INSPECTION REPORT

New Horizons Support Services

Home Care Service

La Ronde
Devonshire Place
St Helier
JE2 3RD

Inspection Dates
19 & 26 November 2025

Date Published
9 December 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 New Horizon's Support Service. The Home Care Service is operated by New Horizon's Support Service Limited 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, personal support
Categories of care	Physical disability and or/ sensory impairment, learning disability, mental health, autism
Maximum number of care hours each week	2250
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 12 June 2028.	
Additional information	
Since the last inspection the service has a New Registered Manager and the service notified the Jersey Care Commission of a change in Premises	

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory conditions of registration and additional discretionary conditions required under the Law. The Regulation Officer found the service is not currently able to support individuals whose primary needs relate to substance misuse or mental health, as staff have not yet received the necessary training.

In response, the service has elected to remove substance misuse as a category of care and to begin immediate mental health training for staff, ensuring they are better equipped to meet future requests for support in this area.

3. ABOUT THE INSPECTION

3.1 Inspection Details

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

Inspection information	Detail
Dates and times of this inspection	19 November, 26 November 9:30 - 14:30, 19:30 - 21:00
Number of areas for improvement from this inspection	None
Number of care hours on the week of inspection	897 hours
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	18 & 24 October 2024 None IRNewHorizonsSupportServices2024.10.24Final.pdf

3.2 Focus for this inspection

This inspection took into consideration the previous inspection on 18 & 24 October 2024, as well as 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

The service demonstrated safe recruitment and risk-management practices. Staff files evidenced full compliance with recruitment policy, including identity checks, references, and Disclosure Barring Service (DBS) clearance. Induction was robust, with new staff completing shadowing and the Care Certificate before working independently. Safeguarding was embedded throughout recruitment, induction and ongoing training, and staff reported confidence in recognising and reporting concerns. Care plans and risk assessments were securely stored on a digital system that restricted access to relevant staff and flagged reviews when due. The service was not supporting individuals whose primary needs related to mental health or substance misuse. As a result, the provider elected to remove substance misuse from its registration categories and begin mental health training to ensure preparedness should this be required. Although some staff mentioned past staffing pressures, they felt recruitment had stabilised following organisational changes.

Staff reported feeling supported with structured induction and mandatory training, with over half of the workforce holding Regulated Qualifications Framework (RQF) Level 2 or higher. Recruitment processes were clear, with scenario-based safeguarding questions used during interviews. Care planning was person-centred and informed by initial assessments involving families and other professionals. Care plans were comprehensive, regularly reviewed and promptly updated when needs changed. Staff feedback reflected strong teamwork, reliable communication and confidence in the training provided. While some felt staffing flexibility could improve responsiveness during peak demand, others highlighted that recent organisational changes had strengthened service stability.

Staff interactions observed during an evening social club were warm, respectful and empowering, with support focused on enabling participation rather than doing tasks for individuals. Care receivers were encouraged to make choices and engage at their own pace in a calm, inclusive environment. Feedback from staff highlighted a caring culture and pride in their work. The Statement of Purpose clearly outlined the service's values, and the inspection recommended producing an accessible version for care receivers. Staff felt positive about relationships with families and reported frequent compliments from clients and relatives.

The service had undergone significant organisational changes, including new management and new premises featuring a sensory room and communal activity space. Governance systems were in place to monitor staffing, training, and care quality. Policies were regularly reviewed, though some required minor clarification. Staff turnover had been a challenge, but retention measures—including supervision, recognition schemes and staff benefits—were in place. Overall, staff felt valued and well supported, describing a positive organisational culture focused on learning, teamwork and continuous improvement.

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, reviews of the Statement of Purpose, variation requests and notification of incidents.

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

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

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and Provider, and followed up by email, 20 and 28 November 2025.

This report sets out our findings and includes any areas of good practice identified during the inspection.

[1] 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**
Is the service safe	Safe recruitment policy Blank job application form Job descriptions (carer, cenior carer) Recruitment pack Disciplinary and grievance policy Induction handbook
Is the service effective and responsive	Training matrix Spreadsheet of care staff trained to RQF 2/3 Complaints policy Supervision spreadsheet Safeguarding policy
Is the service caring	Observational feedback from care receivers Feedback from relatives Feedback from professional and staff
Is the service well-led	Up-to-date Statement of Purpose Organisational chart/management structure 3 monthly reports 3 months of staff rotas

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

At the time of inspection, the service was not supporting individuals whose primary needs were related to mental health or substance misuse. Some individuals with acquired brain injuries were receiving support; however, staff training focused primarily on brain injury-specific skills, with no training in mental health or substance misuse. Consequently, the service was unable to accept referrals where these were the predominant needs.

The provider was asked to consider whether these areas of care should remain within the registration or whether staff training could be introduced to enable future referrals. Since the inspection the service has requested to remove substance misuse as a category of care and committed to training staff in mental health.

Staff recruitment followed the service's established policy. A sample of staff files was reviewed alongside the operations manager. Recruitment records demonstrated compliance with policy, including completed application forms, references from previous employers, identity verification (driving licence, passport, Social Security card), and DBS checks. Staff without prior care experience completed shadowing shifts and the Care Certificate before working independently. Staff with prior qualifications had updated contracts and relevant certificates recorded. Job descriptions were clear, with minor suggestions to add care values, training expectations, and conduct standards. Recruitment used an initial screening of experience, residence, and work permits, followed by structured interviews with safeguarding scenarios. The Regulation Officer advised formalising the initial screening for consistency and better records. The Registered Manager monitored new staff weekly to ensure additional shadowing or support was provided where required.

Safeguarding was embedded into recruitment and staff induction. Scenario-based questions were used to assess candidates' understanding of safeguarding. Staff received training and guidance to recognise and report concerns. Risk assessments and care plans were maintained on a secure mobile application, which limited access to relevant staff and flagged overdue reviews. Urgent updates to care plans or risk assessments were communicated via telephone, and routine updates were emailed with acknowledgements monitored. Procedures for managing significant restrictions on liberty were in place, including timely submission of renewals and referrals.

Staff feedback indicated that recruitment processes are viewed as safe, thorough, and consistent, with full background checks, structured vetting, and comprehensive induction. Staff described receiving extensive shadowing to build confidence before working independently.

Some staff raised concerns regarding staff turnover and occasional staffing pressures during peak times. Another experienced staff member reported that while there had previously been a period of change with several staff leaving, the service has now stabilised following the restructure, and staffing feels more settled.

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.

The service provided structured induction and training for all staff. Mandatory training had been completed, and over 50% of the workforce held vocational care qualifications at Level 2 or above. Overseas recruits were supported to complete mandatory online training before commencing work.

Training was described as well-maintained, with regular refreshers and access to additional development when required. Safeguarding was highlighted as a clear priority, with staff feeling confident in recognising and reporting concerns. Risk assessments were reported to be robust and regularly reviewed.

The initial assessment process involved collecting information from care receivers, their relatives, carers, and other professionals. This informed individualised care planning and support. Care plans and risk assessments were comprehensive, covering all expected areas, and were stored securely within the online application. Staff accessed only information relevant to the individuals they supported. Reports from care sessions were flagged for review, and senior staff conducted formal care plan reviews at least every six months or sooner if needs changed. Collaboration with other services and encouragement of participation in activities supported care receivers' engagement and continuity of care.

Staff feedback reflects strong internal communication, effective teamwork, and reliable record keeping. Induction and ongoing training were praised for equipping staff with the skills required for their roles.

Some staff highlighted that increasing staffing flexibility would improve responsiveness to changing needs, while others felt the service now operates more smoothly following organisational changes. One long-standing staff member described the service as well-organised and person-centred, noting that supervision is shared appropriately between trained staff, and that management remain proactive and "on it" in ensuring tasks are completed.

Staff feedback indicates that the service is committed to person-centred care, with care plans reviewed regularly and updated promptly when needs change. Staff reported positive communication with families and external professionals, helping support responsive practice.

Some staff felt that contingency planning and resource allocation could be more flexible, while others highlighted new developments—such as access to office space for club nights and the sensory room—as particularly positive features enhancing the service's responsiveness and community involvement.

The social club was frequently described as "very good", contributing positively to client experiences.

Is the service caring?

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

The service's Statement of Purpose clearly set out its vision, mission, and aims, including promoting independence, inclusion, and meaningful activity. A recommendation was made for an accessible version of the Statement of Purpose to be shared with care receivers and representatives.

The service promoted choice and autonomy, as demonstrated by support provided to two care receivers to live together safely. Documentation was produced in care-receiver-friendly formats to help individuals understand their rights and responsibilities. Feedback was obtained through annual surveys, formal reviews involving social workers and care coordinators, and weekly management team meetings. Monthly reports captured formal reviews, and it was recommended that anonymised feedback from care receivers and relatives could be included to provide evidence of engagement and satisfaction.

Staff feedback consistently described a caring and supportive culture. Staff expressed pride in delivering care that promotes dignity, independence, and wellbeing. Several noted that they frequently receive positive feedback from clients and families.

Daily routines, structured mealtimes, and personalised support were highlighted as strengths. Some staff identified an opportunity to expand discussions and support around sexual health and relationships to enhance holistic care.

Staff feedback was strongly positive regarding leadership. Staff described managers as approachable, supportive, and actively involved in service delivery. Policies and procedures were viewed as up-to-date, clearly communicated, and helpful in guiding practice.

Staff highlighted a positive organisational culture centred on appreciation, teamwork, and personal development. Many expressed feeling valued and proud to work for the organisation. A small number of staff felt that involving frontline teams more in policy development would strengthen shared ownership and governance.

During the inspection, the Regulation Officer observed an evening social club taking place at the service's main office. The session was attended by a small group of care receivers and an appropriate number of staff who were present to offer support. The environment was clean, well-maintained and welcoming, creating a calm and relaxed atmosphere for those taking part.

Staff interactions were consistently warm, respectful and person-centred. Support workers used positive language and gentle encouragement throughout the session, promoting independence rather than undertaking tasks on behalf of individuals. There was clear evidence of care receivers being supported to participate actively in activities, make choices and engage at their own pace. Staff also interacted professionally and positively with one another, modelling a supportive team culture.

Care receivers appeared to enjoy the activities on offer, engaging with the session and responding well to the structured but flexible approach taken by staff. The atmosphere remained friendly and inclusive, with staff remaining attentive to individual needs while ensuring a sense of group connection.

The Regulation Officer found the social club to be a positive initiative and a valuable addition to the service's provision. During the inspection, it was recognised that the provider had identified a gap in available evening opportunities for the people they support, particularly in relation to meaningful social and recreational activity. In response, the service proactively developed this optional social club as a way for individuals to come together, socialise and participate in a range of enjoyable activities. The club has been well attended, and the observation evidenced that it offers care receivers a safe, supportive and engaging space that promotes wellbeing, community involvement and personal choice.

When discussing the social club with the Registered Manager, they explained that the service intends to review and further develop the range of activities offered, ensuring that the programme continues to reflect the choices, preferences and ambitions of care receivers.

A relative of a person supported by the service reported satisfaction with the care provided. They described staff as bringing a range of strengths to the role and noted that the service carefully matches staff to the individual's activities and needs. The relative felt confident that staff were well trained, highlighting that new workers receive appropriate shadowing opportunities to understand the person's routines and support approaches.

The relative stated they have a positive and open relationship with the service and expressed confidence in the provider's responsiveness. They described the service as proactive and approachable, with any concerns addressed quickly and effectively.

They also shared an example of proactive practice, where the provider identified an alternative solution to meet the person's respite needs when traditional options were limited. This resulted in increased opportunities for respite and contributed to significant improvements in the person's independence and wellbeing. The relative reported that the individual has made notable progress, particularly in developing daily living skills.

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.

Since the last inspection, the service experienced significant organisational changes, including the appointment of a new Registered Manager, changes within the staff team, and relocation to new premises. The new premises included a communal area for activities and a dedicated sensory room. The Registered Manager was familiarising themselves with the client group and was in the process of completing the required Level 5 qualification.

The organisational structure was clear, with defined roles, responsibilities, and reporting lines. Challenges included staff recruitment and retention. Recruitment included additional staff, bank workers, and overseas recruits. Measures to support retention included a staff benefits package, regular supervision and appraisal, and recognition initiatives, such as awards and certificates for exemplary practice.

Policies and procedures were comprehensive, reviewed annually, and aligned with safeguarding and regulatory standards. Minor recommendations were made to clarify references to whistleblowing, safeguarding policies, and manager training.

Leadership was consistently described as approachable, supportive, and engaged. Staff felt management were responsive, effective at dealing with issues, and proactive in maintaining standards.

Policies and procedures were viewed as up to date and clearly communicated. Staff highlighted a positive organisational culture where appreciation, teamwork, and personal development are prioritised. One long-standing staff member stated they felt fully supported and valued, describing leadership as effective and responsive, and emphasising that issues are addressed by the management team when raised.

An external professional from a local organisation supporting adults with a learning disability provided feedback regarding the service. They noted that staff are regularly observed at events attended by both their members and the service's clients, and described the team as well-organised, professional and caring. They highlighted that staff demonstrate good communication and consistent levels of support, contributing positively to collaborative working and the overall experience of people attending shared activities.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and 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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