



**Jersey Care
Commission**

INSPECTION REPORT

Home Care Service

My Home Care Ltd

**Ground Floor
George House
Clare Street
St Helier
JE2 3XE**

**Inspection Dates
1 and 2 April 2026**

**Date Published
11 May 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 My Home Care. The home care service is operated by My Home Care Ltd and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Home Care Service
Mandatory Conditions of Registration	
Categories of care	Adult 60+, dementia care, physical disability and/or sensory impairment
Maximum number of care hours each week	600 hrs
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 31 May 2027	
Additional information	
Two additional discretionary conditions were applied to the service during the registration period; these were as follows: <ol style="list-style-type: none">1. To ensure that private and confidential, fully accessible office space, separate to the address used for initial registration, will be used to hold any meetings relating to the home care service.2. To implement a system of the secure physical or digital storage of all records relating to the home care service. Both discretionary conditions were met and subsequently removed from the registration on 10 April 2025. The service has changed address since the last inspection.	

On 26 March 2026, the Commission received a request from the Registered Provider to vary their registration to increase capacity to 2250 hours per week, and to add five new specialist categories to the registration. At the time of writing this report, the Commission were in the process of considering this request.

An up-to-date Statement of Purpose was provided to the Regulation Officer for the purpose of the inspection.

As part of the inspection process, the Regulation Officers evaluated the service's compliance with the mandatory conditions of registration and the discretionary condition 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 two days before the inspection. This was to ensure that the Registered Manager or an appropriate deputy, would be available during the visit.

Inspection information	Detail
Dates and times of this inspection	1 April 2026 09:00 – 16:20 2 April 2026 11:30 – 14:25
Number of areas for improvement from this inspection	One
Number of care hours on the week of inspection	466 hours
Date of previous inspection Areas for improvement noted in 2025 Link to the previous inspection report	9 April 2025 Four RPT_MHC_Inspection_20250409.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection on 9 April 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 last inspection, four areas for improvement were identified, and 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 positive to note that all improvements had been made. This means that there was evidence of:

- The service ensures that its policies are available and accessible to people receiving the care and others. A full suite of policies is available both online and in hard copy, and the Registered Manager ensures that care receivers and their families are aware of these and can receive copies upon request. The Client Guide provided to all care receivers during the commencement of their care package highlights that the service policies are available if requested.
- Job descriptions are now available for each role in the service. Additionally, interview records are maintained and stored in the individual files of the employee's.
- Care workers receive a comprehensive induction which incorporates competency assessments, shadowing opportunities, and ongoing supervision to ensure that they are fully competent to work independently and without direct supervision.

- The Registered Manager has introduced an additional questionnaire and learning assessment for each training module completed by care workers to ensure their understanding and competence are effectively evaluated.

4.2 Observations and overall findings from this inspection

The Registered Manager prioritises the wellbeing of both clients and staff through a values-led approach that promotes continuity, reduces stress, and supports positive working conditions. Practical measures such as consistent carers, minimal travel time, and fair pay and benefits contribute to reliable, high-quality care and a motivated, stable workforce.

The service reviewed and updated its medication policy following recommendations from the medication guidance visit on 16 June 2025, incorporating additional procedures for managing life-limited medications and for the ordering, collection, and disposal of medications.

The service prioritises the health and safety of care receivers and staff through safe recruitment practices, appropriate training and supervision, and clear safeguarding procedures. An internal incident reporting system and supportive policies further ensure concerns are identified and addressed effectively.

At the start of the care package, care receivers are provided with a Client Guide that explains how to contact the service, staff arrangements, available support, and how to raise concerns. Feedback confirmed that care receivers found the guide helpful and easy to understand.

The service is strengthening its quality assurance processes by increasing opportunities for care receivers to share feedback, with a focus on learning from experiences to recognise good practice and drive continuous improvement.

The service has a clear complaints policy outlined in the Client Guide, explaining both informal and formal processes with defined timescales and ongoing communication. Feedback is actively encouraged to support listening to individuals' views and continuous service improvement.

The service has established effective systems for reporting and responding to incidents, with evidence of appropriate actions being taken. Further development of structured learning from reported events would support ongoing reflection and service improvement.

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 our 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, variation requests, safeguarding cases, the medication inspection, and notification of incidents.

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

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

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and the Deputy Manager, followed by written feedback on 2 April 2026 via email, which included the confirmed identified area for improvement.

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

This report sets out our findings from the inspection and outlines the ranges of observations made. Throughout the report, we may highlight any areas of good practice identified, along with suggestions where practice could be strengthened or further enhanced. Where specific improvements are required, these are set out in detail and accompanied by a defined improvement plan at the end of the report.

5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	Evidence Reviewed
Availability of policies to people receiving care	Clients guide Policies Care receiver feedback
Job descriptions	Copy of Job descriptions Staff feedback
Competency to work without direct supervision	Completed induction competencies Supervision records Staff feedback
Assessment of learning, following the completion of training	Completed learning assessments Staff feedback
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Recruitment records Risk assessments Safer Recruitment Policy Competency/Induction record Training matrix Supervision matrix Feedback Staff Security Policy Medication Policy
Is the service effective and responsive	Risk assessments Feedback Written agreements (contracts) Complaints Policy Care records Client Guide
Is the service caring	Initial assessments Supervision records Feedback Training matrix Care plans

Is the service well-led	Feedback Equality and Diversity Policy Staff retention Organisation structure Staffing rotas Supervision
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6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The health and safety of both care receivers and staff are paramount within the service. Safe recruitment practices are followed, and staff receive appropriate training, supervision, and practical support to ensure safe care delivery. An internal incident-reporting system is in place, and care staff are trained in safeguarding and understand the internal processes for raising concerns. Policies, including safer recruitment and staff security, further support the health and safety of everyone within the service.

A staff member said:

The care and compassion throughout the company is second to none.

A training matrix was provided prior to the inspection; however, on review it did not demonstrate full compliance with mandatory training requirements. This was discussed and examined in detail during the inspection, where it was identified that a number of staff had not completed all required training. The Registered Manager acknowledged this and explained that timescales for completion had not been set clearly enough for some staff members. Training compliance has been identified as an area of improvement.

The service reviewed its medication policy in response to recommendations made during the medication guidance visit on 16 June 2025. Updates were incorporated following feedback from the Pharmacist Inspector, including the introduction of clear procedures for recording the opening and expiry dates of life-limited medications, as well as documented processes for the ordering, collection, and safe disposal of medications.

The service has commenced an audit programme for medication administration practices, which supports continuous quality improvement by identifying areas of good practice, highlighting risks, and ensuring procedures are followed consistently and safely.

Induction periods are provided at the commencement of employment and are tailored to the individual's experience, skills, and qualifications. Shadow shifts are adapted to both the care worker and the care receivers they will support. A competency assessment is completed during induction to ensure staff are able to carry out their role safely, effectively, and in line with the service's policies, procedures, and required standards of care.

The service has sufficient staffing levels to meet existing packages of care, as evidenced by duty rotas provided. The Registered Manager reported that recruitment is not challenging, as the employment package offered is attractive to prospective staff. Ongoing recruitment is in place to support the planned extension of service hours in response to increasing demand.

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.

At the initial commencement of the care package, the service provides each care receiver with a comprehensive Client Guide designed to offer clear and practical information. The guide explains how to contact the service both during office hours and out of hours, outlines staff arrangements, and details the process for making a complaint or providing feedback.

It includes examples of the types of support the service can offer, as well as clarification of services that are not able to be provided. Care receivers spoken to as part of feedback confirmed that they had received the guide and found it helpful in understanding the service and how to access support.

The service has a clear and up-to-date statement of purpose that outlines the nature of the service and how it supports and cares for individuals. It provides accessible information about the service's aims, values, and approach to care, helping people to understand what they can expect and how their needs will be met.

The Registered Manager explained that care staff are only employed if they have prior experience in care work, ensuring the team has the necessary skills, knowledge, and qualifications to deliver a high-quality service. Almost fifty percent of the staff team hold a Level 2 or Level 3 Regulated Qualifications Framework (RQF) qualification or equivalent, with other staff actively working towards achieving these qualifications.

The service submits notifications to the Commission in line with the criteria set out in the notification guidance. The Regulation Officer reviewed the notifications submitted since the last inspection and noted a consistent number of reported client falls, with one individual involved on several occasions. This was discussed with the Registered Manager, who demonstrated that the incidents had been reviewed and appropriate referrals made to relevant health professionals for further assessment.

Initial assessments, ongoing care planning, and regular reviews of care needs are completed in collaboration with care receivers and, where appropriate, their family members. This person-centred approach ensures that individual preferences, risks, and changing needs are fully considered, enabling care plans to be responsive, accurate, and reflective of current circumstances.

The service uses WhatsApp groups involving care receivers, their carers', and the management team to support effective communication. These groups help ensure timely sharing of updates, immediate discussion of any changes in care needs or circumstances, and prompt resolution of concerns, supporting continuity and responsive care delivery.



Is the service caring?

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

Person-centred care plans are developed for each care receiver, supported by an electronic recording system that prompts good practice such as accurate, contemporaneous record-keeping and completion of all required details. Care plans are reviewed at least every six months, and more frequently in response to any changes in care needs.

The Registered Manager is developing a programme of care delivery monitoring, involving senior team members visiting care receivers to gather feedback on the care they receive. This provides individuals with the opportunity to raise concerns or share positive feedback about their care. An annual client feedback questionnaire is also planned, with learning used to identify good practice and support ongoing service improvements.

The service has an internal incident reporting system in place, supported by a clear policy to guide staff in their responsibilities for reporting incidents. The Regulation Officer reviewed a sample of reported incidents and found that appropriate actions had been taken. The service would benefit from implementing a programme of regular incident review to support learning from themes or recurring events.

Supervision arrangements for staff were in place; however, initial supervisions were being completed sometime after staff commenced in post. The Regulation Officer recommended that initial supervision should take place earlier to ensure new staff have a timely opportunity to discuss their role and responsibilities, identify personal development needs, and access appropriate support. In addition, more clearly defined and robust timeframes for the frequency of ongoing supervisions would further strengthen staff oversight and support.

The Registered Manager demonstrated a clear understanding of delegated tasks and ensured that staff are not asked to undertake tasks beyond their competence or role responsibilities. If a delegated task was required, appropriate liaison with a relevant health professional would take place to ensure delegated authority is in place, alongside the necessary training and competency assessment for staff.

The service uses an electronic care management system that enables carers to record all aspects of each visit in one place. This includes arrival and departure times, required care tasks, medication administration, care plans, and daily records. The system removes the need for paper records and is password-protected, ensuring improved safety and security when managing confidential information.

Where requested, and following assessment of appropriateness and consent, access to the system can also be provided to family members to support transparency and involvement in care.

Written agreements are provided to all clients, clearly outlining the terms and conditions, the right to cancel, and the fee schedule. The agreement also explains the full process of joining the service, from the initial assessment through to what clients can expect from ongoing support, and signposts clients to the Client Guide for details on how to provide feedback or make a complaint.

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.

The Registered Manager places a strong emphasis on the wellbeing of both care receivers and staff, making this a clear priority within the service. This approach is reflected in practical arrangements, such as limiting travel time between visits and organising carers into local clusters. Care receivers are supported by the same two carers wherever possible, promoting continuity, familiarity, and positive relationships for both care receivers and staff. These measures help to reduce stress associated with excessive travel, traffic delays, and late visits, while also ensuring clients receive timely and consistent care. In addition, staff are supported through fair hourly pay, annual leave, and other employment benefits, contributing to a positive working environment and helping to retain a stable, motivated workforce. This is an area of good practice.

Staff work to pre-planned rosters that are arranged well in advance, providing clarity and consistency in their schedules. These rosters include every other weekend off, supporting a positive work-life balance. Duty rotas were made available and provided to the Regulation Officer for review, demonstrating effective workforce planning and oversight.

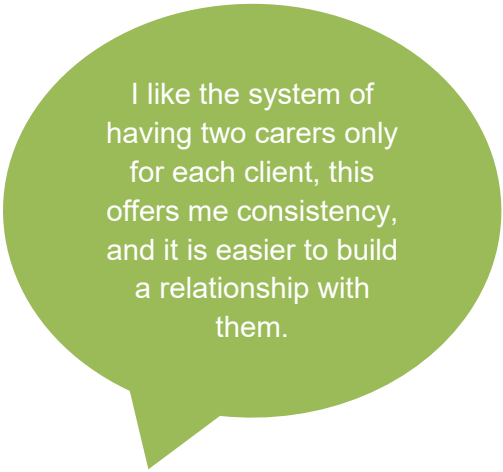
The service has a clear complaints policy and procedure, which is detailed in the Client Guide. This outlines both informal and formal complaint processes, with clear timescales and assurances of acknowledgment and ongoing communication throughout. The service also actively encourages feedback, which is promoted within the Client Guide as a way for individuals to share their views and help improve the service.

Safer recruitment practices are established to support the protection and wellbeing of care receivers. As part of ongoing quality improvement, the recruitment process could benefit from a more inquisitive approach, particularly in considering the appropriateness and completeness of references provided.

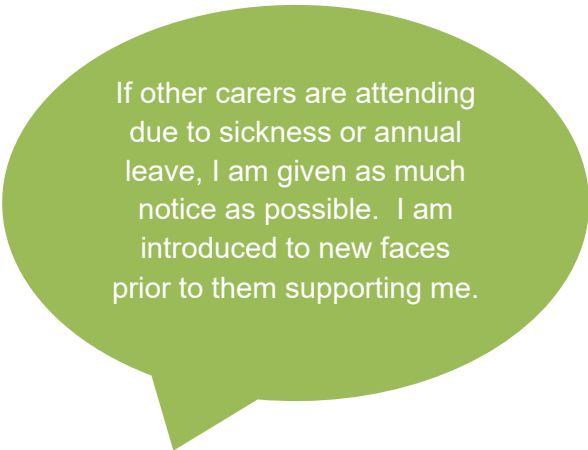
This includes exploring gaps or variations in referee information and seeking additional clarification where references indicate potential issues, to ensure a thorough understanding of a prospective employee's employment history before appointment.

The Registered Manager and Deputy Manager have commenced a Level 5 qualification in Management and Leadership, which will further enhance their skills and knowledge in effectively leading the service. This professional development supports strong governance, effective staff management, and continuous improvement in the quality and safety of care delivered.


What care receivers said:



I like the system of having two carers only for each client, this offers me consistency, and it is easier to build a relationship with them.



If other carers are attending due to sickness or annual leave, I am given as much notice as possible. I am introduced to new faces prior to them supporting me.



The girls are super lovely, and really professional.

Relative feedback:

The staff are very caring and kind to my Xxx. The team are generally on time; we have no complaints about time keeping.

There is a personalised team of two, which offers consistency of care to Xxx.

Views of professional's that work with the service:

The Registered Manager has a caring attitude towards the clients and their families. They respond very well to a crisis or to prevent a crisis.

There has been high praise for the service from my clients and their families.

Xxx and the team done remarkable work to dramatically improve the lives of the clients they have supported.

Xxx and the team worked with a client over many months to increase motivation. This has empowered the individual to improve and live well.

IMPROVEMENT PLAN

There was one area 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 6.5</p> <p>Regulation 17</p> <p>To be completed: by 01/07/2026</p>	<p>The Registered Manager must ensure that staff receive mandatory training within required time scales.</p>
	<p>Response by the Registered Provider:</p> <p>All mandatory training has now been fully completed, and all employees are now Level 3 Medication certified. We have implemented a forward-looking schedule for refresher courses to prevent any lapse in certification.</p> <p>Moving forward, completion of all mandatory training will be a prerequisite of the induction process. New recruits will not be permitted to perform unsupervised duties until all necessary training is documented.</p> <p>Training matrix and certificates have been provided to Jersey Care Commission.</p>

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

- The Registered Provider must submit written confirmation to the Commission when the area of improvement has been achieved.
- The Registered Provider to submit the latest training matrix, and certificate evidence of completed outstanding training for the staff team.

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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