

THE JERSEY CARE COMMISSION

IMPROVEMENT NOTICE

<p>Name of regulated activity:</p> <p>Tutela Jersey Ltd (“the Service”)</p>	<p>Name of Registered Persons:</p> <p>Caroline Lee (Registered Provider) Tamuka Nhamo (Registered Manager)</p>
<p>Address of regulated activity:</p> <p>Ground Floor CTV House La Pouquelaye St Helier JE2 3TP</p>	
<p>Issue Date:</p> <p>05 March 2026</p>	
<p>This Notice sets out the Regulations that have been contravened.</p> <p>The Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018.</p>	

Improvement One

Regulation 11 (1)(a)(b)(c)(d)(e)(f)(g)(h) – Safeguarding

- (1) A registered person must safeguard care receivers from abuse by –
- (a) establishing, maintaining and adhering to a written policy in relation to the safeguarding of care receivers unless the registered person is an individual directly employed by, or personally in receipt of any reward from, the care receiver for the care provided;
 - (b) taking reasonable steps to identify risk of harm or abuse and prevent its occurrence;
 - (c) responding appropriately to any allegation of abuse;
 - (d) ensuring workers have adequate training in safeguarding;
 - (e) adhering to any guidance and policy endorsed by the Commission in respect of safeguarding;
 - (f) participating where required in any safeguarding investigations, including multi-agency safeguarding investigations;
 - (g) taking immediate action to prevent any worker who has harmed or poses a risk of harm to a care receiver from having contact with that or any other care receiver; and
 - (h) taking all reasonable steps to avoid having as a worker any person on the barred list or who has received a caution or conviction for an offence against a care receiver in Jersey, or in any other jurisdiction if the conduct would be an offence in Jersey had it taken place in Jersey.

There was evidence of significant safeguarding failures:

- Safeguarding referrals were delayed or not submitted in line with expected timescales, including delays in providing investigation reports to the Commission.
- Repeated bruising injuries had been documented with no evidence of escalation, analysis, or consideration of potential safeguarding implications.
- Outdated risk assessments remained in place despite known risks.
- Staff demonstrated limited understanding of safeguarding thresholds, escalation routes, and reporting responsibilities.

Action:

The Registered Persons must:

- Ensure safeguarding concerns are recognised promptly, reported without delay, and appropriately escalated.
- Ensure all staff understand and follow clear safeguarding procedures and escalation pathways.
- Complete safeguarding investigations in a timely manner, record outcomes clearly, and ensure actions are implemented.
- Embed learning from safeguarding incidents into staff supervision, care planning, and organisational processes.
- Provide evidence that all staff have received safeguarding training and demonstrate competence in applying Safeguarding Partnership Group guidance.

Improvement two**Regulation 5 (1) – Conduct of regulated activity**

(1) A registered person must ensure that the regulated activity is conducted so as to make proper provision for care receivers in respect of their health, safety and welfare and that the particular needs of each care receiver (whether as to education, treatment, supervision or otherwise) are identified and met.

Regulation 7 (a)(b)(c) – Respect and involvement

A registered person must make appropriate and adequate arrangements to –

(a) ensure that care receivers are treated with dignity and respect, are afforded privacy and enabled and supported to be as independent and autonomous as practicable;

(b) enable care receivers to make or participate in making decisions about their support, care or treatment; and

(c) enable care receivers to manage their own care or treatment where this is appropriate.

Regulation 8 (1)(a)(b)(c)(2)– Care and welfare

(1) A registered person must ensure that care receivers are protected against the risks of receiving inappropriate or unsafe care by –

(a) assessing and keeping under regular review the care receiver’s care, welfare, treatment and health needs, and, where practicable, doing so with the assistance of the care receiver or his or her representative;

(b) only providing care to care receivers if the care that the registered person is able to provide under the terms of his or her registration is suitable for their needs and circumstances; and

(c) planning and delivering care or support and, where appropriate, treatment in such a way as to –

(i) meet the particular needs of the care receiver, including where relevant, any educational needs,

(ii) have due regard to good practice and in particular any guidance issued by an appropriate professional body, and

(iii) take account of any changes in the care receiver’s needs.

(2) A registered person must have in place procedures to deal with emergencies and mitigate the risks to care receivers arising from those emergencies.

Regulation 9 (1)(2)(a)(b)(3)(a)(b)(4)(5) – Personal plans and care records

(1) A registered person must, in consultation with the care receiver or his or her representative, prepare a written plan, known as the “personal plan”, setting out how the care receiver’s health, safety and welfare needs are to be met.

(2) The registered person must –

(a) give the care receiver, or if applicable his or her representative, access to the care receiver’s personal plan; and

(b) review and where appropriate revise the plan if requested to do so by the care receiver or his or her representative and whenever there is a significant change in the care receiver’s health, safety, welfare or support needs.

(3) A registered person must prepare and maintain a care record that is sufficiently detailed, contemporaneous and relevant as to ensure that a care receiver’s health, safety and welfare needs and circumstances are properly documented, and this record must include –

(a) the personal plan together with the documentation relating to the assessment of the care receiver's needs; and

(b) a record of the care actually provided or delivered to the care receiver.

(4) The care receiver, or if applicable his or her representative, may access the care receiver's care record.

(5) Personal plans and care records must be available at all times for inspection so as to enable the Commission to judge the effectiveness of the assessment, planning, delivery and evaluation of the care or support offered.

Significant in risk assessments and care plans were identified:

- Risk assessments were outdated, incomplete, and in some cases dated back to 2024, showing no recent review despite significant changes in need.
- Behaviour, epilepsy, communication, and environmental risk assessments were not reflective of current risks.
- Staff did not have access to Significant Restrictions of Liberty (SROL) documents and were unaware of key restrictions, resulting in inconsistent application in practice.
- Some staff were deployed contrary to risk assessment requirements, including situations where 2:1 staffing was required but not applied.
- Care plans were not person-centred and lacked essential detail relating to communication needs, behaviour support, nutrition, medication parameters, and daily routines.
- Care plans remained outdated even where recent safeguarding or complaint information should have prompted review.

Action:

The Registered Persons must:

- Review and update all risk assessments to ensure they are current, personalised, and proportionate.
- Ensure risk assessments and care plans are accessible to staff at all times and are consistently followed in practice.
- Review and update care plans to ensure they are detailed, person-centred, and reflective of each individual's daily needs.
- Put in place systems to ensure care planning and risk documentation is reviewed regularly and audited for quality and accuracy.
- Ensure SROL documents are available, understood, and adhered to by all staff supporting the individual.

Improvement three

Regulation 22 (1)(2)(3) – Complaints

(1) A registered person must have in place effective procedures for identifying, receiving, handling and responding appropriately to complaints and comments.

(2) The procedures must include the keeping of adequate records of the nature of any complaint, the investigation and the outcome.

(3) The registered person must inform the complainant of the outcome of his or her complaint and, where appropriate, any action taken as a consequence of it and must make this information available to the Commission on request.

Complaints management was found to be ineffective, including:

- Complaints were not managed in line with the service's policy and the Standards.
- There were delays in responding to complaints, and some had no evidence of follow-up or investigation.
- There was no recorded learning arising from complaints.
- Staff were moved between care packages rather than concerns being formally addressed.
- Documentation was incomplete and did not clearly show outcomes, actions taken, or communication with complainants.

Action:

The Registered Persons must:

- Ensure all complaints are managed in accordance with the policy and Standards, including timely acknowledgment, investigation, and response.
- Record outcomes clearly, including actions taken, decisions reached, and communication with complainants.
- Analyse complaints to identify themes and learning and demonstrate how learning informs service improvement.
- Maintain accurate, centralised records of all complaints, outcomes, and learning.

Improvement four

Regulation 17 (1)(a)(b)(c)(3)(a)(b)(c)(3)(a)(b)(c) and (4)(a)(b)(c) - Workers

(1) A registered person must ensure that every worker in the regulated activity is a fit person to work there, and a person is a fit person if he or she is –

(a) suitably qualified, skilled, competent and experienced for the duties to which he or she is assigned;

(b) mentally and physically fit for those duties; and

(c) does not fall within paragraph (2) and is otherwise of integrity and good character.

(3) When determining the qualifications, skills and number of workers required, a registered person must have regard to –

(a) the size and nature of the regulated activity;

(b) the statement of aims, objectives and purposes of the regulated activity; and

(c) the needs of the service users.

(4) A registered person must –

(a) ensure that at all times suitably qualified, skilled, competent and experienced people are working in the regulated activity in such numbers as are appropriate and sufficient to meet the needs and ensure the health, welfare and safety of care receivers;

(b) ensure that the employment of any person on a temporary basis will not prevent care receivers from receiving such continuity of care as is reasonable to meet their needs;

(c) ensure that workers receive appropriate training, professional development, supervision and appraisal to enable them to provide care and treatment to care receivers to a safe and appropriate standard;

Regulation 19 (1) – Reviewing quality of service

(1) A registered person other than an individual directly employed by, or personally in receipt of any reward from, the care receiver for the care provided, must establish a system for regular review and, if necessary, for improvement of the quality of care provided.

Gaps were identified in quality assurance for the service:

- Governance systems were ineffective and lacked structured auditing, monitoring, and oversight.
- Rotas were unclear, inconsistent with commissioned hours, and contained inaccuracies, including undocumented sleep-ins.
- Contingency planning for staff and management absence was inadequate.
- Quality monitoring of care plans, incidents, medication, staffing, and training was insufficient or absent.
- Observations in care receivers' homes showed a lack of leadership oversight, including unexplained routines, unclear rationale for practice, and limited promotion of autonomy.
- There was no evidence of systematic review of incidents or complaints to inform improvement.

Action:

The Registered Persons must:

- Implement a comprehensive governance and quality assurance framework, including regular audits of incidents, care plans, medication, staffing, and complaints.
- Provide evidence of management oversight of risks and timely action when concerns are identified.
- Establish clear escalation processes and reporting lines for staff.
- Ensure governance systems support ongoing monitoring, evaluation, and improvement of care quality.
- Demonstrate that Provider-level oversight is active, informed, and effective.

Improvement five

Regulation 5 (1)(2) – Conduct of regulated activity

(1) A registered person must ensure that the regulated activity is conducted so as to make proper provision for care receivers in respect of their health, safety and welfare and that the particular needs of each care receiver (whether as to education, treatment, supervision or otherwise) are identified and met.

(2) The registered manager must lead and manage the regulated activity in a way that is consistent the Statement of Purpose.

Regulation 11 (1)(b)(e) – Safeguarding

(1) A registered person must safeguard care receivers from abuse by –

(b) taking reasonable steps to identify risk of harm or abuse and prevent its occurrence

(e) adhering to any guidance and policy endorsed by the Commission in respect of safeguarding

Regulation 14 (1)(2)(3) - Management of medicines

(1) A registered person must ensure that care receivers are supported so as to enable them, so far as it is practicable and safe to do so, to manage their own medication.

(2) A registered person must protect care receivers from the unsafe use and management of medicines, including by making appropriate arrangements for the safe handling, ordering, storage, security, administration, recording and disposal of medicines.

(3) The registered person must ensure that any worker involved in the dispensing and management of medicines has appropriate training.

Regulation 17 (1)(a)(b)(c)(3)(a)(b)(c)(3)(a)(b)(c) and (4)(a)(b) - Workers

(1) A registered person must ensure that every worker in the regulated activity is a fit person to work there, and a person is a fit person if he or she is –

(a) suitably qualified, skilled, competent and experienced for the duties to which he or she is assigned;

(b) mentally and physically fit for those duties; and

(c) does not fall within paragraph (2) and is otherwise of integrity and good character. is suitably qualified, skilled, competent and experienced for the work to be performed;

(3) When determining the qualifications, skills and number of persons required to work in the regulated activity, the registered person must take into consideration –

(a) the size and nature of the regulated activity;

(b) the statement of aims, objectives and purposes of the regulated activity; and

(c) the needs of the care receivers.

(4) A registered person must –

(a) ensure that at all times suitably qualified, skilled, competent and experienced people are working in the regulated activity in such numbers as are appropriate and sufficient to meet the needs and ensure the health, welfare and safety of care receivers;

(b) ensure that the employment of any person on a temporary basis will not prevent care receivers from receiving such continuity of care as is reasonable to meet their needs

Regulation 19 (1)(2)(a)(b) – Reviewing quality of service

(1) A registered person other than an individual directly employed by, or personally in receipt of any reward from, the care receiver for the care provided, must establish a system for regular review and, if necessary, for improvement of the quality of care provided.

(2) In undertaking the review the registered person must –

(a) consult care receivers or their representatives, workers for the regulated activity and health and other professionals who serve the needs of care receivers; and

(b) take into account the outcome of any complaint or other investigation into the conduct of the regulated activity.

Leadership and management were found to be ineffective:

- Lack of managerial capacity and unclear leadership roles - Staff interviews showed confusion around job descriptions, responsibilities, and reporting lines. Several staff members could not describe who supervised them or how to escalate concerns.
- Inconsistent staffing arrangements and deployment- Rotas were unclear and did not consistently reflect commissioned hours. There were inconsistencies in the application of 2:1 staffing ratios, unclear sleep-in arrangements, and evidence of excessive working hours.
- Gaps in staff competence and oversight - Staff demonstrated limited understanding of safeguarding procedures, whistleblowing, behaviour support, and communication needs. There was no evidence of structured debriefing or reflective practice after incidents.
- Lack of effective leadership oversight - There was insufficient review of incidents, complaints, care plans, and day-to-day practice. Observations in care receivers' homes showed unclear rationale for routines, inconsistent application of risk assessments, and limited promotion of autonomy.
- Weak recruitment and workforce practices- Staff files were incomplete, including missing identification, missing or deleted disciplinary records, and lack of induction or probation documentation. Some staff were deployed despite incomplete pre-employment checks.
- Inconsistent professional boundaries- Staff worked excessive hours, some were deployed contrary to risk assessments, and rota arrangements lacked oversight.
- Unsafe medication management- There were no PRN protocols or corresponding care plans. Staff lacked necessary competencies, in-house medication assessments were incomplete, prescriptions were missing from records, signature charts were outdated, and transcribing guidance was not followed. Staff supporting an individual with emergency medication had no training or guidance on how to administer it.
- Current leadership response- The newly appointed Registered Manager has acknowledged these issues and has begun working with an external HR advisor; however, there is currently insufficient evidence of improved oversight, clarity, or sustained change.

Action:

The Registered Persons must:

- Clarify leadership roles, responsibilities and reporting lines, ensuring staff understand supervision arrangements, accountability, and escalation pathways.
- Strengthen management oversight of incidents, complaints, staffing arrangements, care planning, medication practices, and day-to-day care delivery.
- Ensure safe staffing and deployment, including accurate rotas, consistent application of 2:1 support, appropriate contingency plans for staff and management absence, and controls to prevent excessive working hours.
- Ensure staff receive appropriate training, supervision, and competency assessment, including safeguarding, behaviour support, communication needs, and medication management.
- Strengthen professional boundaries, ensuring staff work within their roles, in accordance with risk assessments, and under effective managerial oversight.
- Ensure recruitment and employment practices meet regulatory requirements, including complete staff files, secure record-keeping, induction and probation documentation, and safe pre-employment checks.
- Implement safe medication management systems, including PRN protocols, medication-related care plans, complete and accurate records, training and competency assessment, adherence to transcribing guidance, and regular audit of medication practices.
- Demonstrate sustained and effective leadership, ensuring that management arrangements protect people from harm and support safe, consistent, respectful, and dignified care.

Timescale for remedial action to be taken:

The Registered Person must demonstrate compliance with this Improvement Notice on or before 30 June 2026.

This notice is served in accordance with Regulation 82 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018.

It should be noted that if you fail to comply with an improvement notice within the time period stated, the Commission will consider referring you to the Attorney General with a view to potential prosecution. A person who commits an offence under this Regulation is liable to a fine of £50,000.