



**Jersey Care
Commission**

INSPECTION REPORT

TESH Healthcare Jersey Ltd

Home Care Service

**Suite 13, Bourne House
Francis Street
St Helier
JE2 4QE**

**Inspection Dates
23 and 24 February 2026**

**Date Published
9 April 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 TESH Healthcare Jersey Limited. The home care service is operated by TESH Healthcare Jersey Limited and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Home Care
Mandatory Conditions of Registration	
Categories of care	Adults 60 + Physical Disability and/or sensory impairment
Maximum number of care hours each week	2250 hours
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
The Registered Manager must complete a Level 5 diploma in leadership in health and social care by 18 August 2028.	
Additional information	
There has been a change in manager, with the current registered manager taking up the role on 18 August 2025.	
A new statement of purpose was submitted during the inspection, reflecting several updates, including the correct categories of care and the change of registered manager.	

As part of the inspection process, the Regulation Officer evaluated the service’s compliance with the mandatory conditions of registration and any additional discretionary conditions 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 four days before the visit to ensure that the Registered Manager would be available.

A Regulation Officer and the Pharmacist Inspector were present for the first day, and one Regulation Officer for the second day. References to who gathered the information during the inspection may change between ‘the Regulation Officer’ and ‘the Pharmacist Inspector’.

Inspection information	Detail
Dates and times of this inspection	23 February 2026 09:00 – 17:08 24 February 2026 13:16 – 17:06
Number of areas for improvement from this inspection	Five
Number of care hours on the week of inspection	1205.5
Date of previous inspection	6 March and 3 April 2025
Areas for improvement noted in 2025	None
Link to the previous inspection report	RPT_TS_Inspection_20250403.pdf

3.2 Focus for this inspection

This inspection included a focus on these specific 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

Last year, the previous Registered Manager and several senior care staff left the service at the same time. Although this created challenges for the Registered Provider, they successfully recruited new team members and also stepped in to assume the role of Registered Manager.

The service has robust compliant safe-recruitment practices, including extra checks for overseas staff and close liaison with customs and immigration to ensure all processes meet best-practice standards.

Medication management needs improvement, with missing 'as required'(PRN) medication protocols, incomplete staff competency assessments, inadequate recording of disposed medicines, and a lack of signatory lists. This is an area for improvement.

The medication training completed by staff was found not to be accredited or equivalent to a Regulated Qualifications Framework (RQF) Level 3 standard. As a result, most care staff do not hold the required level of training to administer medicines. This is an area for improvement.

The service uses a clear training matrix and staff certificates to evidence compliance with mandatory training. The Registered Manager keeps their own skills and knowledge up to date and uses this to assess staff learning, ensuring that training is well understood and applied in practice.

The service had not submitted any notifications to the Commission since April 2025, which was unusual for the type of service. A review of internal incident records showed that some events met the criteria for notification but had not been reported. This is an area for improvement.

It was noted that carers were completing tasks identified as delegated tasks, such as blood pressure monitoring and blood sugar glucose testing (finger prick), without the required training or formal delegation.

Induction processes were found to be inconsistent. While recent new starters had clear evidence of completed inductions, there were no induction or competency records for staff employed for four months or longer. This highlights the need for a more consistent and well-documented induction process.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Home Care and Support in the Community Standards were referenced throughout the inspection.¹

Prior to the 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, notification of incidents, and other intelligence.

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

The Regulation Officer and the Pharmacist Inspector gathered feedback from five care receivers and three of their representatives. They also had discussions with the service's management and received feedback from seven members of staff. Additionally, four professionals external to the service were approached for feedback, two responded.

As part of the inspection process, records including policies, care records, incidents and complaints, and medication administration records (MAR) were examined.

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and confirmed the identified areas for improvement by email, on 26 February 2026.

This report sets out our findings 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.

5.2 Sources of evidence.

New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Medication policy and procedures Feedback from care receivers, relatives, professionals, and staff members Risk assessments Care records Incident log
Is the service effective and responsive	Policies Feedback from care receivers, relatives, professionals, and staff members Incident log Care records Supervision records
Is the service caring	Policies Feedback from care receivers, relatives, professionals, and staff members Care records
Is the service well-led	Monthly quality assurance reports Statement of purpose Training matrix Supervision log and records

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The service demonstrates robust and compliant safe recruitment processes in line with Home Care and Support in the Community Standards. Recruitment procedures are thorough for all staff, with additional safeguards in place for overseas applicants to ensure that all required checks are completed for individuals who have not previously worked in Jersey or the UK. This includes verifying international references, conducting enhanced background checks, and confirming right-to-work documentation. The service also liaises closely with local customs and immigration authorities, ensuring best practice is followed and that all recruitment activities meet regulatory expectations.

Although carers have undertaken an online medication module and in-house training, the training is not accredited or aligned with RQF Level 3. Consequently, most of the care team do not meet the required competency level for administering medicines. Action is required to ensure that staff receive training that meets regulatory standards. This is an area for improvement.

The Pharmacist Inspector and Regulation Officer identified that overall medication management requires improvement, as several essential administration processes were not in place. These include the absence of PRN protocols, missing annual medication competency assessments for all carers administering medication, non-compliance with Level 3 medication training requirements, insufficient recording of disposed medicines, and care receivers' records lacking up-to-date signatory lists. This has been highlighted as an area for improvement.

To ensure that staffing levels remain safe and appropriate, the Registered Manager will only accept new care packages when staffing is sufficient and suitably skilled to meet the needs of those packages. The long-term plan is to introduce a floating care coordinator role which can provide cover for sickness, annual leave, and short-notice resignations. This role will help prevent any disruption to care delivery and provide staff with greater reassurance during periods of staffing pressures.

Inspection findings indicated that induction practices were inconsistent across the staff team. While recent new starters had clear evidence of completed inductions, corroborated through staff feedback, there were no induction or competency records available for staff employed for four months or longer. Feedback from these longer-standing staff members varied, with some recalling elements of an induction and others reporting that they did not receive one. This inconsistency highlights a need for improvement in ensuring that all new staff receive a structured, documented induction process which includes competency assessments. This is an area for improvement.

The service maintains a fleet of cars for staff to use when completing home visits or transporting care receivers to outings, shopping trips and other activities. The Registered Manager ensures that all vehicles are properly insured and regularly maintained to safeguard both staff and care receivers.

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.

The service maintains a training matrix that demonstrates full compliance with mandatory training requirements, supported by individual staff training certificates. The Registered Manager, who has a professional background, continues to enhance their own skills through additional learning and uses this knowledge to assess staff competency and evidence the impact of training they receive.

They are also working towards gaining accreditation in specific areas to enable them to deliver specialist training packages directly to the staff team.

The service has clear written agreements in place with each care receiver to ensure transparency and mutual understanding. These agreements outline how the service will be delivered to meet the individual's assessed needs and include the full terms and conditions, payment arrangements, and the process for changing or ending the agreement. Care receivers, or where appropriate their relatives, are fully involved in the development of the agreement. This approach ensures that people receiving care are well informed, involved, and confident about the support they will receive.

The Commission had not received any notifications from the service since April 2025, which appeared unusual given the nature of the service. A review of the service's internal incident records identified several events that met the criteria for statutory notification, this included falls resulting in harm, pressure sores of grade two and above, and Significant Restriction of Liberty (SRoL), that had not been reported. This is an area for improvement.

The Registered Manager reported that the service actively engages with care receivers and their family members to gather feedback on the quality of care provided. The independent auditor who completes the monthly quality assurance report also seeks feedback directly from care receivers. In addition, questionnaires are distributed throughout the year, and the Registered Manager and senior staff encourage all forms of feedback, complimentary, constructive, and even negative, so that it can be used to drive service improvements. The Registered Manager also meets with relatives who wish to raise concerns or provide feedback in person.

Care receivers are actively involved in planning their care and are supported to make choices that promote independence and autonomy. This includes participating in meal planning, food preparation, and cooking. During a visit to a care receiver, the Regulation Officer observed a carer and a care receiver looking through recipes together to decide on the meal they would prepare that day. Although the care receiver has reduced dexterity and abilities, the carer recognised the importance of involving them in each stage of the process.

By planning, choosing, and cooking together, the carer enabled the care receiver to remain engaged, retain as much independence as possible, and feel empowered within their daily routine.

Is the service caring?

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

Initial assessments are carried out by senior team members. These assessments identify the care receivers' preferences, needs, and wishes, which inform the development of individual care plans and any required risk assessments for the care package.

The Regulation Officer reviewed care records both online in the office and in care receivers' homes during feedback visits. The records generally contained sufficient information outlining the agreed care and support required. However, there were instances where a clear need had been identified, but no corresponding care plan was in place. This made it difficult for carers who were new to the care receiver to understand the specific support required in that area. While the majority of care plans did reflect identified needs, it is recommended that care plans be more detailed and that all required care plans are consistently in place.

Risk assessments available in the care receiver records were viewed by the Regulation Officer. Appropriate assessments such as moving and handling and pressure area risk assessments were in place where required. These assessments help ensure that care is delivered safely, consistently, and in accordance with each individual's needs.

Carers make every effort to arrive at care receivers' homes on time; however, occasional unforeseen circumstances, such as traffic delays can result in late arrivals. Feedback from care receivers was very positive regarding timeliness, with most reporting that carers were usually punctual and, when delayed, would contact them to provide an update.

Exit interviews are offered to all staff members who leave the service. This process enables the Registered Manager and Registered Provider to review the reasons for leaving, identify whether any aspects of the service contributed to their decision, and understand what staff members valued or disliked about their employment experience. Staff are also asked about the quality of their working relationships with colleagues and the management team. The information gathered helps the Registered Manager determine whether improvements to working conditions are needed and highlights areas where the service is performing well so these can be sustained.

Feedback from professionals and relatives highlighted that the service has been very responsive when care packages have needed to increase at short notice. This has provided reassurance to care receivers and their family members.

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.

It was identified that carers were carrying out delegated tasks such as blood pressure monitoring, and capillary blood testing (finger prick test), without the appropriate training and delegation in place. The Registered Manager is responsible for authorising requests by healthcare professionals to delegate clinical tasks to their staff. This is an area for improvement.

Quarterly supervision for care staff was found to be compliant, as confirmed through the supervision log sheet, individual supervision records, and feedback from staff members. However, evidence of annual appraisals for all staff members was not available. The Registered Manager explained that during the changeover of management midway through the previous year, appraisal records had been misplaced. Staff feedback was mixed regarding whether they had received an appraisal.

The Registered Manager reported that a new system has been implemented for 2026 to ensure all staff members receive an annual appraisal, and evidence showed that some staff had already received theirs. As a result, annual appraisals will not be identified as an area for improvement.

The service has a suite of policies and procedures that staff can access online via a dedicated computer. The Regulation Officer and Pharmacist Inspector reviewed a sample of these policies, including those relating to medication management, safeguarding, and recruitment. While the policies provide overarching guidance for staff, they did not clearly indicate when they were written, last reviewed, or updated. In addition, several medication-related policies overlapped and could be consolidated into a single, more accessible document for staff. It is recommended that all policies clearly display their date of writing and allocated review dates.

The Registered Manager explained that the service provides a range of incentives and support to attract care staff and encourage them to remain with the organisation. These include relocation packages for those moving from overseas, access to fleet cars for personal use when they initially arrive on the island, and accommodation for staff who are relocating. In addition, the service works with the Back to Work government department to identify individuals who may be interested in joining the sector and training to become carers.

The Regulation Officer conducted four home visits and spoke with the corresponding relatives to obtain direct feedback about the care being provided. Overall, the feedback was predominantly positive. However, one care receiver reported a negative experience with the first set of carers assigned to them. They described being treated disrespectfully, having their needs overlooked, and visits being cut short before all required care was completed. This concern was escalated to the Registered Manager, and the care receiver stated that the issue was addressed promptly and professionally, with new carers assigned thereafter.

The Registered Manager commissions an external auditor, who is a healthcare professional, to complete the monthly quality assurance reports. The Regulation Officer reviewed the most recent three reports as part of the pre-inspection reading.

These reports were found to be transparent, providing clear information on incidents, complaints, and staff training and development. They were well-structured, with outcomes and actions clearly documented and progress reviewed from the previous month.

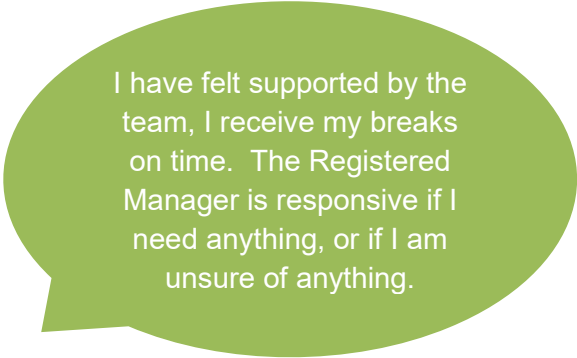
What staff members said:



The management is very supportive. It has been a positive environment for me as a staff member.



I feel supported by the Registered Manager and the senior team. They are approachable and provide the necessary guidance to ensure high standards of care and safety.



I have felt supported by the team, I receive my breaks on time. The Registered Manager is responsive if I need anything, or if I am unsure of anything.

What care receivers and relatives said:

I feel supported and much safer now that the carer is here all of the time. The Registered Manager and care co-ordinators are easy to contact.


We are very happy with the care that TESH provides. The carers are excellent very friendly, they arrive on time, and I have consistency of care workers.

I like my carer, generally I have the same person each week. They are always professional, and polite.

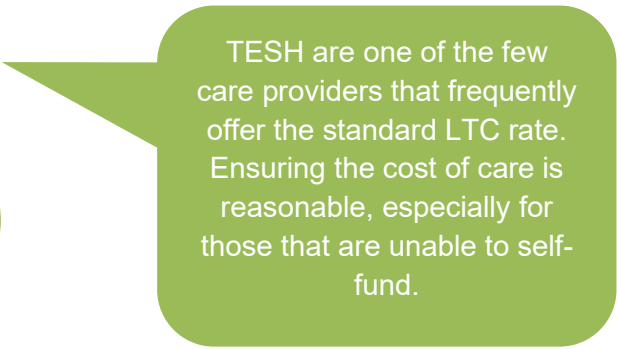
I have no complaints at all. The carers are so kind to Xxx. Xxx is out of this world. They treat my Xxx like he is their parent.

TESH have been brilliant, I can't fault the staff. The care Xxx gets is very good. Xxx has gained Xxx trust.


Professional's feedback:




Their approach is always welcoming, and I found the Registered Manager to be very understanding and empathic.



TESH are one of the few care providers that frequently offer the standard LTC rate. Ensuring the cost of care is reasonable, especially for those that are unable to self-fund.



Communication between myself and the service has been exceptional. Any queries I have raised, have been responded to in a very timely manner.



I have been particularly impressed with the service's transparency and willingness to involve me in processes where appropriate.

IMPROVEMENT PLAN

There were five 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 6.12</p> <p>Regulation 14</p> <p>To be completed: by 27/03/2026</p>	<p>The Registered Manager is required to strengthen medication management, as several essential administration processes were missing. These included the absence of PRN protocols, a lack of annual medication competency assessments, and records of disposed medicines were insufficient.</p> <hr/> <p>Response by the Registered Provider:</p> <p>PRN protocols are in place. Signature List in place in every client folder. Standard and Controlled Medication disposal charts in place. Medication competency assessments in place and 80% completed Working on merging the three medication policies to make it user friendly and easy.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 6.11</p> <p>Regulation 14</p> <p>To be completed: by 27/05/2026</p>	<p>The Registered Manager must ensure that care workers responsible for administering medication complete an accredited RQF or equivalent Level 3 medication management qualification, to ensure safe and effective medication practices.</p> <hr/> <p>Response by the Registered Provider:</p> <p>Working with Jersey General hospital for RQF training in Medication level 3 and our first lot of 9 members of staff are attending in June due to course dates and availability.</p>

Area for Improvement 3 Ref: Standard 6.7 Regulation 17 To be completed: 27/05/2026	The Registered Manager must ensure that only staff with appropriate training and formal delegation are authorised to perform delegated tasks.
	Response by the Registered Provider: Working with Family nursing to make sure staff are appropriately trained.

Area for Improvement 4 Ref: Standard 5.8 Regulation 17 To be completed: 27/03/2027	The Registered Manager must ensure that all new staff receive a structured and fully documented induction, including competency assessments, to confirm they are equipped with the skills and knowledge required for their roles.
	Response by the Registered Provider: Care Competency book in place and staff assessed and 100 percent compliant.

Area for Improvement 5 Ref: Standard 7.2, Appendix 6 Regulation 21 To be completed: With immediate effect	The Registered Manager must ensure that any incidents, accidents or other events that have posed or may pose a risk of harm to care receivers, are notified to the Commission.
	Response by the Registered Provider: All incidents have now been captured and reported to JCC as required. Deputy Manager and care coordinators has been trained on how to notify JCC within 24 hours of the incident.

To ensure there is clear evidence that the required improvements have been made, the following action will be taken:

- The Provider must submit written confirmation to the Commission when the areas of improvement have been achieved

These actions will be used to track progress, confirm completion, and provide assurance that the necessary improvements have been achieved.

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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