



**Jersey Care
Commission**

Summary Report

Tutela Jersey Limited

Home Care Service

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La Pouquelaye
St Helier
JE2 3TP**

**Inspection Dates
16, 21 and 30 January 2026**

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SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

At the last inspection, one of area for improvement was identified. An improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was concerning to note that insufficient progress had been made to address the area for improvement. This means that the registered provider has not met the Standards in relation to recruitment processes, including ensuring that interview panels are complete, providing job descriptions, and implementing a structured system to ensure safe, fair and consistent staff selection. This will be discussed in more detail in the main body of the report.

The inspection identified a range of areas requiring improvement across safeguarding, governance, care planning, staffing, and risk management. While some positive staff engagement was observed during the visit, several processes were found to be inconsistent or not sufficiently embedded in day-to-day practice.

Safeguarding referrals had not always been made promptly, and incident reporting lacked consistency. Risk assessments and care plans were often outdated and did not fully reflect individuals' current needs, particularly in relation to communication, behaviour support, nutrition, and health requirements. Staff did not always have access to Significant Restriction on Liberty (SROL) documents, and some were unaware of the restrictions in place. Environmental risks were also identified, including inconsistencies with the smoking policy and an unassessed hot radiator which presented a potential risk to care receiver safety.

Staffing arrangements needed strengthening, with unclear rotas, inconsistent application of 2:1 support, and limited contingency planning. Staff interviews indicated that further support and training are required to build confidence in safeguarding, whistleblowing, and behavioural risk management. Documentation, including incident records and complaints handling, was inconsistent, with limited evidence of investigation or learning.

Recruitment and workforce processes also required improvement, with missing documents, incomplete induction records, and unclear boundaries within staff roles. Medication management needed further development, particularly in relation to protocols, staff competencies, and audit trails.

Although the new Registered Manager demonstrated insight into the challenges and engaged positively with the inspection process, the current systems do not yet provide the level of assurance required. Sustained and timely action is needed to strengthen governance, staff practice, and risk management with the overarching priority of supporting safe, high-quality care for all care receivers.

IMPROVEMENT PLAN

There were twelve 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 4.1 Regulation 11</p> <p>To be completed by: With immediate effect</p>	<p>The service must ensure that effective safeguarding systems are in place to protect people who use the service from harm. Safeguarding concerns must be recognised promptly, referrals made without delay, investigations completed appropriately, and learning from incidents clearly identified, recorded, and reflected in care planning and practice.</p> <hr/> <p>Response of Registered Provider:</p> <p>The General Manager and Assistant Manager are scheduled to complete Safeguarding Lead training on 30 March, after which they will assume responsibility as designated Safeguarding Leads. We are ensuring that all staff receive the necessary safeguarding training and remain up to date. Retraining is already underway, with 10 staff members having completed refresher training to date. The aim of this training is to support staff in identifying safeguarding concerns promptly and reporting them without delay. We have recruited both Quality Improvement Officers to strengthen education, training, and overall standards across services, plus a full time HR Office with a vast amount of HR experience who holds relevant qualifications to work alongside Law at Work. As part of their remit, the Quality Improvement Officers have been reviewing the safeguarding process to ensure systems are effective and that staff clearly understand how to make referrals.</p>
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	<p>We also have external HR support through Law at Work to assist with investigations. Investigation outcomes are shared with staff through team meetings and supervision sessions. These learning points are documented within supervision records and team meeting minutes, and relevant safeguarding outcomes are incorporated into individual care plans. To support consistent practice, we have produced a simple safeguarding flow chart to guide staff when a concern is identified, providing a clear sequence of actions to follow. In addition, we have added an appendix to the safeguarding policy containing all relevant referral forms.</p> <p>Quality Improvement Officers have been visiting projects to discuss safeguarding with staff teams, reinforce referral expectations, and promote confidence in the process.</p>
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<p>Area for Improvement 2</p> <p>Ref: Standard 4.7 Regulation 5, 8</p> <p>To be completed: 30 April 2026</p>	<p>The service must ensure that the care receiver’s risk assessments are current, personalised, and reflective of people’s individual needs and circumstances. Risk assessments must be accessible to staff, clearly understood, and consistently followed to support safe and proportionate care.</p> <p>Response by registered provider:</p> <p>The organisation has recruited a Registered Manager, Assistant Manager, and Quality Improvement Officer. They are currently reviewing all care plans and risk assessments with a view to making the necessary changes and improvements.</p>
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This work will be carried out in consultation with clients, families, key workers, and support workers to ensure that all documents align with the guiding principles of a person-centred approach. The key areas of focus include: Updating and Personalising All Risk Assessments Ensuring each risk assessment are tailored to the individual's needs, preferences, and support requirements. Ensuring Risk Assessments Are Accessible to Staff Copies of current risk assessments will be stored in every home, available at the point of care, along with quick-reference summaries to support staff decision-making.

Ensuring Staff Understand and Follow Risk Assessments

The Quality Assurance Officer is delivering regular training and support sessions with the teams to reinforce best practice.

Embedding Risk Assessment into Daily Practice Risk assessments will be directly linked to care plans so that risks and support strategies are consistently applied. Strengthening Governance and Oversight Monthly risk reports and audits will be completed to monitor compliance, identify emerging risks, and drive continuous improvement.

<p>Area for Improvement 3</p> <p>Ref: Standard 3.9; 6.1; 9.3 Regulation 17</p> <p>To be completed: 30 April 2026</p>	<p>The service must implement effective staffing and contingency arrangements to ensure people receive safe and reliable care at all times. This includes clear plans for staff and management absence, safe staffing levels, appropriate skill mix, accurate rotas, controlled working hours, and the consistent application of commissioned support arrangements.</p>
	<p>Response by registered provider:</p> <p>To strengthen our on-call system, we will ensure all staff are fully aware of how to contact the on-call manager at any time. We are also implementing a clear reporting system that enables staff to promptly report unplanned absences or sickness. This will support effective shift coverage and reduce the risk of unsafe staffing levels. Safe staffing levels will continue to be informed by robust and regularly updated risk assessments. These assessments will be reviewed frequently, ensuring they remain accurate, and any progress or emerging challenges will be communicated to commissioners. A full staffing needs analysis will be completed for each care receiver, ensuring rotas reflect commissioned hours, 2:1 support arrangements, and individual dependency levels. To maintain safe staffing, we have developed dedicated, tailor-made teams for each project and client. Management and the Quality Improvement Officer will monitor these teams by spending time on site and reviewing practice. For management continuity, a General Assistant Manager is now in place.</p>

	<p>Systems are in place to ensure that both the Registered Manager and Assistant Manager are not absent at the same time.</p> <p>Rotas are produced four weeks in advance and shared with staff. When planning rotas, we ensure that clients who require additional skills—such as medication administration or driving—are matched appropriately with staff who have the required competencies. Senior management maintain oversight of the rota system, reviewing staff absence patterns and assessing whether the contingency plans in place for unexpected absence are working effectively.</p>
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<p>Area for Improvement 4</p> <p>Ref: Standard 2.6; 5.2 Regulation 7; 9</p> <p>To be completed: 30 May 2026</p>	<p>The service must ensure that records are complete, accurate, up to date, and reflective of people’s current needs. Care plans, daily records, and incident documentation must align, support continuity of care, and enable effective oversight and risk management.</p>
	<p>Response by registered provider:</p> <p>Senior management are reviewing current journal entries with a strong emphasis on improving the quality of documentation. The Quality Improvement Officer has developed a new journal entry template designed to capture detailed records of daily activities.</p> <p>Key Workers are now responsible for ensuring that all daily journal entries meet the required standard. In addition, monthly audits will be conducted to monitor and evaluate the quality of journal entries.</p>

	<p>A Documentation Alignment Audit is also being introduced. This process will check that:</p> <p>incidents are accurately reflected in daily notes</p> <p>daily notes are consistent with the care plan</p> <p>risk assessments reference all relevant incidents</p> <p>safeguarding concerns are recorded appropriately across all relevant documents.</p>
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<p>Area for Improvement 5</p> <p>Ref: Standard 7.2 Regulation 22</p> <p>To be completed: 30 April 2026</p>	<p>The service must ensure that complaints are managed in line with the service's policy and the Standards of Care. Complaints must be responded to in a timely manner, investigated appropriately, outcomes recorded, and learning identified and used to improve the quality of care.</p> <hr/> <p>Response by registered provider:</p> <p>A dedicated email address has been created for submitting complaints, and a dedicated complaints link is also available on our website and has been for some time.</p> <p>Once a complaint is submitted, an email alert is automatically sent to the managers. Managers have 7 days to acknowledge receipt of the complaint.</p> <p>A complaints timescale tracker has been introduced to monitor acknowledgements, investigation milestones, and final responses.</p> <p>Standardised acknowledgement and outcome letter templates have been created to ensure clarity, consistency, and professionalism in all communications.</p>
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<p>Area for Improvement 6</p> <p>Ref: Standard 2.6; 2.7 Regulation 9</p> <p>To be completed: 30 April 2026</p>	<p>The service must ensure that care planning is person-centred and supports people to receive care that meets their assessed needs and preferences. Care plans must include clear guidance on personal care, nutrition, communication, behaviour support, medication, and risk management to support consistent and safe practice.</p>
	<p>Response by registered provider:</p> <p>We are currently reviewing all care plans and risk assessments with a view to making the necessary changes and improvements.</p> <p>This work will be completed in consultation with the client, their families, key workers, and support workers to ensure that it aligns with the guiding principles of a person-centred approach.</p>

<p>Area for Improvement 7</p> <p>Ref: Standard 4.1; 7.2 Regulation 11; 22</p> <p>To be completed: 30 April 2026</p>	<p>The service must demonstrate effective systems for learning from safeguarding concerns, incidents, and complaints. This includes evidence of reflection, analysis of themes and causes, and actions taken to prevent recurrence and improve outcomes for people who use the service.</p>
	<p>Response by registered provider:</p> <p>We are holding monthly team meetings, as well as weekly administrative office meetings every Monday for updates and planning. These meetings explore absences, sickness, and any potential safeguarding concerns.</p> <p>Regular supervisions are held with the whole team, with additional supervision provided for anyone</p>

	<p>involved in incidents. Outside of formal supervision, the Improvement Officer has been engaging with staff on a 1:1 basis to discuss concerns, support practice improvements, and offer coaching and further training where necessary. We have introduced a weekly Learning Review Meeting, where management examine safeguarding issues, incidents, and complaints.</p> <p>We have also introduced post-incident debriefs for staff, focused on reflection, emotional impact, and learning.</p>
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<p>Area for Improvement 8</p> <p>Ref: Standard 6.3; 6.4 Regulation 17</p> <p>To be completed: 30 June 2026</p>	<p>The service must ensure that staff work within clear professional boundaries and in line with expected standards of conduct. Staff deployment must be safe, appropriate, and in accordance with risk assessments, and working practices must not place people using the service or staff at risk.</p>
	<p>Response by registered provider:</p> <p>The service will ensure that all staff work within clear professional boundaries and in accordance with the expected standards of conduct. Staff deployment will be safe, appropriate, and aligned with individual risk assessments. Working practices will support safe, ethical, and professional care delivery, and must never place care receivers or staff at risk.</p> <p>Registered Managers are in the process of developing boundary-focused training that addresses over-familiarity, inappropriate personal disclosures, and related issues. These discussions will also be integrated into supervision sessions.</p>

	Registered Managers will be conducting regular spot checks.
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<p>Area for Improvement 9</p> <p>Ref: Standard 9.4 Regulation 19</p> <p>To be completed: 30 June 2026</p>	<p>The service must establish and maintain robust governance and quality assurance systems. This includes regular auditing, monitoring, and review of care delivery, incidents, complaints, staffing, training, and records, with clear management oversight and timely action when concerns are identified.</p>
	<p>Response by registered provider:</p> <p>The service will establish and maintain robust governance and quality assurance systems. These systems will include regular auditing, monitoring, and review of care delivery, incidents, complaints, staffing, training, and record-keeping. Clear and consistent management oversight will ensure that concerns are identified promptly, addressed in a timely manner, and used to drive continual improvement in safety, quality, and service delivery. In conjunction with Law at Work, we have developed job descriptions that clearly define the responsibilities of the Registered Provider, Registered Manager, team leaders, and office-based staff.</p> <p>We also intend to develop a formal framework for Governance and Quality Meetings in the near future.</p> <p>The Registered Manager will be responsible for maintaining effective oversight of care delivery, incidents, complaints, and safeguarding.</p>

<p>Area for Improvement 10</p> <p>Ref: Standard 3 Regulation 11; 17</p> <p>To be completed: With immediate effect</p>	<p>The service must ensure that recruitment and employment practices meet regulatory requirements. This includes appropriate pre-employment checks, clear identification, complete personnel records, effective induction, and secure management of disciplinary and employment information to ensure staff are suitable and supported.</p>
	<p>Response by registered provider:</p> <p>The service will ensure that all recruitment and employment practices meet regulatory requirements. This includes completing appropriate pre-employment checks, verifying identity and suitability, maintaining accurate and complete personnel records, ensuring effective induction and probation processes, and securely managing disciplinary and employment information. These measures will ensure staff are safe, suitable, and supported to deliver high-quality care</p> <ol style="list-style-type: none"> 1-Pre-employment check list 2- We have developed interview questions with a scoring system to ensure fairness 3- Induction and probation under review 4- Urgent review of staff records.

<p>Area for Improvement 11</p> <p>Ref: Standard 3.3; 3.12; 8.2 Regulation 5; 17</p>	<p>The service must ensure there is sufficient leadership capacity and clear management arrangements in place. Roles and responsibilities must be defined, leadership appropriately delegated, and managers must provide effective oversight, support staff, and promote a positive and safe organisational culture.</p>
<p>To be completed: 30 June 2026</p>	<p>Response by registered provider:</p> <p>The service will ensure that there is always sufficient leadership capacity and clear management arrangements in place. Roles and responsibilities will be clearly defined, leadership will be appropriately delegated, and managers will provide effective oversight, support staff, and promote a positive, accountable, and safe organisational culture.</p> <p>1- Law at Work currently tasked with developing job descriptions, however, these have now been completed and will be implemented after the consultation period.</p> <p>2- New registered manager and assistance registered manager are now in post, not allowed to be off at the same time.</p> <p>3- Reinforcement of the 24/7 out of hours on-call system.</p> <p>4- Additional full time HR officer who has a vast amount of experience and qualified in HR.</p>

<p>Area for Improvement 12</p> <p>Ref: Standard 6.7; Appendix 8 Regulation 14</p> <p>To be completed: 30 April 2026</p>	<p>The service must strengthen medication management arrangements to ensure medicines are administered safely and consistently. This includes clear PRN protocols, medication-related care planning, appropriate training and competency assessment, compliance with transcribing guidance, and effective auditing and monitoring of medication incidents.</p>
	<p>Response by registered provider:</p> <p>The service will strengthen medication management arrangements to ensure that medicines are administered safely, consistently, and in accordance with regulatory Standards. This includes establishing clear PRN protocols, medication-related care planning, appropriate staff training and competency assessment, compliance with transcribing guidance, and effective auditing and monitoring of medication incidents.</p> <p>Medication care planning</p> <p>Checking training compliance and competency checks</p> <p>Enforcing daily medication stock check.</p> <p>Management maintaining medication oversight.</p>

The full report can be accessed from [here](#).