



**Jersey Care
Commission**

**FOCUSED INSPECTION
REPORT**

Blue Turtle

Home Care Service

**La Maison Du Canal
La Rue Des Nouettes
St Ouen
JE3 2GZ**

**Inspection Date
16 October 2025**

**Date Published
10 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 Blue Turtle Home Care. The Home Care Service is operated by Blue Turtle Care and there is a Registered Manager in place who is also the Registered Provider.

| 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, Learning Disability |
| Maximum number of care hours per week | 112 hours |
| Age range of care receivers | 18+ |
| Discretionary Conditions of Registration | |
| Registered Manager to complete Management and Leadership Level 5 Diploma by 2 June 2026. | |
| Additional information: | |
| Since the last inspection, the Commission received a variation to reduce the categories of care provided by the service. | |

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given one week in advance. The Registered Manager was unavailable for the proposed date; therefore, this was extended for another six working days.

Two regulation officers were present for the inspection visit. References to who gathered the information during the inspection may change between “the Regulation Officer” and “regulation officers”.

| Inspection information | Detail |
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| Dates and times of this inspection | 16 October 2025 - 10:30-13:00 |
| Number of areas for improvement from this inspection | Seven |
| Number of care receivers accommodated on day of the inspection | Three |
| Date of previous inspection: Areas for improvement noted in 2025 Link to previous inspection report | 17 March 2025 Six RPT BT Inspection 20250317-1.pdf |

3.2 Focus for this inspection

This inspection was a focused inspection that looked at the progress made on the areas for improvement identified at the previous inspection on 17 March 2025:

- **Recruitment**
- **Induction**
- **Training**
- **Written agreements**
- **Contingency Plan**
- **Care planning**

Additional areas of focus for this inspection included the working hours of the Registered Manager and staff team, as well as the completion of supervision and appraisals in line with Home Care Standards.

4. SUMMARY OF INSPECTION FINDINGS

4.1 Observations and overall findings from this inspection

This inspection identified a mixture of progress and ongoing areas for improvement across the service.

Positive developments were noted, including:

- the introduction of a revised written agreement for care receivers, which now reflects the Home Care Standards with clear information on service delivery, terms and conditions, charges, rights and responsibilities, and procedures for changing or ending the service.
- The service has also developed a well-structured contingency plan that covers roles and responsibilities, risk mitigation, and emergency procedures. Clear activation processes and communication cascades are included. However, several areas require revisions to remove the Commission as an emergency contact, clarify the role of any external contacts, and ensure care receivers' contacts are only used with documented consent and appropriate data protection measures.

Recruitment processes remain inconsistent, with some employees having references dated post-employment and incomplete Disclosure and Barring Service (DBS) documentation. Appropriate application of both of these elements of recruitment are essential to demonstrate safe recruitment practices.

While supported by updated policies, induction and supervision processes are not fully implemented, and evidence of staff engagement in care plan updates remains limited. Mandatory and enhanced training requirements have not yet been fully completed, particularly in areas such as dementia and learning disabilities, which are essential to meeting the service's registration categories.

Staffing and management capacity is an area of significant concern. Current working hours for both staff and the Registered Manager regularly exceed the hours set by the Standards, with staff engaged in multiple roles across other services. The Registered Manager works beyond 50 hours per week to provide direct support.

This impacts their ability to undertake managerial responsibilities effectively and has contributed to limited progress in addressing areas for improvement, some of which have been identified in successive reports.

The inspection highlighted that the Registered Manager consistently demonstrated poor practices, particularly in relation to recruitment, supervision, training and management of working hours. These practices directly impact on service delivery and compliance with the Home Care Standards.

Urgent attention is required to ensure safe recruitment, effective training, staff involvement in care planning, and sustainable working hours are addressed in order to safeguard care receivers and support staff well-being.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Home Care 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, variation requests and notification of incidents.

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

At the conclusion of the inspection visit, the regulation officers provided feedback to the Registered Manager. Final written feedback was provided by email six days after the inspection visit which identified the areas for improvement. This report sets out our findings and includes any areas of good practice identified during the inspection. We have identified areas for improvement, which are described in the report. 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.je/>

5.2 Sources of evidence.

| Focus | Evidence Reviewed |
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| Recruitment Process | Staff Recruitment processes – safe recruitment in line with Home Care Standards and internal Policies and Procedures Risk Management |
| Induction Programme | Induction Policy New Staff induction Supervision and Appraisals |
| Statutory and Mandatory Training | Training Matrix Mandatory Conditions (Categories of Care) Mandatory Training |
| Written Agreements | Written Agreements document |
| Contingency Plan | Contingency Plan document Staff rotas |
| Care Plan Updates and Reviews | Care Plans Care receivers' collaboration Staff collaboration Audits |

6. INSPECTION FINDINGS

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

Area for Improvement 1:

The service must ensure a clear recruitment process, conducting appropriate criminal records checks for each role and maintaining necessary documentation to comply with Home Care Standards and internal policies. This will ensure recruitment practices meet required standards and safeguard staff and care receivers.

Regulation officers reviewed the staff recruitment processes, including references, DBS checks, and employment contracts. It was noted that the two previous employees recruited by the service had references dated after their employment start dates. In both cases, DBS checks were initially provided from a previous employer, dated more than three months before the employment with Blue Turtle, and the service made a subsequent DBS request.

One of the references for one employee could not be located during the inspection visit and was requested to be sent to the Commission within one week following the inspection.

The Registered Manager had two new prospective employees at the time of inspection. Regulation officers reviewed the available information and noted that one had been assisting with administrative tasks; however, no recruitment documentation had been provided. Regulation officers advised that this information must be submitted to the Commission within one week following the inspection visit. It was also highlighted that, although this individual is not in direct contact with care receivers, they handle sensitive personal data, and there were no safeguards in place to demonstrate compliance with data protection requirements.

The second prospective employee was discussed as having begun engaging with the service in May 2025. The Registered Manager explained that this individual had completed some training and a gradual induction, including shadowing shifts. At the time of the inspection visit, there was no evidence of a clear recruitment process, such as an application, job interview, or conditional job offer. It was explained that the staff member had been recruited through a personal connection with the Registered Manager. Two-character references and a recent DBS check had been obtained; however, regulation officers noted that the overall recruitment process did not fully meet the required standards. The Registered Manager was advised that further checks and a formal risk assessment were required to ensure compliance with safe recruitment standards and internal policies. This evidence was requested within one week following the inspection visit. It is concerning to note that the time of writing this report, insufficient evidence has been provided to address the concerns raised.

The regulation officers reviewed recruitment related documents, including a job description for domestic home care support workers, an application for employment template, a new joiner checklist, the Safe Recruitment of Care Staff policy, and the DBS policy. These documents were returned to the Registered Manager with feedback to ensure they align with Home Care Standards, and all the documents should clearly include a version date and a scheduled review or update date to remain current and compliant.

Regulation officers requested evidence of a revised risk assessment for a former employee, as this had been identified as an outstanding concern during the previous inspection. The Registered Manager confirmed that no formal risk assessment had been completed and explained that they had not realised this was a requirement from the previous inspection.

As a result of the lack of progress, regulation officers advised that any risk assessment that require to be undertaken for new recruits in line with Home Care Standards must be submitted to the Commission prior to commencing work.

While policies and procedures appear comprehensive and appropriately drafted, the implementation and evidence of compliance remain inconsistent. The observed recruitment practices did not consistently align with the service's policies or the Home Care Standards. Therefore, this is an area of concern for the Commission and remains an area for improvement and an ongoing concern.

Area for Improvement 2:

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| The service must implement a structured induction programme to assess the competence of care/support workers. This will ensure all staff receive essential training and are fully prepared to deliver safe and effective care. |
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Regulation officers reviewed the Induction, Training, and Competency, and the Personal Development policies. Regulation officers recognised that the development of these documents since the last inspection represents a positive step in strengthening the induction process. However, at this stage, insufficient evidence has been provided to demonstrate that the service has fully implemented these in practice. Therefore, this remains an area for improvement.

The Registered Manager explained that the current prospective employee, who is in the recruitment process, has begun an induction programme. Regulation officers noted that this had not been evidenced, and it was emphasised that induction activities should only commence once recruitment is fully completed and all safe recruitment checks are in place. Induction remains an area for improvement

Area for Improvement 3:

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| <p>The service must ensure that all care/support workers complete and stay up to date with statutory and mandatory training requirements to maintain high standards of care and compliance.</p> |
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Training records were reviewed during the inspection visit. It was positive to note that the Registered Manager could demonstrate a clear monitoring process through the online training platform used by the service. There was evidence of both face-to-face and online training being undertaken. The documentation provided showed that the Registered Manager and one of the two staff members had completed most of the mandatory training required by the Home Care Standards. However, the second staff member remained outstanding in most of the required training, significantly reducing overall compliance levels.

It was confirmed that none of the current employees have completed the Care Certificate, which is the minimum training requirement set out in the Home Care Standards before staff can progress to a Regulated Qualification Framework (RQF) Level 2. The Registered Manager advised that plans are in place to enrol other staff onto the Care Certificate. The absence of RQF qualifications is a concern, as progression to these qualifications is essential to ensure staff have the knowledge and skills required to work safely and effectively, particularly when lone working or supporting vulnerable service users.

The Registered Manager also reported challenges in accessing training on the Capacity and Self-Determination (Jersey) Law 2016. Regulation officers provided advice during the inspection on where this mandatory training can be obtained.

Further, there was no evidence of additional training in dementia or learning disabilities, which are required in line with the service's current registration categories. Regulation officers reinforced that if the service wishes to retain these registration categories, staff must complete enhanced training relevant to those areas.

While improvements have been made in monitoring and oversight of training compliance, insufficient evidence of completed mandatory and enhanced training was available during the inspection. Therefore, this remains an area for improvement.

Area for Improvement 4:

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| The service must have a written agreement outlining how care will be provided to meet the needs of the care receiver. This must include terms and conditions, payment arrangements, and procedures for making changes or ending the agreement. |
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Regulation officers reviewed the written agreements currently in use. As identified in the previous inspection, some care receivers had not signed their agreements, and the content lacked sufficient detail regarding the terms and conditions of the service. It was positive to note that the service has now developed a revised written agreement, which includes all required information in line with the Home Care Standards. This includes the service start date, a description of how Blue Turtle operates and delivers care, the terms and conditions of the service, charges, rights and responsibilities, and the process for changing or ending the service.

At the time of inspection, the service had three care receivers. Of these, two had signed and returned their written agreements, and the third had been sent to the care receiver, with the Registered Manager actively following up to obtain the signed copy.

It was positive to note that the necessary amendments have been made to the written agreements to ensure compliance with the Home Care Standards and that care receivers have received the most up-to-date version. Therefore, this area for improvement is now considered to be met.

Area for Improvement 5:

The service must have a written contingency plan as part of its development strategy. This plan should outline future operations and resources and be reviewed annually to ensure service continuity.

Regulation officers were provided with a contingency plan. The document is well-structured and covers key areas such as roles and responsibilities, emergency contacts, risk mitigation, and operational procedures.

However, several areas require revision to fully comply with the Home Care Standards and best practice regarding safeguarding, governance, and operational clarity.

The document lists the Commission as an emergency contact. The Commission is a regulatory body, not an operational emergency contact, which may cause confusion during a crisis. Regulation officers advised that the Commission should be removed from the emergency contact list. Emergency contacts should be internal to the organisation (on-call or backup managers) or essential external services (emergency services, general practitioners).

An external individual to the service is listed as an emergency contact. This introduces external dependency and potential data protection concerns. The Regulation Officer advised that their role should be clarified. This must be documented if they are formally contracted or seconded; otherwise, an internal staff member should be designated.

The plan refers to contacting care receivers' emergency contacts during transport disruptions. This could breach confidentiality if not managed with proper consent and protocols. The Regulation Officer advised that documented consent must be obtained, and staff trained in data protection procedures.

The contingency plan includes clear activation procedures, cascade communication plans, and risk mitigation strategies for common disruptions (transport, utilities). It also emphasises maintaining care continuity and record-keeping during emergencies.

It is positive that a contingency plan is now in place. However, revisions and clarifications are required in line with the above comments. Therefore, this area requires further enhancement and remains an area for improvement.

Area for Improvement 6:

The service must ensure that care plans are regularly reviewed and updated, with clear evidence of staff and care receivers' involvement. Care receivers should actively participate in planning their care to ensure it remains person-centred and reflective of their needs. Staff must also be engaged in the process to maintain consistency and quality of care.

The Registered Manager explained that one employee is beginning to take a more active role in collaborating in multidisciplinary reviews alongside the Registered Manager. The Registered Manager confirmed that maintaining daily entries is the responsibility of staff on shift, and this requirement is being met. At the same time, the overall care plan review continues to be undertaken solely by the Registered Manager. This remains an area of concern, as staff involvement in updating care plans is necessary for continuity and quality.

The Registered Manager stated that care plans are being reviewed monthly, but evidence of this was inconsistent. As advised during a previous inspection, if no changes are required in a care plan, this should be documented accordingly.

The Registered Manager indicated that a care plan audit is due in April 2026, highlighting that audits are currently completed only once a year. Regulation officers suggested that audits be conducted at least every six months and that this task could be delegated to a staff member to support shared responsibility.

It was positive to note that care receivers are signing their care plans; however, no timeframe for review with care receivers has been established, which was discussed with the Registered Manager for further consideration. For care receivers without capacity, further discussions are required to ensure care planning is undertaken in their best interests, if a Lasting Power of Attorney (LPA) for health and welfare has not been authorised.

Although some progress has been noted, including care receiver involvement and one staff member beginning to participate in multidisciplinary reviews, insufficient progress has been made in engaging the care team in care plan updates and documenting when updates are undertaken. Therefore, this continues to be identified as an area for improvement.

Working Hours

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| The service must ensure that all staff, including the Registered Manager, work within the maximum weekly hours stipulated within the Commission standards to safeguard staff well-being and the quality of care. |
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During this inspection, it was noted that the current working arrangements place considerable pressure on both staff and the Registered Manager. Regulation officers were made aware that some employees are working significant hours across more than one care service. This included staff completing both night duties and additional daytime hours at Blue Turtle. This arrangement raises concerns in relation to safe staffing, welfare of employees, and compliance with working time expectations under the Home Care Standards. The Registered Manager works 50 hours weekly, in addition to two sleep-ins and managerial responsibilities.

These working hours exceed the 48-hour weekly limit within the Home Care Standards. Regulation officers expressed concern that such workloads impact the ability of the Registered Manager to complete managerial tasks effectively. The workload pressures within the service have impacted the ability to make significant progress on the areas for improvement since the previous inspection. It is important to note that this was the fourth inspection in two years, with many recurrent themes being identified. This indicates that despite repeated reviews and guidance, the required standards have not yet been fully embedded into practice. This highlights the need for focused action to address persistent issues and ensure sustainable improvements.

It is essential that the service reviews staff and management workloads and implements strategies to ensure that all hours worked comply with the Standards. This will support the Registered Manager in having sufficient time to complete managerial duties and improve oversight while also protecting staff from excessive working hours.

Based on these findings, this is an area of concern for the Commission and is a new area for improvement which highlights the need for urgent action to ensure safe, sustainable staffing levels and effective service management.

Supervision and Appraisal

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| The service must ensure all staff receive regular supervisions and appraisals in line with Home Care Standards. This will support staff development, monitor performance, and safeguard the quality of care. |
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Supervisions and appraisals were also reviewed during the inspection. It was found that of the two current employees, one had completed three formal supervision sessions but had not yet received an appraisal. The other employee had only one informal supervision in June, with no further sessions recorded. The Registered Manager explained that both employees are engaged under zero-hours contracts, and one had worked inconsistently between March and May 2025.

Even taking these circumstances into account, the minimum supervision and appraisal requirements outlined in the Home Care Standards have not been met. Based on these findings, the supervision and appraisal processes is insufficient. As such, this was identified as an area for improvement, with a clear need to ensure all staff receive regular, documented supervisions and annual appraisals in line with standards.

Following the concerns identified during this inspection, the Commission has concluded that immediate regulatory action needs to be considered to protect care receivers and ensure full compliance with the Home Care Standards. The categories of Dementia Care and Learning Disability will be removed from the current registration, as the service has not demonstrated sufficient staff training or competence in these areas.

In addition, the Commission will also consider imposing new discretionary conditions, limiting the total working hours of the service to no more than 75 hours per week, to support safe staffing levels and ensure the service operates within the expected standards.

The Commission is also considering further escalation and enforcement measures. Any further actions taken, are intended to support the service in restoring and maintaining compliance, with the priority of ensuring safe, high-quality care for all care receivers.

IMPROVEMENT PLAN

There were seven 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 3.4, 3.5, 3.6 Regulation 11, 17</p> <p>To be completed: 16/02/2026</p> | <p>The Registered Person must ensure a clear recruitment process, conducting appropriate criminal records checks for each role and maintaining necessary documentation to comply with Home Care Standards and internal policies.</p> <hr/> <p>Response by Registered Provider:</p> <p>We accept that our process of recruitment has fallen short in the way it has been applied previously. We have now revised our recruitment procedures to align with Home Care Standards and our internal policies. We will work more closely with the regulation officers to ensure that we are compliant in this area. The relevant documentation is now more easily audited.</p> |
| <p>Area for Improvement 2</p> <p>Ref: Standard 3.10 Regulation 17</p> <p>To be completed: 16/01/2026</p> | <p>The Registered Person must implement a structured induction programme to assess the competence of care/support workers. This will ensure all staff receive essential training and are fully prepared to deliver safe and effective care.</p> <hr/> <p>Response by Registered Provider:</p> <p>Our induction process has been revamped and developed as advised. A standardised set of key areas of competency for new staff is now in place. This programme includes a more structured method of assessing and supporting new employees.</p> |

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| <p>Area for Improvement 3</p> <p>Ref: Standard 3.11 Appendix 6 Regulation 17</p> <p>To be completed: by 16/01/2026</p> | <p>The Registered Person must ensure that all care/support workers complete and stay up to date with statutory and mandatory training requirements to maintain high standards of care and compliance.</p> |
| | <p>Response by Registered Provider:</p> <p>Our training matrix has been updated to ensure that the manager and employees keep up to date with their mandatory training. Further training in specialised categories of care has been initiated so that all employees can meet the needs of our care receivers. We will develop our training offer in 2026 so that employees can meet the standards described for continuous professional development.</p> |

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| <p>Area for Improvement 4</p> <p>Ref: Standard 9.3 Regulation 5</p> <p>To be completed: by 16/12/2025</p> | <p>The Registered Person must maintain a written contingency plan. This plan should clearly outline how the service will maintain operations and manage resources in the event of unexpected disruptions.</p> |
| | <p>Response by Registered Provider:</p> <p>The necessary adjustments to our contingency policy are being implemented. This policy will now align more closely with the standards and will be regularly reviewed and updated to ensure ongoing compliance and effectiveness.</p> |

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| <p>Area for Improvement 5</p> <p>Ref: Standard 2.3, 2.5 Regulation 8, 9</p> <p>To be completed: by 16/12/2025</p> | <p>The Registered Person must ensure that care plans are regularly reviewed and updated, with clear evidence of staff and care receivers' involvement. Care receivers should actively participate in planning their care to ensure it remains person-centred and reflective of their needs. Staff must also be engaged in the process to maintain consistency and quality of care.</p> |
| | <p>Response by Registered Provider:</p> <p>Our team take an active role in collaborating with care receivers in care plan development. However, we accept that this was not easily demonstrated on inspection. Clearer recording of these activities is now in place for audit purposes.</p> |

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| <p>Area for Improvement 6</p> <p>Ref: Standard 3.9 Regulation 17</p> <p>To be completed: by 16/02/2026</p> | <p>The Registered Person must ensure that all staff, including the Registered Manager, work within the maximum weekly hours stipulated within the Home Care Standards to safeguard staff well-being and the quality of care provided.</p> |
| | <p>Response by Registered Provider:</p> <p>This was addressed immediately after concerns were raised on inspection. We reduced hours of care worked to a safe level. The registered person will now focus more on the oversight and management of the care delivered.</p> |

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| <p>Area for Improvement 7</p> <p>Ref: Standard 3.14 Regulation 17</p> <p>To be completed: by 16/02/2026</p> | <p>The Registered Person must ensure all staff receive regular supervisions and appraisals in line with Home Care Standards. This will support staff development, monitor performance, and safeguard the quality of care provided.</p> |
| | <p>Response by Registered Provider:</p> <p>The registered manager has now completed further training in supervision and appraisal to more effectively meet the Home Care Standards. All supervisions for employees and manager are now up to date.</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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