



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Lifeline Care**

**Home Care**

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

**Inspection Dates  
25 February and 2 March 2026**

**Date Published  
23 June 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 Lifeline Care. The home care service is operated by Lifeline Group and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Home Care Service
Mandatory Conditions of Registration	
Categories of care	Mental Health, Young Adults (19-25), Adults 60+
Maximum number of care hours each 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 focused inspection undertaken on 11 December 2025 to follow up on areas of improvement identified at the annual inspection on 14 and 21 March 2025	

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory conditions of registration and 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 unannounced. Two attempts were made to carry out an unannounced inspection of the home care service during February 2026.

On the first visit, no staff were present on-site, and the Registered Manager was absent due to sickness, meaning the inspection could not proceed.

A second unannounced visit took place later in the month. Once again, no staff were on the premises on arrival. Senior staff were contacted, and a representative subsequently attended to facilitate the inspection. The Registered Manager later became available to meet with the Regulation Officer.

Inspection information	Detail
Dates and times of this inspection	25.02.26 - 8:45-10:20, 12:30-16:30 02.03.26 - 9:00- 13:50
Number of areas for improvement from this inspection	Four
Number of care hours on the week of inspection	598
Date of previous inspection	11 December 2025
Areas for improvement noted at the last inspection	Four
Link to the previous inspection report	<a href="#">RPT_LFL_FocusedInspection_20251211.pdf</a>

#### 3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection on 11 December 2025 as well as 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 previous inspection, four areas for improvement were identified. The Registered Provider submitted an improvement plan setting out how these would be addressed. During this inspection, the Regulation Officer reviewed progress against that plan and found that the required actions had been completed. Evidence demonstrated that:

- Policies had begun to be embedded into day-to-day practice, with structures in place to support continued application.
- Safe recruitment checks were being carried out consistently across staff files.
- Care plans and risk assessments were accessible to staff and updated in line with expected review cycles.
- An overarching governance framework had been introduced, providing the foundations for monitoring and oversight, though further strengthening would be required to ensure long-term sustainability and effectiveness.

These findings confirm that the service had met the specific requirements from the previous inspection. However, the current inspection also evaluated how well these improvements had become embedded in practice and whether they were consistently applied. This broader review identified new areas for improvement, particularly in relation to staff competence, communication, decision making, and the effectiveness of governance oversight. These findings are explored in the main body of the report.

## **4.2 Observations and overall findings from this inspection**

This inspection considered the progress the service has made since the previous visit and evaluated whether improvements had become embedded in day-to-day practice. While there were several positive developments, the findings showed continued inconsistency across key operational and governance systems.

Recruitment practices had strengthened, with criminal records checks, references, identity verification, and other pre-employment checks applied consistently. Despite the Registered Manager's assurance that mandatory training is completed before staff begin supporting care receivers, feedback from both staff and professionals indicated that inexperienced workers were at times deployed without adequate training or supervision. This created potential safety risks and placed additional pressure on more experienced colleagues.

Arrangements for incident reporting and review were in place, with incidents recorded through the electronic system, monitored daily, and escalated to the Senior Leadership Team meetings. However, repeated themes such as rota instability, communication concerns, and inconsistent staff competence suggested that learning from incidents was not consistently embedded. As a result, an area for improvement was identified requiring the provider to strengthen systems for discharging, monitoring, and reporting on its functions in line with legislation and standards, including more robust analysis of trends and clearer evidence of the impact of actions taken.

Policies were now being incorporated into supervision discussions, scenario-based learning had been introduced, and a revised staffing structure had been implemented to improve oversight and accountability. Nonetheless, feedback highlighted ongoing issues with organisational responsiveness. Care receivers often praised individual carers for their adaptability, but the wider systems that support care delivery, such as staffing, communication, rota management, and coordination of complex care packages remained inconsistent. To address these challenges, the inspection identified the need for the provider to ensure that people receiving care are informed in advance about who will be visiting them, and for the service to strengthen the processes used to schedule and monitor visits so that delays and missed visits are prevented.

Care plans and risk assessments were generally updated within expected timescales, and feedback from people receiving care was highly positive regarding the kindness, compassion, and respect shown by staff. However, some care receivers reported that they were not always fully involved in developing or reviewing their plans and were not always confident that they understood them. The inspection therefore identified a further improvement requiring personal plans to be holistic, person centred, and accessible.

Although supervision records and competency assessments demonstrated formal compliance, wider feedback indicated inconsistency in management visibility, communication, and follow through. Staff and professionals described difficulties contacting managers, unresolved concerns despite repeated reporting, and a lack of clarity regarding decision making and leadership responsibilities. These patterns, alongside ongoing concerns about staff confidence and competence in key areas of practice, led to the identification of an area for improvement requiring the provider to ensure that all staff have the necessary training, competence, and support to work safely within their defined roles and to escalate concerns appropriately.

## **5. INSPECTION PROCESS**

### **5.1 How the inspection was undertaken**

The Home Care and Support in the Community Standards were referenced throughout the inspection.<sup>1</sup>

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection reports, reviews of the Statement of Purpose, safeguarding concerns and notification of incidents.

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

The Regulation Officer gathered feedback from two care receivers and one of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by six professionals external to the service.

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

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and Provider and confirmed the identified areas for improvement by email on 11 March 2026. Details of the follow-up actions required to evidence that improvements have been made were also set out by the Regulation Officer.

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.

## 5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	Evidence Reviewed
<b>Policies and procedures, embedded in practice</b>	Sample of supervision records, handbook, training matrix
<b>Recruitment</b>	Sample of staff files
<b>Care plans and risk assessments</b>	Sample of care plans and risk assessments
<b>Governance framework</b>	Audits being undertaken, senior leadership team meeting minutes
New key lines of enquiry	
Focus	Evidence Reviewed
<b>Is the service safe</b>	<ul style="list-style-type: none"> <li>• Training matrix for mandatory and role-specific training.</li> <li>• Competency assessments signed off by senior staff.</li> <li>• Induction policy and completion records.</li> <li>• Workforce qualification profile.</li> <li>• Recruitment and vetting policies.</li> </ul>

	<ul style="list-style-type: none"> <li>• Incident/accident/near-miss reporting procedures.</li> <li>• Incident investigations and learning logs.</li> </ul>
<b>Is the service effective and responsive</b>	<ul style="list-style-type: none"> <li>• Mandatory training and competency records.</li> <li>• Audit results (training, medication, care plans, supervision).</li> <li>• Audit review and action-tracking documentation.</li> <li>• Examples of staff duty adjustments.</li> <li>• Supervision records.</li> <li>• Records showing support adjustments when needs change.</li> <li>• Systems for communicating updates to staff.</li> <li>•</li> </ul>
<b>Is the service caring</b>	<ul style="list-style-type: none"> <li>• Policies/training on dignity, respect, autonomy, boundaries and person-centred care.</li> <li>• Examples of staff-wellbeing support.</li> <li>• Reflective practice and supervision materials.</li> <li>•</li> </ul>
<b>Is the service well-led</b>	<ul style="list-style-type: none"> <li>• Community Manager job description.</li> <li>• Governance and audit framework documents.</li> <li>• Quality-assurance processes for training, competency, care planning and supervision.</li> <li>• Incident-oversight and improvement-planning records.</li> <li>• Supervision, appraisal and informal support evidence.</li> <li>• Staff and care-receiver feedback mechanisms.</li> </ul>

## 6. INSPECTION FINDINGS

### Is the service safe?

People are protected from abuse and avoidable harm.

Since the previous inspection, safer recruitment processes have improved. A review of staff files across the 26-person workforce, including recent recruits, confirmed that application forms, identity checks, references, and DBS checks were consistently in place. Two references were present in all cases, start dates were clearly recorded, and pre-employment checks were appropriately dated. Identity verification, such as passport checks, was also consistently documented. A recommendation was made for the service to retain evidence when electronically signed contracts are used, to ensure a complete audit trail.

The job description and person specification for the Community Manager role were reviewed and found to align with Home Care Standards, clearly outlining responsibilities, required competencies, and safeguarding expectations. Of the 26 files reviewed, 19 staff hold an RQF Level 2 qualification or above. The Registered Manager reported that mandatory training must be carried out before care delivery and that a service specific induction completed within three months; however, staff and professional feedback indicated that inexperienced workers were sometimes deployed without adequate preparation. This placed pressure on experienced staff and created potential safety risks, indicating a gap between stated policy and operational practice.

Processes for reporting and monitoring incidents, accidents, and near misses are in place. Events are logged in the electronic system and reviewed daily by the Registered Manager, with additional administrative oversight. Weekend issues are examined during Monday reviews, and incidents are discussed at Senior Leadership Team meetings, where each is given a Red/Amber/Green (RAG) risk rating.

Meeting minutes showed regular discussion of rota management, continuity of care, safeguarding, complaints, and documentation standards. The Registered Manager described actions taken in response to incident themes, such as additional supervision and training. However, evidence of sustained improvement was limited. Recurrent issues such as rota instability, communication gaps, and inconsistent staff competence appeared repeatedly across meetings without clear indication of resolution. While oversight structures exist, the systems for identifying trends, evaluating the impact of actions, and reporting on performance are not yet reliably embedded.

Feedback from care receivers and relatives was generally positive, with people describing carers as kind, reliable, and supportive. Most felt safe and well cared for. In contrast, professionals and staff raised concerns about carers appearing out of their depth during personal care, inconsistent medication related practice, and examples of poor risk-based decision making. Staff also reported occasions where inexperienced workers were deployed with insufficient supervision, increasing the likelihood of inconsistent safety practices.

To strengthen the overall safety framework, an area for improvement has been identified: the provider must ensure that robust systems are in place to discharge, monitor, and report on its functions in line with legislative requirements, standards, and guidance. This includes more effective analysis of incident patterns, clearer evidence of the impact of actions taken, and regular governance reporting that demonstrates sustained oversight and improvement.

## 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 previous inspection highlighted the need to ensure that organisational policies are properly embedded in daily practice. The Registered Manager reported that policies are now discussed in supervisions, with each session focusing on a specific policy. A digital communication platform is used to share regular updates, including safeguarding and medication guidance, and all policies are available to staff. A new staff handbook is being developed to consolidate these documents. Scenario based questions have also been introduced into supervision to assess staff understanding, and the Registered Manager described a more structured and disciplined approach to performance where gaps are identified.

A staffing restructure was implemented to strengthen operational oversight and relieve pressure on the Registered Manager. The new structure introduced care coordinators overseeing groups of care receivers, team leads supervising coordinators and frontline staff, and longer-term plans for coordinators to manage groups of support workers.

Staff are now expected to escalate issues through defined routes rather than directly to senior management. While the Registered Manager viewed this as positive and supportive of clearer accountability, staff and professional feedback indicated the changes are not yet fully embedded and organisational responsiveness remains inconsistent.

The original Statement of Purpose did not meet Standard 2.1, and the Regulation Officer requested amendments. A revised version was submitted during the inspection, addressing the missing mandatory elements and moving the service closer to full compliance.

The Lifeline welcome Pack provided to care receivers contains information on service expectations, governance, confidentiality, emergency procedures, and complaints. It also includes space for personalised care planning and can be provided in easy read or translated formats. Despite this, some care receivers reported uncertainty about their plans, indicating that care planning information is not always reinforced during visits.

People receiving care generally described staff as helpful, adaptable, and responsive to changing needs, with relatives giving examples of positive adjustments following illness or injury. However, professionals raised concerns about the delivery of more complex care, noting variable staff confidence, gaps between theoretical training and practical competence, and weaknesses in multidisciplinary coordination. Staff also reported feeling insufficiently prepared or supervised in some areas, which aligned with concerns about inconsistent care planning documentation and communication.

While frontline staff often demonstrate commitment and provide beneficial support, the systems underpinning effective care such as competency assurance, communication pathways, and reliable staffing structures require further development. An area for improvement has therefore been made: the provider must ensure that care receivers are reliably informed in advance about which staff will be visiting and at what time. Changes must be communicated promptly, and workers introduced before providing care, to promote continuity and confidence.

Although many people advised that they experience timely, communicative, and flexible care from individual carers, organisational responsiveness is inconsistent. Professionals and staff reported missed or unanswered emails, unattended multidisciplinary meetings, delayed responses from the office, and lastminute rota changes not communicated to staff or clients.

In response to the above, a further area for improvement has been identified: the provider must strengthen systems for scheduling, monitoring, and auditing visit times to ensure punctuality, prevent missed visits, accurately record arrival and departure times, and ensure care receivers are informed of unavoidable delays within required timeframes. Reliable rota management processes are essential to maintain continuity of care.

## Is the service caring?

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

The previous inspection identified the need for care plans and risk assessments to be consistently reviewed and kept up to date. The service uses an electronic care management system that provides staff with real time access to plans, assessments, and daily notes. A review of several care receivers' files showed that care plans and risk assessments were generally updated within expected timeframes. However, feedback from care receivers and professionals indicated that involvement in care planning, the accessibility of information, and the depth of person-centred detail require further strengthening.

Care notes demonstrated that staff routinely recorded consent during care delivery and documented occasions where care was declined. For a care receiver whose package was shared with another provider, the Regulation Officer requested the shared care agreement to ensure appropriate coordination. This agreement clearly outlines responsibilities, information sharing expectations, escalation routes, safeguards, and contingency arrangements to maintain continuity of safe care.

The Registered Manager conducts fortnightly care note audits to monitor documentation quality, checking for accuracy, completeness, and appropriateness. Care receiver feedback is captured electronically through comments logged after visits, which are highlighted for managerial review. The Registered Manager advised that updated tools are being developed to gather more structured feedback from both care receivers and external professionals.

Staff feedback is mainly gathered through supervision. Examples were provided of how the service responds to concerns raised by families, such as reassigning staff following a request or resolving personality clashes through discussion and problem solving. The service also demonstrated proactive support for staff with additional needs through enhanced supervision and practical adjustments aimed at reducing work related stress.

Care receivers and relatives consistently described carers as kind, friendly, respectful, and genuinely caring. People reported feeling treated with dignity, highlighting thoughtful gestures that contributed significantly to their wellbeing. Families described strong relationships with staff, including in situations involving dementia or mobility challenges, and expressed high levels of trust in the frontline carers. Staff feedback also reflected pockets of a positive, supportive culture, with some workers reporting that they felt valued and able to speak openly.

Professionals, however, raised concerns about attentiveness in specific instances, suggesting that caring practice is not consistently delivered to the same standard across all visits. While the experience described by people receiving care is strongly positive, the inspection identified a need to strengthen the consistency of person-centred planning and involvement.

As a result, an area for improvement has been identified: the provider must ensure that care receivers are fully involved in developing and reviewing their personal plans. Plans must be holistic, clearly outline goals and preferences, incorporate life story information where relevant, and detail how staff will support individuals to achieve their outcomes. Care receivers should understand their plans, know how to request changes, and be provided with accessible copies.

### **Is the service well led?**

<p>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.</p>
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The final improvement area from the previous inspection related to strengthening the governance framework. The Regulation Officer reviewed the service's auditing arrangements and approach to staff supervision. A supervision schedule was requested to confirm when each staff member last received formal supervision, with additional governance review planned for the second day of inspection. The service intends to introduce bi-monthly team meetings to improve communication and consistency across the workforce.

Supervision records showed that sessions had been completed within required timeframes, including for newly appointed staff. Two staff members had apparent gaps in their records; additional documentation provided after the inspection confirmed that both had received the required number of supervisions within the relevant 12-month period. Despite these formal processes, feedback highlighted inconsistencies in management visibility and follow through, indicating that governance systems are not yet reliably embedded in everyday practice.

The Registered Manager explained that the electronic system used for supervisions generates automated reminders to support timely scheduling. The service also maintains a competency matrix covering key practice areas, with annual assessments carried out through in person observations by senior staff. Weekly protected slots are allocated to ensure these assessments are completed consistently.

Processes for managing feedback and complaints were reviewed. Concerns are escalated to the Senior Leadership Team, and additional evidence demonstrated that the service provides written acknowledgements, identifies an investigating officer, and sets clear investigation timeframes, typically 28 days.


The training matrix showed that staff complete mandatory training across required areas, often supported by competency assessments to confirm practical application.

The Registered Manager described various operational audits, and the Regulation Officer advised developing a single document to consolidate audit activity, frequency, and methodology to strengthen governance oversight.

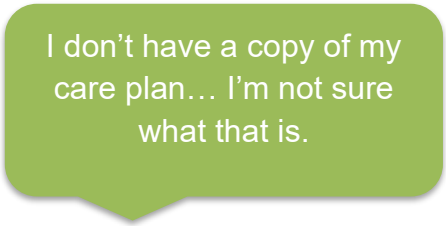
Leadership feedback presented a mixed picture. Some staff felt supported, respected, and able to seek guidance, reporting improvements in communication within certain teams. However, others raised concerns about limited management accessibility, inconsistent follow through on issues, and unclear leadership roles. Professionals also reported difficulties contacting managers, missed multidisciplinary meetings, and unclear accountability in decision making, which affected confidence in the organisation's governance. Staff reported rota management inconsistencies and communication delays that further impacted coordination of care.

While the service benefits from caring frontline staff and some positive management relationships, concerns about visibility, responsiveness, and oversight particularly around multidisciplinary engagement and care package changes were consistently highlighted. As a result, an area for improvement has been identified: the provider must ensure that all care/support workers have the training, competence, and confidence required to meet people's health, wellbeing, and physical needs. Staff must be trained to recognise and respond to deterioration, escalate concerns appropriately, and work within their defined role and competence.

What care receivers said:

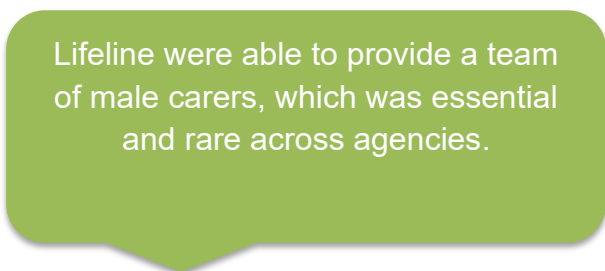


Carers are nice, friendly and pleasant... I feel safe, comfortable and happy with the service.




I don't have a copy of my care plan... I'm not sure what that is.

Professional's view:




Lifeline were able to provide a team of male carers, which was essential and rare across agencies.

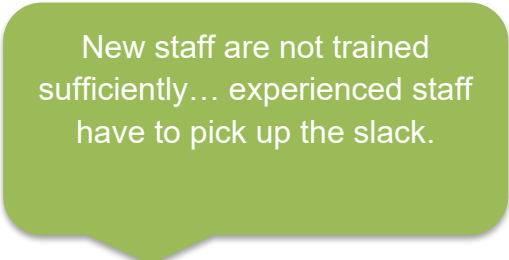


There is a lack of acceptable communication and coordination from Lifeline's management and office staff.

Staff said:



I always feel respected, trusted and supported by management.



New staff are not trained sufficiently... experienced staff have to pick up the slack.

## 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><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 1.7</p> <p>Regulation 19</p> <p><b>To be completed:</b> by</p> <p>10/04/2026</p>	<p>The Provider must ensure robust monitoring, reporting, and oversight processes which includes monthly reporting to strengthen governance.</p>
	<p><b>Response by the Registered Provider:</b></p> <p>Lifeline Care has implemented a consistent monthly reporting process to strengthen governance, oversight, and quality assurance across the service. Monthly governance reports are produced and reviewed by senior management, bringing together information from audits, incidents, complaints, safeguarding concerns, staff training compliance, supervision, and service user feedback.</p> <p>This consistent approach enables the service to identify trends, monitor performance, assess risks, and ensure that any required improvements are actioned and monitored through to completion.</p> <p>Monthly governance meetings are held to review findings, track progress against action plans, and provide assurance that improvements are embedded and sustained.</p> <p>The monthly reporting process is now an established part of the service's governance framework and provides ongoing oversight to support safe, effective, and high-quality care delivery.</p>

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 3.3</p> <p>Regulation 9</p> <p><b>To be completed:</b> by</p> <p>10/04/2026</p>	<p>The Registered Manager must ensure care receivers are actively involved in developing and reviewing their personal plans and are provided with copies.</p> <p><b>Response by the Registered Provider:</b></p> <p>Lifeline Care has implemented additional measures to ensure care receivers are actively involved in the development and review of their personal plans and are provided with copies of their care documentation. A care plan auditing system has been introduced which monitors care plans within individuals' homes and verifies that care receivers have access to their personal plans. As part of the audit process, care receivers are asked whether they are satisfied with their care plan, whether it accurately reflects their needs and preferences, and whether they have been involved in its development and review.</p> <p>The auditing process also confirms that copies of care plans have been provided and remain available within the home.</p> <p>Any issues identified are addressed promptly, and care plans are reviewed and updated in partnership with the care receiver and/or their representative where required.</p> <p>This process provides ongoing assurance that care plans remain person-centred, reflect the wishes and needs of the individual, and that care receivers are actively involved in decisions regarding their care and support.</p>
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<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 6.1,6.2</p> <p>Regulation 5</p> <p><b>To be completed:</b> by</p>	<p>The Registered Manager to improve rota management and punctuality. Improving continuity and communication so care receivers know who will be visiting and when and strengthening processes to minimise delays and prevent missed visits.</p>
<p>10/06/2026</p>	<p><b>Response by the Registered Provider:</b></p> <p>Lifeline Care has strengthened its rota management processes to improve continuity of care, communication with care receivers, and the overall reliability of service delivery. The Rota Manager and members of the management team now hold weekly rota review meetings to discuss the rota as a whole. These meetings provide an opportunity to review continuity of care, staffing allocations, punctuality, upcoming annual leave, staffing pressures, and any risks that may impact service delivery. Particular focus is placed on ensuring care receivers are supported by familiar staff wherever possible and that any changes to scheduled carers are minimised. The weekly meetings also include a review of any late or missed visits, allowing management to identify trends, address concerns promptly, and implement corrective actions where required. This process has strengthened oversight of the rota and supports proactive planning to minimise delays and prevent missed visits.</p> <p>Care receivers are informed of any unavoidable changes to their scheduled visits, and continuity remains a key consideration when allocating shifts. The introduction of regular rota audits and management oversight has improved consistency, communication, and accountability within the rota management process.</p>

	<p>These measures provide ongoing assurance that rota arrangements are being actively monitored and reviewed to promote continuity, punctuality, and high-quality care delivery.</p>
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<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 6.4, 6.7</p> <p>Regulation 17</p> <p><b>To be completed:</b> by 10/07/2026</p>	<p>The Registered Manager must ensure all staff have the necessary skills, confidence, and competence to carry out their roles safely and do not work outside their defined scope.</p> <hr/> <p><b>Response by the Registered Provider:</b></p> <p>Lifeline Care has strengthened its approach to staff training, competency, and professional development to ensure all staff have the necessary skills, confidence, and competence to carry out their roles safely and within their defined scope of practice. A full-time Training Manager has been appointed to oversee staff training, competency assessments, compliance monitoring, and ongoing professional development across the service. This dedicated role ensures that training requirements are identified promptly, mandatory training remains up to date, and staff receive the support required to perform their roles safely and effectively.</p> <p>In addition, a staff portfolio system has been introduced for all employees. These portfolios contain evidence of completed training, competency assessments, supervision records, observations, and professional development activities. The portfolios provide a clear record of each staff member's skills, knowledge, and competence, allowing managers to monitor progression and identify any additional training or support needs.</p>
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	<p>Staff are only allocated duties that fall within their training, competency, and scope of practice.</p> <p>Ongoing supervision, spot checks, competency assessments, and training reviews provide assurance that staff remain competent and confident in delivering safe, effective, and person-centred care.</p> <p>These measures have strengthened oversight of workforce development and provide assurance that staff are appropriately trained, supported, and competent to undertake their roles safely.</p>
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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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