has not yet been demonstrated. Medication training will therefore continue to be identified as an area for improvement until all staff have completed the required medication training.

Area for Improvement 3:

Care/support workers will be appropriately trained and competent in Capacity and Self Determination Law Jersey (2016)

During the previous inspection, 10 Jersey-based care staff were enrolled in training relating to the Capacity and Self-Determination (Jersey) Law 2016.

A review of training certificates confirmed that all staff had completed this training, ensuring that care workers understand consent, decision-making, and individual rights under Jersey law.

Area for Improvement 4:

A registered person must prepare a written plan, known as the "personal plan," in consultation with the service user or, if applicable, the service user's representative, setting out how the service user's health, safety, and welfare needs are to be met.

At the previous inspection, personal care plans lacked sufficient detail, and risk assessments were not consistently integrated.

Updated care plans were reviewed. They now include detailed guidance for personal care delivery, specify required support levels, and incorporate measures to promote independence and dignity. Care task sequencing and necessary adaptations are clearly documented, reflecting significant progress toward person-centred, outcome-focused care planning and supporting improved quality and continuity of care.

Area for Improvement 5:

The Statement of Purpose outlines the care service's aims, philosophy, services offered, and who the service supports. It includes contact details, legal status, staff qualifications, and organisational structure. It also covers care criteria, rights and responsibilities, complaint procedures, service user involvement, and how health and welfare are protected.

The previous Statement of Purpose lacked key details, including aims and objectives, service description, staffing arrangements, and safeguarding contact information.

The revised Statement of Purpose now meets the Jersey Care Commission Home Care Standards. It provides comprehensive information about the service, including categories of care, client age range, staffing arrangements, training provisions, governance structures, and quality assurance processes. At the focused inspection minor recommendations were made which included:

- Adding complaints and safeguarding contact details
- Including an organisational structure diagram
- Establishing a review schedule to maintain currency.

Overall, the Statement of Purpose demonstrates clarity, governance, and transparency.

Area for Improvement 6:

Policies and procedures based on current best practices and evidence will be available and accessible to people receiving care and others.

A revised policies and procedures document is in place which covers 30 indexed sections, including safeguarding, medication management, care planning, and risk management, aligned with local legislation. Protocols for safeguarding and whistleblowing are clearly defined, and governance processes are articulated. At the focused inspection minor recommendations included:

- Using visual aids for clarity
- Applying date stamps to individual policies
- Providing information on digital access and document updates.

The Policies and Procedures reflect a structured approach to person-centred care, quality, and safety.

Area for Improvement 7:

A written agreement will state how the service will be provided to meet the needs of the person receiving care. It will set out terms and conditions, payment arrangements, and arrangements for changing or ending the agreement.

Previously, service agreements lacked essential details such as start dates, service scope, and delivery schedules.

At the focused inspection, agreements were found to meet the Home Care Standards. They clearly define contracting parties, service scope, carer responsibilities, accommodation arrangements, payment schedules, and termination clauses. A clear complaints procedure and signature section are included. The service has now included the suggested improvements which included:

- Linking contract start date to commencement of care
- Including complaints contact details
- Referencing safeguarding responsibilities and client rights.

The updated agreements were found to be clear and comprehensive.

Area for Improvement 8:

Care/support workers will complete a structured induction programme that assesses their competence to work in the care service

During the previous inspection, no structured induction programme or competency verification system was in place. Induction records were absent, and no evidence confirmed provision of the Code of Practice.

The Registered Manager was able to evidence the implementation of a structured induction programme. A peer induction competency checklist supports practical skill development, covering emergency procedures, equipment use, safeguarding, confidentiality, and manual handling. Signatures and notes provide evidence of audit.

The Carers Handbook reinforces guidance on personal care, medication, infection control, and professional conduct. Minor enhancements recommended at the focused inspection include recording refresher training dates, introducing signed declarations of understanding, and linking the induction framework to the Statement of Purpose.

Area for Improvement 9:

The risks of harm to people receiving care and care/support workers will be minimised.

Previously, risk assessments were not integrated into care plans, and personal plans lacked sufficient detail.

Upon review, risk assessments for falls and medication were found to meet standards. They identify potential risks, mitigation strategies, responsible persons, carer qualifications, and safe practice guidance. The risk assessments now include:

- Defined review schedules
- Integration with individual care plans
- Review signatures.

The Regulation Officer further recommended that severity ratings be added to risk assessments.

The risk management framework is structured, person-centred, and largely compliant.

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.

Area for Improvement 1 **Ref:** Standard 6.7 Regulation 14 **To be completed:** by 31/01/2026	The Registered Provider must ensure that live-in care workers who administer medication receive appropriate training as stipulated in the Home Care Standards. **Response by Registered Provider:** We recognise that at the time of this focused inspection, some carers had not yet completed their qualifications as they were awaiting final assessments. We can confirm that all Jersey carers have since successfully passed the Medication Level 3 RQF module. As a company, we now ensure that only fully qualified staff are permitted to administer medication.

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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