



**Jersey Care
Commission**

FOCUSED INSPECTION REPORT

Lifeline Care

Home Care

**De Carteret House
7 Castle Street
St Helier
Jersey
JE2 3BT**

**Inspection Date
11 December 2025**

**Date Published
9 February 2026**

1. THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 (as amended) to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity, and to encourage improvement.

2. ABOUT THE SERVICE

This is a report of the inspection of Lifeline Care. Lifeline Group operates the Home Care Service, 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	Mental Health, Young Adults (19-25), Adults 60+
Maximum number of care hours per week	600 Hours
Age range of care receivers	18 Years and above
Discretionary Conditions of Registration	
The Registered Manager is to complete Level 5 Diploma in Management and Leadership by 6 September 2027.	
Additional information:	
A number of safeguarding concerns relating to the service have been raised in close succession.	

3. ABOUT THE INSPECTION

3.1 Inspection Details

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

Inspection information	Detail
Dates and times of this inspection	11 December 2025 09:00-13:30
Number of areas for improvement from this inspection	Four
Number of care hours delivered on the inspection	598
Date of previous inspection: Areas for improvement noted in 2025 Link to previous inspection report	14 & 21 March 2025 Two RPT LFL Inspection 20250321.pdf

3.2 Focus for this inspection

This was a focused inspection undertaken to review progress against the areas of improvement identified during the previous inspection conducted on 14 & 21 March 2025:

- Policies and procedures
- Safe recruitment practices

In addition, the Regulation Officer followed up on several safeguarding concerns that had been raised in close succession, to assess the adequacy of the provider's response and ensure compliance with regulatory standards.

4. SUMMARY OF INSPECTION FINDINGS

4.1 Observations and overall findings from this inspection

The inspection reviewed policies, recruitment practices, safeguarding incidents, and governance arrangements. While policies were updated following the March 2025 inspection and shared via a staff app, evidence of their consistent application remains limited. Plans for implementation throughout 2026 include embedding these policies through supervision discussions and competency checks, supported by a new team structure. However, this area remains an improvement priority.

Recruitment practices have strengthened, with safer recruitment checks now implemented. However, none of the reviewed staff files contained signed contracts, which the Registered Manager committed to rectifying early in 2026. Safe recruitment compliance therefore remains an area for improvement.

Safeguarding cases reviewed highlighted a number of issues such as professional boundary breaches, missed visits, and failed hospital discharges. In response, the service plans to implement a range of new changes.

During the inspection, gaps were identified in care planning practices: although risk assessments were completed, they were not uploaded to the live system, limiting staff access. This requires immediate action.

While new auditing tools and daily practice prompts have been introduced, there is insufficient evidence of effective implementation or measurable impact.

Strengthening leadership visibility and embedding governance processes into routine practice are essential.

An additional two areas for improvement were identified as a result of the inspection:

- timely completion and upload of care plans and risk assessments
- implementing a robust governance framework.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care Home 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 recent safeguarding concerns, and notification of incidents.

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

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager, Provider and confirmed the identified areas for improvement by email, 12 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.

Focus	Evidence Reviewed
Improvement 1 Policies and procedures	Safeguarding Adults Whistleblowing Financial Controls & Gifts Alcohol & Substance Misuse Risk Assessment Incident Reporting & Learning Missed Visit & Contingency Medication Management Clinical Tasks Hospital Discharge & Care Start Code of Conduct Safer Recruitment Supervision & Appraisal Training Complaints Policy Review & Version Control Quality Assurance & Audit Data Protection (GDPR)
Improvement 2 Safe recruitment	Review of staff recruitment files
Safeguarding Safeguarding Cases to Review (Chronology)	<ol style="list-style-type: none"> 1. Professional boundary breach (2025) 2. Assault on care receiver (2025) 3. Failed discharge (2025) 4. Unsafe recruitment (2025) 5. Missed visits (2025) 6. Carer conduct (2025)

6. INSPECTION FINDINGS

At the last inspection, two of areas for improvement were identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed. This inspection focused on measuring the progress made. It also focused on the areas of concern identified following recent safeguarding cases.

Area for Improvement 1:

There will be policies and procedures in place which are based on current best practices and evidence which are regularly reviewed and updated.

Policies and procedures were updated following the March 2025 inspection to reflect local legislation and guidance. These are shared with staff via a staff app, and staff are asked to confirm that they have read them. Despite this, recent safeguarding cases highlighted that policies are not fully embedded into practice. The Registered Manager outlined implementation plans for 2026 to incorporate policy discussions and competency checks into staff supervisions, with evidence recorded. A new structure has been introduced, including team leads and senior staff, to improve accountability and integrate policies into daily practice. It was reported that while some staff have embraced this change, others have been resistant. The Regulation Officer acknowledged that these plans are appropriate but noted that evidence of embedding remains limited. Policies and procedures will therefore remain an area for improvement.

Area for Improvement 2:

The service must ensure that all safe recruitment checks are completed prior to workers commencing employment.

The service has experienced significant growth since the last inspection, increasing from eight staff members delivering 199 care hours in March 2025, to twenty staff members delivering 598 care hours at the time of this inspection. A sample review of seven recruitment files confirmed that safer recruitment checks are now being implemented; however, none of the files contained signed contracts.

The Registered Manager acknowledged this gap and confirmed that updated contracts will be issued and uploaded in early 2026. Recruitment documentation will remain an area for improvement due to the identified gaps and recent safeguarding concerns.

Safeguarding Practices:

A registered person must ensure that adequate arrangements are in place to protect the health, safety and wellbeing of care receivers.

Recent safeguarding cases were also examined during the inspection. These included incidents relating to professional boundaries for staff, failed hospital discharge, employment practices, missed visits, and concerns about carer conduct. The Provider and Registered Manager appropriately responded to these incidents. Learning from these cases has informed several organisational changes. The provider has reinforced the importance of professional boundaries with staff members, improved documentation processes, strengthened recruitment procedures, and expanded training opportunities. Plans also include the introduction of MAYBO training and the extension of mental health first aid training.

Care plans were available within the web based live system; however, risk assessments were noted to be missing or had not been uploaded for the safeguarding cases reviewed. The Registered Manager stated that these assessments had been completed but were not yet uploaded. The Regulation Officer emphasised that staff must have access to risk assessments at all times. This was identified as an area for improvement requiring immediate action.

The web based live system is used to monitor staff attendance at visits, with staff checking in and out via an app. A missed visit was identified within the system but was not escalated. The Regulation Officer raised concerns about this matter and highlighted the need for clear escalation procedures and training to ensure that such issues prevent any compromise of care delivery. The Registered Manager confirmed that additional training is underway.

Daily prompts on safeguarding, infection control, nutrition, and medication have been introduced via a shared staff app, and a new auditing tool has been implemented to support governance checks.

There is evidence that the culture within the leadership reflects a commitment to improvement, with clear plans in place for 2026 to strengthening training, governance, and staff accountability. The planned introduction of team leads, daily practice prompts, and auditing tools also demonstrates a proactive approach to addressing previous concerns. However, while these plans are positive, there is currently limited evidence that they have been fully implemented or delivering measurable improvements for care receivers and staff.

It was established throughout the inspection process that strengthening leadership visibility and embedding governance processes into everyday practice is now essential to achieve sustained improvement and compliance with Standard 9.1, which states: *“There will be a coherent and integrated organisational and governance framework in respect of home care services.”*

For these reasons, management oversight and governance are an area for improvement, alongside care planning, recruitment compliance, and effective embedding of policies. The Commission will continue to monitor progress in these areas.

IMPROVEMENT PLAN

There were four 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 1.4</p> <p>Regulation 5</p> <p>To be completed: by 28/02/2026</p>	<p>Policies must be accessible and actively embedded in practice. This requires evidenced policy discussions during supervisions, competency checks, and updates following incidents or audits to ensure consistent understanding and application.</p> <p>Response by Registered Provider:</p> <p>We recognise that, while policies were available, further work was required to ensure they were consistently embedded into day-to-day practice. Since the inspection, this has been treated as a priority area. Policy discussions are now routinely evidenced within supervision sessions to confirm staff understanding and application in practice, alongside competency checks in key risk areas to ensure expectations are clearly understood and followed. Reflective learning is also undertaken following incidents, audits, or identified practice concerns, with relevant policies revisited and reinforced to support safe and consistent practice.</p> <p>Accessibility and awareness of policies have been strengthened through clearer signposting and management-led discussions, ensuring staff are supported to translate policy requirements into practical actions. Oversight of this area is maintained through supervision records, competency documentation, and audit processes to monitor consistency and ongoing improvement.</p>
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	We remain committed to continuous improvement.
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Area for Improvement 2 Ref: Standard 3.6 Regulation 17 To be completed: by 31/01/2026	All recruitment files must be fully compliant, with signed employment contracts included for every staff member. The service should continue to implement safer recruitment checks and maintain auditable personnel records.
	Response by Registered Provider: <p>We acknowledge the requirement for all recruitment files to be fully compliant, including the presence of signed employment contracts for every staff member, alongside robust safer recruitment checks and auditable personnel records. This has been reviewed following the inspection, and actions have been put in place to address this.</p> <p>Updated employment contracts for 2026 are currently being implemented across the service to ensure consistency and compliance for all staff. These contracts are being issued, signed, and added to individual personnel files as part of this process. Alongside this, safer recruitment checks continue to be completed in line with regulatory requirements, and personnel records are being reviewed to ensure they are complete, accurate, and auditable. This work is being monitored by management to ensure all recruitment files meet the required standard and that ongoing recruitment and record-keeping remain fully compliant.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 2</p> <p>Regulation 9</p> <p>To be completed: with immediate effect</p>	<p>The service must ensure that all care plans and risk assessments are completed, uploaded, and accessible within the web based live system before care delivery. This includes thorough version control and regular scheduled reviews.</p> <hr/> <p>Response by Registered Provider:</p> <p>We recognise the importance of ensuring that all care plans and risk assessments are fully completed, uploaded, and accessible within the web-based live system prior to care delivery. This expectation has been reinforced with the management and care teams to ensure no care commences without the required documentation being in place and visible to staff.</p> <p>Controls have been strengthened to ensure version control is maintained, with the most current documents clearly identified and outdated versions archived appropriately. Care plans and risk assessments are subject to regular scheduled reviews, as well as additional reviews following any change in need, incident, or identified risk. Oversight of this process is maintained through management checks and audit activity to ensure ongoing compliance and consistency across the service.</p> <p>We remain committed to maintaining accurate, up-to-date, and accessible documentation to support safe, person-centred care delivery.</p>
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<p>Area for Improvement 4</p> <p>Ref: Standard 9</p> <p>Regulation 6</p> <p>To be completed: by 31/01/2026</p>	<p>The service must implement a robust governance framework with clear accountability, managerial oversight, and regular audits. Systems must ensure that issues are identified, escalated, actioned, and that governance processes are routinely evaluated for effectiveness.</p>
	<p>Response by Registered Provider:</p> <p>We acknowledge the requirement to further strengthen the service's governance framework to ensure clear accountability, effective managerial oversight, and regular auditing. This has been addressed by reinforcing management responsibilities and ensuring governance systems are actively used to identify, escalate, and respond to issues in a timely and structured way.</p> <p>Audits are undertaken on a scheduled basis and findings are reviewed by management to ensure actions are clearly identified, allocated, and monitored to completion. Where concerns or trends are identified, these are escalated appropriately and used to inform service improvements, staff support, and training needs. Governance processes are routinely reviewed to assess their effectiveness, with adjustments made where required to ensure they remain proportionate, responsive, and effective.</p> <p>The service remains committed to continuous quality improvement and to maintaining governance arrangements that support safe, accountable, and well-led care.</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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