



**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>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. 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>
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<p>Area for Improvement 2</p> <p>Ref: Standard 3.3</p> <p>Regulation 9</p> <p>To be completed: 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> <hr/> <p>Response by the Registered Provider:</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>Area for Improvement 3</p> <p>Ref: Standard 6.1,6.2</p> <p>Regulation 5</p> <p>To be completed: 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>Response by the Registered Provider:</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.</p> <p>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.</p> <p>The introduction of regular rota audits and management oversight has improved consistency,</p>

	<p>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>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>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.</p> <p>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</p>
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	<p>monitor progression and identify any additional training or support needs.</p> <p>Staff are only allocated duties that fall within their training, competency, and scope of practice. 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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The full report can be accessed from [here](#).