



**Jersey Care
Commission**

INSPECTION REPORT

Serene Care Jersey Limited

Home Care Service

**St Andrews Church
St Andrews Park
First Tower
St Helier
JE2 3JA**

**Inspection Date
26 and 27 November 2025**

**Date Published
2 January 2026**

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 Serene Care Jersey Limited. The home care service is operated by Serene Care Jersey 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 and personal support
Categories of care	Adult 60+; dementia care; physical disability and/or sensory impairment
Maximum number of care hours each week	2,250
Age range of care receivers	19 years and above
Discretionary Conditions of Registration	
None	
Additional information	
An application was approved 21 January 2025 for the removal of a discretionary condition as the Registered Manager completed their Level 5 Diploma in Health and Social Care.	

As part of the inspection process, the regulation officers evaluated the service's compliance with the mandatory conditions of registration required under the Law. The regulation officers 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 before the inspection. This was to ensure that the Registered Manager would be available during the visit.

One Regulation Officer attended the home visits, and two regulation officers were present during the afternoon of day one and for the second day. References to who gathered the information during the inspection may change between 'the Regulation Officer' and 'regulation officers'.

Inspection information	Detail
Dates and times of this inspection	26 November 2025, 09:00 - 16:30 27 November 2025, 09:00 - 14:50
Number of areas for improvement from this inspection	Two
Number of care hours on the week of inspection	803.5 hours
Date of previous inspection	05 December 2024
Areas for improvement noted in 2024	Five
Link to the previous inspection report	RPT SRN Inspection 20241205.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for development identified at the previous inspection on 05 December 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 development identified at the last inspection

At the last inspection, five areas for development were identified and a development plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed.

The development plan was discussed during this inspection, and it was positive to note that four out of five of the developments had been made. This means that there was evidence of:

- Parameters for the use of 'as required' medicines advised and authorised by health care professionals.
- Skills and tasks are to be performed by care/support workers under an individual (person specific) delegation.
- The management structure reflects the size of the home care service and the volume and complexity of care provided.
- Each care/support member is aware of, supported and trained to fulfil their responsibilities within the governance arrangements including access to all of the policies. The policies include a creation and review date.

While some progress has been made in addressing sufficient staffing levels, further work is required. This will be discussed in more detail in the main body of the report.

Areas for development will now be referred to as areas for improvement.

4.2 Observations and overall findings from this inspection

Since the last inspection, new employees have joined the staff team, some bringing considerable experience. A team leader role has recently been introduced to champion dignity, choice, and independence while promoting strong teamwork and clear communication.

Management support has also been strengthened, with the addition of a company secretary and a role dedicated to overseeing staff recruitment and training. It is evident that each member understands their own responsibilities as well as those of others, and they work effectively together. The regulation officers found the service to be well-organised, with robust governance structures in place.

With the increase in staff numbers, it was reported that employees no longer exceed 48 working hours per week, in compliance with the Standards. The Regulation Officer reviewed the rota and confirmed this, except in cases where full-time staff attend mandatory or specialist training. On these occasions, hours worked exceed 48 per week. Rotas remain an area for improvement.

The staff training matrix was reviewed and confirmed that all staff are compliant with mandatory training and training specific to the categories of care provided.

Recruitment files were reviewed and found to be well-organised, containing all necessary documentation. However, some processes still required strengthening. Safe recruitment remains an area for improvement.

A sample of policies was reviewed and confirmed to have been updated this year. Policies are accessible to carers via a mobile application, with core policies also available in the homes.

During the inspection process complimentary feedback regarding the Registered Managers leadership skills, communication, professionalism, approachability and support was received from care receivers, their representatives, the staff team and a health care professional external to the service.

The Regulation Officer observed person-centred care delivered with dignity and respect by kind, caring, and compassionate carers.



A care receiver
representative:

They made such a
massive difference.



A care receivers'
representative:

They are all very good. A
cracking bunch. They have
gone above and beyond.

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 and notification of incidents.

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

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

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and confirmed the identified areas for improvement by email on 1 December 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.

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

5.2 Sources of evidence.

Follow up on previous areas for development	
Focus	Evidence Reviewed
'As required' Medication	An 'as required' medicine protocol Guidance notes on completing an 'as required' PRN protocol
Delegated tasks	At present there are no care receivers that require delegated tasks such as cough assist.
Staff rotas	Staff rotas
The management structure	New roles with responsibilities clearly defined
Policies	Policies
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Induction Records Policies and procedures Training matrix Staff feedback Care records Risk assessments Rotas Monthly reports Staff competency assessments Handover tool Observations of practice
Is the service effective and responsive	Statement of purpose Staff feedback Care receiver representative feedback Professional feedback Monthly reports
Is the service caring	Staff wellbeing Care receiver representative feedback Care receiver feedback Monthly reports Care records
Is the service well-led	Care receiver information including a welcome pack Training matrix Policies and procedures Audits Job description

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

A key focus of this year's inspection is safe recruitment practices, and it is positive to note that onboarding processes have been strengthened since the last inspection. In the small sample of personnel files reviewed, all required documents were present, including letters from immigration. Interview questions were appropriately designed to explore candidates' care experience and their ability to adapt care to meet the unique needs of individuals.

However, to comply with Standards, some aspects of recruitment require improvement. All references must be received prior to a carer commencing employment, and emails from referees with attached references should be retained in the personnel file as proof of source. Immediate steps were taken to address this during the inspection, with emails containing references added to two personnel files. Both the Standards and the home care service's own policy state that references from family members are not acceptable; therefore, an additional reference request must be sought where this occurs.

A Disclosure and Barring Service (DBS) certificate viewed online by the senior management team provided assurance that the candidate was suitable for a carer role; however, a full copy of the certificate must be obtained by the manager prior to the employee commencing work. Safe recruitment remains an area for improvement.

Staff induction is well-structured and considered a strength of the service. Two carers confirmed that their induction prepared them for their role and that they feel well supported by the Registered Manager. The induction process includes familiarisation with policies and completion of mandatory training. Each new employee receives a welcome pack outlining the guiding principles of respect, safety, dignity, independence, choice, and quality.

The induction also includes a period of shadowing the Registered Manager while they provide personal care and support, followed by supervised practice, with records maintained. When the carer feels ready to work independently, a competency assessment is carried out by the Registered Manager.

A small sample of staff's rotas were reviewed, and it was evident that staff were generally compliant with not exceeding a 48-hour working week. When full time employees attend mandatory training, they do exceed a 48-hour working week. Whilst it is commendable that all staff have completed their mandatory training it should not impact the number of hours worked so that Standards are not complied with. The carers have signed their contracts that state they cannot work more than 48 hours a week other than in exceptional circumstances. During the inspection the senior management team contemplated a plan to ensure staff training hours is included within a 48-hour working week. This is an area for improvement

Staff rota requests are accommodated where possible. A carer shared they get their rota two weeks in advance with every other weekend off work. The rota is shared via the App on their mobile phone where they can also access information for the care receivers they support. Information includes any medications required and care plans. Carers on arrival to a care receivers home check in on the App and check out at the end of their shift. An alert is sent to the office should a carer not check out resulting in a welfare check.

There are some care packages where the carer works 12-hour shifts and in this scenario, it was confirmed by family members they cover meal break relief.

During feedback sought from care receiver representatives it was feedback that there is a small team of carers that provide the care to their relatives which fosters good professional working relationships. One care receiver representative feedback, *"I couldn't be more relieved about how much they do for us!"*

Several person-specific risk assessments are included in each care receiver's care records and have been subject to regular review. One example is a risk assessment for the use of bed rails, which outlines the circumstances under which a rail should be lowered and then raised again. To ensure staff safety, a lone worker risk assessment is completed for each care receiver.

The home care agency has not needed to raise any safeguarding concerns since the last inspection. A Safeguarding policy, which staff are required to familiarise themselves with, is available in each care receiver's file. The policy references the Jersey Safeguarding Partnership Group guidance. Based on the sample of staff training records reviewed, all staff have completed mandatory safeguarding training.

The staff team has also accessed online training in capacity and self-determination, as well as dementia care. Face-to-face training for both subjects is scheduled for next year.

It is positive that the medication policy has been updated since the last inspection and now references 'as required' (PRN) protocols. An example of a detailed and informative PRN protocol was provided. The Registered Manager explained that until a carer completes their medication training, they attend the home twice daily to administer the required medications, providing the carer with an opportunity to observe practice. Each observation is recorded along with any discussion notes.

Currently, twenty-one of twenty-seven staff hold a qualification permitting them to manage and administer medication. The Commission requires that staff are competency assessed annually to ensure safe medication practices. The Registered Manager conducts observations of practice during home visits and completes the necessary documentation, confirming this is undertaken at least once a year. It is recommended that the medication observation document be strengthened to include reference to the service's medication policy and actions to take in the event of anaphylaxis.

During a home visit, a locked medication box was seen along with accompanying paperwork for administering medication. This included the MAR chart, drug information leaflets, the medication risk assessment, a medication count record, and a copy of the medicines policy. This demonstrates the service's commitment to ensuring medications are administered safely.

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.

During home visits, care receiver representatives confirmed that the Registered Manager visited their family member at home to conduct an initial assessment of needs. The identified care needs and individual preferences were then used to develop the care plans. A discussion regarding care fees took place, and a written agreement was provided. A signed agreement was seen, which includes details on how to terminate the contract. If an increase in care needs is identified, both the written agreement and care plans are updated accordingly. Each year, a new contract is issued to care receivers, preceded by a phone call and email notifying them of any fee changes. The fee structure is not currently included on the recently updated service website; however, the website is easy to navigate and offers multiple contact options. Members of the public can also sign up for a newsletter featuring practical tips for providing care at home and insights into life in care.

One care receiver representative shared that the Registered Manager visits their home two to three times a week to ensure carers have completed care records and associated paperwork accurately, provide support where needed, and gather feedback. Families of care receivers reported that communication between themselves, the Registered Manager, and carers is very good. One representative noted they appreciate having the care records folder in the home, allowing them to see how their relative has spent their day.

Staff use a handover sheet to communicate at each shift change, which remains in the care receiver's file in the home. Guidance is provided on how to complete the handover tool, including noting any changes in the care receiver's condition that need to be shared.

A carer shared that their role includes supporting care receivers with cognitive impairment, ensuring they arrive and return safely from destinations, and helping maintain independence.

Various tools are incorporated into care, such as a whiteboard displaying the day and date along with a list of activities and appointments scheduled for the day. Cards are used to remind care receivers that they have taken their medication, reducing the risk of duplicate doses when the carer is no longer present.

When requested, a diary is maintained to support communication between family representatives and carers. For example, when a carer attends a healthcare appointment, they record and summarise the details in the diary.

The Registered Manager is also accessible via WhatsApp and uses contact groups to communicate with care receiver representatives. Communication is an area of good practice.

In the event of an unforeseen absence of the Registered Manager, Serene Care Jersey has established an interim leadership structure to ensure the safe continuation of regulated activities. The Absence of the Registered Manager policy and procedure clearly outlines the roles and responsibilities assigned to the senior management team to maintain business continuity.

Is the service caring?

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

The role of the carer is determined by the individual needs of the care receiver, and personal support may include accompanying care receivers to health appointments, assisting with grocery shopping, or going out for meals.

Care plans stipulate that flexibility should be maintained within a person's routine and that independence should be promoted by offering choice and avoiding unnecessary haste. Adaptations are also made to support independence, such as providing appropriately adapted equipment.

Daily care records completed by carers were signed, dated, and contained regular entries throughout the day and night.

Completed body map charts were observed, along with records of activities of daily living. Care receivers shared examples of the nutritious meals prepared for them and expressed appreciation for personal touches such as having their hair washed and blow-dried and their nails painted.

The care provided was person-centred, with care plans reviewed every three months. Dignity-conserving care sheets detail each care receiver's daily routine, including personal hygiene needs and the support required to maintain independence wherever possible. Preferences for food, drinks, and activities are also recorded. The Registered Manager shared that the service has two mobility vehicles and, for one care receiver who finds it difficult to leave their home, arrangements have been made for them to enjoy a drive to see the Christmas lights.

Some care plans ensure that assessments are conducted every two hours for pain management, repositioning, skin integrity checks, and mouth care. An example of a person-centred directive within a care plan is where a care receiver is to be approached using their preferred name.

An emergency escalation protocol guiding staff what to do in the event of an emergency and other relevant guidance is available to the carers in the home.

The Registered Manager is skilled in providing end-of-life care and was observed during the inspection to share their knowledge with carers and offer support. Care receivers and their representatives were treated with dignity and compassion, and their wishes for end-of-life care respected. Within the care records folder, there is an escalation process for staff to follow in the event of an expected death, as well as syringe driver guidance outlining actions to take if the device alarms and who to escalate concerns to, ensuring staff maintain their professional boundaries. The Regulation Officer observed sensitive communication and carers responding appropriately to changing needs. One example shared was how a carer adapted their role to meet the wishes of the care receiver and their representative by being present at the bedside when needed or running errands so the representative could remain by their loved one's side.

The file in each home includes the care receiver's do not attempt cardiopulmonary resuscitation status and important contact numbers, such as their general practitioner, family members, and the Registered Manager. The Registered Manager shared that they discuss advance care planning and end-of-life wishes with care receivers when the subject is raised by them or their families, and there was evidence of such discussions documented in a care plan.

During the home visits, it was evident that carers and care receivers have strong professional relationships, with mutual appreciation expressed.

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.

The management structure of the service has expanded since the last inspection, providing an additional layer of support for the Registered Manager. One team leader is in post and has commenced their Level Five Diploma in Health and Social Care Management, while a second team leader is due to start their role shortly. These appointments represent career progression opportunities from within the existing workforce, recognising the skills and abilities of staff.

The team leaders will oversee care packages and the carers working within them, as well as review and update care plans and conduct observations of practice, tasks currently undertaken by the Registered Manager. Observations of carers during practice include mealtime assistance, protection of dignity and privacy, and the safe administration of medicines, ensuring that care is delivered safely and meets expected standards.

An on-call communication system is in place for care receivers and their representatives to contact the senior management team outside of office hours. The on-call commitment is now shared between the Registered Manager and the team leaders, providing the Registered Manager necessary rest periods.

Prior to the inspection, notifications submitted to the Commission were reviewed and found to be proportionate to the size of the service, with no areas of concern identified.

An incident, accidents, and near misses' policy and procedure, which defines near misses and notifiable incidents, is available in each care receiver's home. Blank incident forms and a quick reference code are provided, enabling the reporting of any accidents or incidents involving carers or care receivers. The Registered Manager confirmed that no internal incident forms have been submitted since the last inspection.

It is recommended that a clear mechanism for collating incident forms be introduced and that any resulting learning and actions are shared with the staff team. Additionally, monthly provider reports, which currently cover quality assurance practices, should be expanded to include the number and themes of internally reported incidents, including near misses.

The service undertakes regular audits to ensure care is safe and of good quality. Examples include fire safety, trips, slips and falls, and medication management. The audits reviewed demonstrated good compliance with standards and required minimal action. While the monthly report notes which audits were completed, it does not provide a summary of findings, required actions, or evidence of shared learning with the staff team. The Registered Manager may wish to consider including this information in future reports.

A sample of policies reviewed was comprehensive. The Fit and Proper Persons policy specifies actions to be taken if a staff member does not meet the required standards, ensuring responses are proportionate and aligned with safeguarding requirements.

Staff supervision records were reviewed. One member of staff had received three of the four required supervision sessions during the year. A dashboard with a traffic light system is in place to identify when the next supervision session is due; however, it does not record the total number of supervisions a carer has received. The supervision records included positive feedback from the Registered Manager regarding staff performance, as well as positive feedback received from care receivers. Staff wellbeing is also referenced, and the Registered Manager shared that wellbeing checks are conducted periodically.

Each carer has completed an annual appraisal.

Staff team meetings are not held as the service is small, and the Registered Manager shares information directly with carers during weekly home visits. Reflection meetings are arranged for staff involved in situations where a debrief is considered beneficial.

The Registered Manager shared the compliments and complaints log, confirming that no complaints have been received since the last inspection. Compliments included: *"[Registered Manager] gave exceptional person-centred care and was a huge support. [Care receiver's] wishes were upheld throughout."* Additionally, care receivers and their representatives are invited to complete a bi-annual feedback survey.



A care receiver representative:

Xxx (Registered Manager) listens brilliantly well and is incredibly dedicated. He goes out of his way to help! The carers are amazing and the communication is fabulous.

Throughout the inspection, it was evident that the Registered Manager prioritises the needs of care receivers, ensuring they are supported by competent and confident carers.

IMPROVEMENT PLAN

There were two areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 3.6</p> <p>Regulation 17</p> <p>To be completed: with immediate effect</p>	<p>All safer recruitment employment checks must be completed prior to workers commencing employment.</p>
	<p>Response by the Registered Provider:</p> <p>Serene Care Jersey recognises that isolated gaps in recruitment documentation occurred due to an administrative misunderstanding.</p> <p>With immediate effect, all safer recruitment checks are completed and verified before any staff member commences employment.</p> <p>An amended recruitment sign-off is now confirmed by management prior to agreeing a start date, ensuring full compliance.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 3.9</p> <p>Regulation 17</p> <p>To be completed: by 30/04/2026</p>	<p>The Registered Manager must ensure that there are sufficient staff employed to cover absences due to staff training to guarantee care/support workers will not work more than 48 hours per week unless under extraordinary circumstances on a short-term basis only.</p>
	<p>Response by the Registered Provider:</p> <p>Serene Care jersey recognises that attendance at mandatory and specialised training must not result in staff exceeding the 48-hour weekly working limit, except in exceptional circumstances.</p> <p>To address this, mandatory and specialised training will be planned on identified weeks where the individual is rostered below 48 hours.</p> <p>Completion dates (for online mandatory training) are now proposed and coordinated by management, rather than managed independently by staff.</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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