



**Jersey Care
Commission**

INSPECTION REPORT

Christies Care Ltd

Home Care Service

**No1 Grenville Street
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St Helier
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Jersey**

**Inspection Date
10 December 2025**

**Date Published
2 February 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 Christies Care Limited. The home care service is operated by Christies Care, 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+, autism, learning disability, physical disability and/or sensory impairment, mental health, dementia care
Maximum number of care hours each week	2249 hours per week
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
None	
Additional information	Since the previous inspection, in March 2024 the service address has changed. In October 2024 the discretionary condition on the service's registration was met. This means there is a Registered Manager in place who is resident in Jersey.
	The Deputy Chief Inspector met with the Registered Manager in October 2025, as part of the Commission's review of electronic medication administration record system.

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 six days prior. This was to ensure that the Registered Manager would be available during the visit.

Inspection information	Detail
Dates and times of this inspection	10 December 2025 10:50 to 14:50 and 15:35 to 17:25
Number of areas for improvement from this inspection	One
Number of care hours on the week of inspection	462
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	25 and 27 March 2024 None IRChristiesCareLtd20240327Final.pdf

3.2 Focus for this inspection

This inspection included a focused on 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

Recruitment practices were clear and fair. The processes had areas of good practice which reduced bias and encouraged equal opportunities, as well as supporting inclusion. Safe recruitment checks were obtained prior to staff commencing their role. There was evidence of staff training and supervision.

Feedback from two professional's external to the service highlighted effective and responsive service delivery. There was collaborative multi-disciplinary and multi-agency working.

The service has placed notifications of incidents to the Commission as required. The process of escalating incidents was clear, with prompt responses that enabled support for both the care receiver and staff.

Feedback from a care receiver and their representatives praised the service and individual staff. They found the live-in carers and the service overall to be supportive. Live-in carers received a comprehensive handover and an overlap with the outgoing live-in carer to ensure a seamless transition.

Care records were person-centred and holistic. The shared electronic care record system allowed information to be accessed and updated promptly.

The home care service is interlinked with the England based Christies Care home care provider. This provides robust governance, education and human resource systems and supports. There are shared organisational values, and staff are clear about their roles and responsibilities. All staff spoke of positive team working.

There appeared to be a careful and professional approach to future service plans and developments.

There was one area for improvement identified relating to policies and procedures.

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, review of the Statement of Purpose, and notification of incidents.

The Regulation Officer gathered feedback from a care receiver and their representative during a home visit and the care receiver's representative during a telephone call. They also had discussions with the Registered Manager, the Head of Training, a recruitment co-ordinator and two live-in carers.

Additionally, the Regulation Officer approached four professionals external to the service for feedback and received feedback from two of them.

As part of the inspection process, documents, including policies and monthly provider reports, care records, and staff files, were examined.

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and confirmed the identified area for improvement by email on 22 December 2025.

This report sets out our findings and includes any areas of good practice identified during the inspection. Where an area for improvement has been identified, this is 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.

New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Online application portal Staff file Training records Discussions with the Registered Manager and staff
Is the service effective and responsive	Feedback from professional external to the service Notifications to the Commission
Is the service caring	Feedback from a care receiver and care receivers' representatives Care records A home visit Discussions with the Registered Manager and staff
Is the service well-led	Statement of Purpose Monthly provider reports Discussion with managers and staff

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Recruitment practices were reviewed with the Registered Manager and a recruitment co-ordinator. It was demonstrated that applications to the service were made through an online portal. The portal requires applicants to provide full identifying details, as well as their employment and education history.

Applicants are asked to state their gender. It was positive to see that they are given the options 'prefer not to say' or 'prefer to self-describe', as these may reduce gender bias in the application process and support equality. Applicants are also asked to describe their ethnicity and race; however, they can opt out of completing this section. The co-ordinator explained that the section on which these details are entered is separated from the application to reduce any racial bias in the application process. Furthermore, the organisation uses the data to measure whether it is offering equal opportunities to applicants.

The co-ordinator also explained that during the induction process, staff are asked which pronouns they prefer, which further supports inclusive practices. These are areas of good practice.

The interview question template emphasises the importance of assessing values such as honesty, trustworthiness and reliability. It includes the questions, 'what qualities from your personality do you feel make you well suited to a life as a live-in carer', and 'what does companionship mean to you', to help explore interviewees' values. Competency is considered through scenario-based questions, and knowledge and experience are assessed with questions regarding formal and volunteering experiences.

The file of a staff member who had been recruited since the last inspection was reviewed. The file demonstrated that references and appropriate criminal records and barring lists checks were obtained before the staff member supported a care receiver. There was also evidence they had undertaken the 10-day residential training that the service requires care staff to undertake.

Files of live-in carers who were presently or had recently supported care receivers in Jersey demonstrated that they have undertaken the two-day residential annual training update. During these days, theoretical and practical training is delivered on a wide range of topics, and learning is assessed.

Training is delivered by Christies Care England based team. The Head of Education explained how the service has developed its training programs to ensure that elements specific to Jersey are delivered to all care staff. This enables more care staff to be available to work in Jersey. The team has had training from educators in Jersey, and training update schedules have been established. One aspect of the training remains in development, and the team are clearly committed to ensuring this is achieved in the coming months.

A protocol, staff files, and feedback evidenced that supervision, referred to as 1-2-1 support by the service, was delivered four times a year. Three of the sessions were conducted via telephone, in line with the service's remote working model, with one session delivered face-to-face when carers attend the annual training updates.

It was also positive to see evidence of extra contact being made following an event to support the live-in carer's health and well-being.

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.

Feedback from two professional's external to the service reported effective and responsive service delivery. The Regulation Officer was informed that home care service staff had engaged with multiple-disciplinary team working and worked effectively with them to provide care jointly.

One professional explained that all staff they encountered had worked collaboratively with them, ensuring that the exchange of information and updates regarding care plans was undertaken in a timely manner. The professional gave examples of how the staffs' supportive practice had enabled a care receiver to make an informed choice regarding their care and how the team had provided increased care hours at short notice to support a care receiver's needs.

Furthermore, staff were described as knowledgeable and approachable, with a 'How can I help you?' attitude.

Professionals stated that staff:

Were quick to react and ensure the best for the patient.

Have a positive impact on the lives of the people they support.

Provide excellent care.

The service has placed notifications of incidents to the Commission as required. The process of how incidents are escalated was described by the Registered Manager and live-in carers and an example was given. The process was clear, with prompt responses that enabled support for both the care receiver and staff. One live-in carer stated, *“I can call Christies night or day,”* explaining that there is an immediate response with support and guidance.

There was evidence the team were aware of their safeguarding responsibilities and had placed referrals appropriately.

Is the service caring?

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

Feedback from a care receiver and two care receivers' representatives praised the service and individual staff. They explained that they had no concerns and found the live-in carers and the service overall to be supportive.

Live-in carers supported with cooking, cleaning, social support, washing and dressing. They were described as *“faultless,”* and *“marvellous”*. It was explained that having a live-in carer had *“given us a new lease of life,”* as it supported the care receiver and had a positive impact on their families. The Registered Manager was seen regularly, and there were proactive calls from the service monthly *“to check how things are”*.

Care receiver representatives also informed the Regulation Officer they received a profile of the live-in carer before they arrived. The profile the Regulation Officer reviewed included a photo of the live-in carer, detailed their experience, training, hobbies, and feedback from other families they had supported. They further explained that the service was clear about what the care costs would be from the beginning, and they had written agreements.

Care records were reviewed. Demographics and contact details for next of kin, as well as other healthcare and social professionals involved, were recorded. There were clear travel directions, with a map location and 'What Three Words' co-ordinates were used to help navigation.

Initial assessments had eight categories: about me, personal care, everyday activities, social support, nutrition and hydration, psychological, environmental, medical, and administrative. There were also additional assessments which could be used if required. The initial assessment was holistic and comprehensive.

The language used in the records the Regulation Officer reviewed was person-centred. Relevant medical and social histories were detailed, providing a picture of the person's life and how this impacts their current likes, dislikes, and needs and future wishes. The people and places that are important to the care receivers' were documented, as well as the details of how much support they wished for and needed relating to activities such as shopping, doing laundry and using the telephone. There were succinct summaries of the assessments, which provided a quick and helpful reference.

Risk assessments were completed, with overall risk classified using a red, amber, and green rating to indicate high, medium, and low risk. The initial and risk assessments informed the plans for care and support that live-in carers would deliver. Live-in carers input their actions and observations into records daily, and plans of care are updated every three months or in response to any changes. All information is recorded in a shared electronic record system, which allows for prompt access and updates.

Feedback and care records evidenced that live-in carers were introduced to care receivers when supporting them for the first time. Also, when returning to support, they had a comprehensive handover and an overlap with the outgoing live-in carer.

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 home care service is interlinked with the England based Christies Care home care provider. This provides robust governance, education and human resource systems and supports. There are shared organisational values, and staff are clear about their roles and responsibilities.

All staff spoke of very good team working, stating:

“I am proud to work for Christies.”

“I feel very supported by Christies.”

“It is a great company to work for.”

The Registered Manager spoke of their role and the service since they registered with the Commission in October 2025. They described the guidance and support they provided and received from colleagues in various roles throughout the organisation, as well as collaborative working with professionals in other services.

The Registered Manager explained that in 2026, the service aims to explore with the Commission the option of amalgamating the registration of the Christies Care and the other home care service, which they are the interim manager of. In preparation for this, they had made amendments to the service's Statement of Purpose. The Regulation Officer reviewed the document and discussed it with the Registered Manager.

They were advised that the Statement of Purpose is required to represent the current service delivery, including the current categories of care for which they are registered, as well as the service's staffing structure. The Registered Manager responded promptly, making amendments and resubmitting the document during the inspection period. However, the careful and professional approach to future developments is acknowledged.

The Regulation Officer provided guidance on the process the service would need to undertake if considering amalgamation, and it was agreed that the mandatory conditions of registration, including hours and categories of care, could be explored at this juncture.

As part of the inspection, a sample of three consecutive monthly provider reports was reviewed. The Commission's template was used as the structure for reporting. The reports were authored by the Quality and Safeguarding Manager, who is an appropriate representative. It was positive to see that each report contained feedback from care receivers and their representatives. There was an inconsistency related to an outstanding action, which was discussed with the Registered Manager, and advice was given to ensure actions are clear and followed through. However, overall, the Regulation Officer was satisfied that the reports evidenced the quality of care provided and compliance with registration requirements, standards and regulations was being reported on.

The lone worker, safe recruitment of carers and health and safety policies were reviewed. All policies had been updated within the past 18 months and had a review date of 2026. The lone worker policy provided a clear definition of a lone worker, set out the responsibilities of staff at different levels and highlighted the requirement to assess risks associated with lone working. It detailed procedures and training requirements to promote safety. The policy also gave practical guidance, for lone workers, such as avoiding parking in deserted or unlit areas and remembering to charge and carry their mobile phone. It was clear and easy to interpret as were the safe recruitment of carers and health and safety policies. The Registered Manager explained that staff have access to the policies via an online portal and are informed if there are any changes or updates.

The health and safety policy references United Kingdom (UK) legislation and contains information on many areas required in the Home Care Standards. However, none of the policies reviewed reference Jersey legislation or Standards. Furthermore, the carers zero hours agreement template references to the UK Employment Rights Act 1996, it has no reference Jersey employment law. Therefore, ensuring that policies and procedures are aligned with and reference relevant Jersey legislation, Standards and guidance is an area for improvement.

IMPROVEMENT PLAN

There was one area for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

Area for Improvement 1	The Registered Provider must ensure that policies and procedures are aligned with and reference relevant Jersey legislation, Standards and guidance.
<p>Ref: Standard 1.4 Regulation 5 To be completed: by 20/04/2026</p>	<p>Response by the Registered Provider:</p> <p>It is acknowledged that the three policies reviewed did not reflect Jersey Law or standards. However, not all our policies were reviewed, and Jersey legislation and JCC standards are reflected in the majority of our policies.</p> <p>We have made relevant amendments to the policies, and in relation to the Safe Recruitment Policy, we are seeking further support on the wording from Law at Work, as Christie's Care Business licence is a Non-Resident Undertaking license, and we can ensure that any amendment to this policy is correct. This will be completed in the timeframe provided.</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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