



**Jersey Care
Commission**

Summary Report

Lifeline Care

Home Care

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

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

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.

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. █

IMPROVEMENT PLAN

There were four areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 1.7 Regulation 19</p> <p>To be completed: by 10/04/2026</p>	<p>The Provider must ensure robust monitoring, reporting, and oversight processes which includes monthly reporting to strengthen governance.</p> <hr/> <p>Response by the Registered Provider:</p> <p>The Commission did not receive a response from the Provider to this area for improvement within the 28-day timeframe.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 3.3 Regulation 9</p> <p>To be completed: by 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> <hr/> <p>Response by the Registered Provider:</p> <p>The Commission did not receive a response from the Provider to this area for improvement within the 28-day timeframe.</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 6.1,6.2 Regulation 5</p> <p>To be completed: by 10/06/2026</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> <hr/> <p>Response by the Registered Provider:</p> <p>The Commission did not receive a response from the Provider to this area for improvement within the 28-day timeframe.</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 6.4, 6.7</p> <p>Regulation 17</p> <p>To be completed: 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>Response by the Registered Provider:</p> <p>The Commission did not receive a response from the Provider to this area for improvement within the 28-day timeframe.</p>
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The full report can be accessed from [here](#).