Jersey Care Commission

INSPECTION REPORT

Youniversal

Home Care Service

Suite 24
4 Wharf Street
St Helier
JE2 3NR

Inspection Dates
5, 6 and 17 November 2025

Date Published
24 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 Youniversal. The home care service is operated by Youniversal Care Limited and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Home Care
Mandatory Conditions of Registration	
Type of care	Personal care, personal support
Categories of care	Young adult (19 to 25), Adult 60+, Autism, Learning Disability, Physical Disability and/or sensory impairment, Mental Health, Dementia care, Substance Misuse (drug and/or alcohol).
Maximum number of care hours each week	600
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
None	
Additional information	
During the inspection process, the Commission received written confirmation that the service would be moving to a new premise/ change of address before the end of the year.	

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory conditions of registration 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 seven days prior to the visit. This was to ensure that the Registered Manager would be available during the visit.

One Regulation Officer was present for the first visit and on the second and third visits, the Regulation Officer and the Pharmacist Inspector were present. The Registered Manager was present for the first visit; however, the second visit was conducted with the Provider.

Inspection information	Detail
Dates and times of this inspection	5, 6 and 17 November 2025
Number of areas for improvement from this inspection	None
Number of care hours on the week of inspection	3-9 November – 331.75 hours 10-16 November – 305 hours
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	3 December 2024 None IRYouniversalCareLtd2024.12.03Final.pdf

3.2 Focus for this inspection

This inspection focused on these specific 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

Youniversal Care Ltd provides a comprehensive range of care packages, including respite care, outreach support, and community-based visits. The management team comprises the Registered Manager, the Provider, and the Quality Assurance Lead. They are supported by a part-time administrative assistant.

There was evidence of a service that is both safe and responsive to the needs of care receivers. The management team demonstrated active engagement throughout the inspection process and promptly addressed any recommendations from the Regulation Officer and Pharmacist Inspector.

Feedback highlighted the delivery of person-centred, holistic care and described a staff team committed not only to supporting care receivers but also to providing meaningful care and support for their families. One health professional confirmed this in feedback, "*Youniversal have trusting and meaningful relationships, not just with the adults who they support, but also their families*."

The service prioritises recruiting staff who are well-matched to the needs and preferences of the care receivers they support. The management team reported strong staff retention and described themselves as a hands-on team, stepping in when required. This approach ensures effective oversight of care delivery, supported by regular spot checks.

Care plans and risk assessments are in place to support care delivery and are stored electronically. Evidence showed that care plans are regularly reviewed with care receivers. To maintain quality and objectivity, the plans are divided into three groups, referred to by the service as 'bubbles', each overseen by a member of the management team.

These groups rotate every three months, ensuring that each plan is reviewed by a fresh pair of eyes. This rotational process serves as an internal quality assurance measure, akin to an audit, to verify accuracy, compliance, and person-centred care.

Staff training and development were found to align with the Standards. Staff also receive regular supervision and appraisal. Staff reported that the management team was supportive of work-life balance and their well-being.

The management structure was appropriate for the size of the service, and external quality oversight was provided by an independent practitioner.

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, monthly reports, a sample of policies, and notification of incidents.

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

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

[1] All Care Standards can be accessed on the Commission's website at https://carecommission.je/

At the conclusion of the first inspection visit, the Regulation Officer provided feedback to the Registered Manager and Provider and at the close of the second visit to the Provider. Final feedback was provided via an online meeting and by email on 3 December 2025.

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

5.2 Sources of evidence.

New key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Recruitment files Health declaration form Medication Administration Chart (MAR) Staff rota New employee checklist Feedback
Is the service effective and responsive	Contracts and agreements policy Previous written contract A sample of care plans Statement of Purpose Feedback
Is the service caring	A sample of electronic care plans Medication specific care plans Policy suite Staff training matrix Medication Competency Assessment Framework Feedback
Is the service well-led	Monthly Reports Notifications Supervision template Spot check template Feedback

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

There was evidence of safe recruitment and induction of staff. There are always two people on the interview panel. It was demonstrated that interview questions and a scoring system are used to help evaluate potential candidates.

A sample of five recruitment files was reviewed electronically. The service uses a recruitment checklist to ensure that all safer recruitment checks are completed. These checks were found to align with the Standards, and there was evidence that a reference had been appropriately followed up on when a minor concern was identified. The Provider also confirmed that a health declaration form has recently been introduced for new employees; this is only issued alongside the contract once a job offer has been made. The health declaration form was introduced following a review of recruitment practices to ensure that any health conditions which may require reasonable adjustments are identified at the point of employment. This measure supports staff wellbeing and compliance with duty of care obligations.

Staff also receive a structured induction programme into the service which includes a power point presentation, staff handbook and shadowing. Shadowing may vary from two weeks to two months. Staff must have a shadow sign-off before any loan work.

The Provider and the Quality Assurance Lead are the safeguarding leads for the service. The Provider confirmed that staff would usually come to one of them with any concerns, but that all staff members were clear about how to raise a concern by themselves if required. There had been two safeguarding concerns since the last inspection in December 2024, these were discussed and had been dealt with appropriately.

A medication inspection was conducted with the Pharmacist Inspector during the 2nd and 3rd visits. Medication administration and management were generally good, although the Pharmacist Inspector did make three recommendations to strengthen practices in line with the Standards.

One of the recommendations is discussed under the heading of ‘caring,’ and another is highlighted under the ‘well-led’ section. The third recommendation pertained to the use of a paper Medication Administration Record (MAR) in conjunction with the electronic MAR (eMAR).

The service is currently operating a dual system, using both paper MAR charts and an eMAR system. At the time of the care receiver visit, there were no paper MAR charts in place for that individual. The MAR chart had not been provided by the pharmacy to the care receiver’s representative and hence was not available for the carer to use. The Regulation Officer asked what the service’s protocol was in such situations, as one-off occurrences like this might happen. They discussed that the carer would administer the medication in line with the eMAR, however this isn’t in line with the Standards.

The Pharmacist Inspector recommended that the service ensure a plan is in place for ‘out-of-hours’ situations if a MAR chart is not provided, or to ensure a MAR chart is in place prior to a weekend shift. The service has now obtained a MAR chart from the pharmacy for the care receiver concerned and is clear about the recommendation until the new guidance for eMAR is introduced early in 2026.

The service uses lockable boxes for the storage of medication in care receivers’ homes and during respite stays. The boxes are accessed via a code, which is recorded within the care receiver’s care plan. During the care receiver visit, medication was prepared safely and administered immediately.

The service was able to evidence adequate staffing to support the current care packages. The rota was reviewed in real time at the second inspection visit. The rota is colour-coded to aid the management in knowing when staff are available to work. The system provides alerts to confirm that carers have arrived on time, otherwise, another alert is generated if they do not arrive after ten minutes. It will also flag if there is insufficient travel time between visits. Carers are paid for travel time and fuel.

There is also safe management of any small amounts of cash for care receivers. There is a cash log, and receipts are kept. Money is signed in and out, with regular monthly oversight by management.

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 offers a variety of care packages, including community support, respite care, and outreach services. Respite care is available in a shared home alongside other providers, as well as in two self-contained flats. These flats are particularly valuable for promoting independent living skills, and they also have the potential to be used for transitional care.

New care packages are only accepted when sufficient staff are available to provide safe and effective support. The service prioritises recruiting staff who are well-matched to the needs and preferences of care receivers.

Upon admission, care receivers receive a welcome pack that currently includes the service's terms and conditions. The management team explained that they had recently withdrawn the requirement for a signed contract, as clients are funded through the government, and the financial agreement is held with them. However, the Regulation Officer highlighted that the Standards still require a signed, written agreement outlining, for example, the care to be provided, fees, and the service's general terms and conditions.

The Registered Manager and Provider agreed to reinstate the written agreement with immediate effect and promptly submitted a new draft contract to the Regulation Officer for review following the second inspection visit. The Contracts and Agreements policy will also need to be updated to reflect this change.

Communication within the service was described as generally good. Care receivers are consulted on whether they wish to keep written documentation, such as care plans, in their home. Otherwise, records are stored electronically, with care receivers and relatives able to request access via an app. One representative highlighted that having written supporting documentation during a hospital transfer would have been helpful.

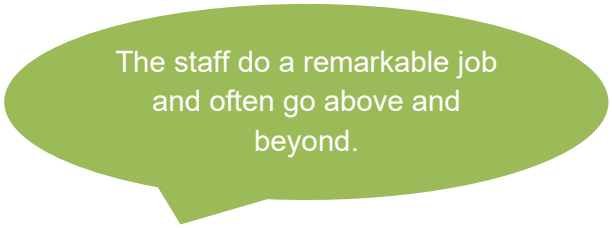
In response, the provider proposed introducing a medical care plan for such situations, which could accompany the care receiver to the hospital.

One health professional commented, "*They maintain accurate and detailed care plans for the individuals we jointly support*."

Is the service caring?

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

There was clear evidence of a dedicated and caring staff team who take pride in delivering high-quality support to both care receivers and their families. When asked what the service does well, one staff member responded, "*We advocate for our clients."*



Another highlighted that the team "*respects choice, is timely, trustworthy, and provides good quality care*."

Care receivers and their representatives reported that weekly rotas provide clarity on who to expect and when. They confirmed there have been no missed visits and that they are always informed if a staff member is running late. The Registered Manager explained that rotas are shared either by email or displayed on a whiteboard within the home.

A sample of three care plans was reviewed electronically during the inspection. As noted earlier, care plans are grouped together to enable effective oversight by the management team.

The sample demonstrated evidence of recent review dates and detailed risk assessments, including those for managing epilepsy. There was also clear evidence of collaborative working with other agencies to support care delivery.

It was positive to note that a health professional observed that staff also "*support ongoing learning and development of their clients, (specifically in their sexuality and relationships)*."

The care planning system also included medication-specific care plans that incorporated relevant risk assessments and informed consent, ensuring a comprehensive approach to patient care.

All staff have access to the care plans via an app on their work phone. They are also required to check in (when they arrive) and check out. The phones also plot their location, which is useful when supporting staff who are lone working.

The Provider explained that care plans are discussed and reviewed informally with care receivers daily, but also that there are more formal meetings where a staff member sits down and edits the plan together with the care receiver.

On the third visit, the Regulation Officer and Pharmacist inspector observed a staff member interacting with a care receiver in a respectful and supportive manner at a respite location. The staff member commented positively about providing respite support and about how the different agencies worked well together within the same environment. There was evidence that staff are respectful of care receivers' different preferences, such as what time to get up in the morning.

The service has a comprehensive suite of policies and procedures in place to guide and support staff in delivering safe, effective, and person-centred care. These policies encompass key areas, including safeguarding, medication management, risk assessment, and personal care. Each policy includes a version number and the date it was last updated; adding the next scheduled review date would further strengthen governance. The Provider discussed that in a team meeting, they might 'pick a policy' for review, and staff are given a quick quiz to check their knowledge and understanding of the policy. This was seen as good practice.

During the inspection, the Pharmacist Inspector provided advice regarding the medication policy. While the policy covered many areas recommended by the National Institute for Health and Care Excellence (NICE) for managing medicines for adults receiving social care in the community, the service was subsequently provided with a link to the full NICE guidance to support a review of the policy.

The staff training matrix was shared with the Regulation Officer prior to the inspection and reviewed again during the first visit. The matrix is stored electronically, and the system generates alerts for the Registered Manager when training is due. It uses a colour-coded system with headings for training that is booked, completed (with validity dates), due within the next three months, or out of date. This makes it easy to confirm at a glance that no mandatory training is currently overdue. It was suggested that a column for infection control training be added. This was discussed during the inspection, and the Registered Manager is sourcing this training as it is due for renewal. The Provider acts as the infection control champion for the service, while both the Registered Manager and the Quality Assurance Lead maintain oversight of the training matrix. The Provider also explained that all service functions have dual oversight to ensure accountability.

There was clear evidence of service-specific training to enhance staff competence. All staff are booked for dementia training delivered by a locally accredited trainer. Additional training opportunities include SPELL training for learning disability and autism, as well as sexuality and relationships. Other examples include catheter care, wound care, and pressure area care. One staff member highlighted the positive impact of continence training, explaining that it had significantly improved the support they can provide to a particular client. The Registered Manager and Provider explained that staff access specialist training relevant to the care needs of the care receivers they support.

All staff involved in medication administration are required to hold a Regulated Qualifications Framework (RQF) Level 3 medication qualification; currently, 12 out of 18 staff have achieved this standard. Medication competency assessments for carers are completed twice yearly by the Registered Manager, or more frequently if required.

While the Registered Manager has not yet had their own competency formally assessed, they recently attended a medication management refresher course to support their practice. The Provider is also scheduled to complete this training, and it was agreed that they will subsequently assess each other's competency. The existing medication competency assessment template was reviewed and found to be comprehensive.

It was also confirmed to the Regulation Officer that eight staff currently hold RQF Level two or above, and two staff are booked to commence their training next year.

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.

As outlined earlier, the service has a clear management structure. The Provider, who recently returned from leave, indicated plans to focus more on business development, while the Registered Manager will continue to oversee day-to-day operations.

Each member of the management team works to a defined job list, designed to ensure continuity and oversight. This means that if a team member is absent, another can seamlessly pick up their tasks and maintain service delivery without disruption. The service is currently fully staffed, they also have three bank staff, and the Quality Assurance Lead also provides hands-on care when required. At the time of the inspection, the service was offering 21 care packages.

There are core admin meetings and staff meetings once a month, in addition, the Registered Manager and the Provider meet weekly. The service also offers a 'carer of the quarter' initiative in which the nominated carer receives vouchers in recognition of their performance.

An independent practitioner completes a monthly quality assurance report in conjunction with the Quality Assurance Lead. A sample of the last three-monthly reports was reviewed by the Regulation Officer. These were found to be detailed with clear actions and learning from incidents. One contained a review of notifiable events to the Commission, thus aligning with the Standards.

Notifications made to the Commission since the last inspection were discussed and found to be appropriate.

There are also plans for a staff away day towards the end of 2025, where one of the focus areas will be communication. Staff expressed a high level of satisfaction with the support that they receive from the management team and with on-call arrangements. One newer staff member expressed that their ideas or suggestions are always listened to and considered.

Staff confirmed that regular supervision and annual appraisals take place. Supervision occurs every other month, and appraisals are conducted annually. All supervisions for the year are scheduled on the staff rota. During the inspection, the Regulation Officer reviewed evidence of regular supervisions and spot checks for two staff members online. In addition to supervision, the Registered Manager and Quality Assurance Lead conduct spot checks, and the template used for these checks was reviewed during the inspection. Occasionally, these checks may take the form of a group observation. These measures provide assurance that care is delivered in line with individual care plans and the service's core values, further supported by the regular review of the care plans.

There is currently no formal medication audit in place. Medication errors are flagged electronically, and this generates an incident report. This would then be discussed with the staff member. The Registered Manager stated that if there were three consecutive medication errors, the staff member would be temporarily suspended from administering medication and have their competency reassessed. It was discussed with the management team the importance of monitoring near misses, in addition to medication errors, and they stated that a regular medication audit would be commenced prior to the completion of the inspection process.

Staff are given a pre-appraisal form to complete, and the appraisal will be cancelled if this is not completed in advance. Appraisals will appear as calendar appointments in staff members' phones.

The service conducts targeted feedback sessions monthly with health professionals, family members, or service users. This approach ensures continuous quality improvement and helps identify areas for development based on direct input from those involved in care. Additionally, an annual staff feedback survey is conducted.

What staff said:

We are a very close-knit team.

I felt fully prepared before I set foot in a client's home.

I am always able to access support from someone or on-call.

What a care receiver and relatives said:

They are brilliant, I wouldn't want to have anyone else.

Communication with the service is very responsive, we have no issues.

A professional's view:

The service is efficient in both their communication and the support that they provide.

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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