INSPECTION REPORT

We Care Community

Home Care Service

Suite 120, Floor 1
Regus Suite
Liberation Station
St Helier
JE2 3AS

Inspection Dates
12 and 16 March 2026

Date Published
6 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 We Care Community. We Care Community operate a home care service and there is a registered manager in place.

Registration Details	Detail
Type of regulated activity	Home Care Service
Mandatory Conditions of Registration	
Categories of care	Adult 60+, Dementia Care, Learning Disability, Young Adults (19 to 25)
Maximum number of care hours each week home care	600 hours
Age range of care receivers	19 years and above
Discretionary Conditions of Registration	
1. The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 31 May 2027. 2. We Care Community will not accept any new admissions into the service.	
Additional information	
Statutory inspection undertaken 14 and 19 February 2025. Focused inspection undertaken 28 July 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. An attempt was made on the morning of the 12 March, no staff were present on-site, the business manager was contacted and subsequently the Registered Manager arranged to attend the office to meet the Regulation Officer.

Inspection information	Detail
Dates and times of this inspection	12.03.2026 – 10:00-14:00 16.03.2026 - 9:00-14:30
Number of areas for improvement from this inspection	Eight
Number of care hours on the week of inspection	263
Date of previous inspection	Statutory inspection undertaken 14 and 19 February 2025. Focused inspection undertaken 28 July 2025.
Areas for improvement noted at the last inspection	Four
Link to the previous inspection report	RPT_WCC_FocusedInspection_20250728.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection, 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 one improvement had been made regarding the registered provider ensuring that a range of policies specific to Jersey legislation and practices are available. However, it was concerning to note that insufficient progress had been made to address three of the areas for improvement.

This means that the registered provider has not met the Standards in relation to:

1. Safe recruitment
2. Staff training
3. Supervision of staff

The service does not currently have a plan in place to resolve this. This will be discussed in more detail within the main body of the report.

4.2 Observations and overall findings from this inspection

The inspection of We Care Community identified strengths in how care is delivered, particularly in relation to the caring and person-centred approaches used by staff. Care receivers benefit from holistic assessments completed at the point of referral, and the Service User Guide provides accessible and relevant information about confidentiality, expectations, and the nature of support offered. These strengths reflect those identified during earlier inspections in February 2025 and the July 2025 focused inspection, which similarly noted compassionate practice and thoughtful engagement with care receivers.

Despite these positive aspects, the inspection identified significant areas requiring improvement across a number of regulatory domains. Many of these concerns were highlighted in both the February and July 2025 inspections and reflect areas of noncompliance that have not been fully addressed.

While safer recruitment processes were evident for recently appointed staff, records for longstanding staff lacked criminal records checks completed by the provider. This issue was first identified in the February 2025 inspection, remained unresolved during the July 2025 inspection, and continues to require action.

Induction, competency assessments, and mandatory training remained incomplete for several staff members, mirroring findings from both earlier inspections. Training compliance still does not meet the requirements for the categories of care provided, and risk assessments for staff with additional needs had not been completed, another area previously highlighted.

Care documentation presented a significant concern. Half of the current care receivers did not have completed care plans or risk assessments. The absence of these remains consistent with inspection findings in February 2025, when plans lacked detail and risk assessments were absent, and in July 2025, when improvements were noted in some documents, but implementation remained inconsistent.

The Statement of Purpose required substantial revision to ensure accuracy and compliance. This aligns with previous findings, particularly the July 2025 focused inspection, which reported that policy development and documentation had not progressed as required.

Staff demonstrated a caring and respectful approach, consistent with earlier inspections, but these strengths were constrained by incomplete care documentation and limited supervision arrangements. As in February 2025 and July 2025, supervision and appraisal had not been embedded into routine practice.

Finally, key governance processes, including monthly audits, structured policy reviews, and consistent supervision and appraisal were still not established. These governance deficits were identified during both 2025 inspections and remain unaddressed, limiting the service's ability to evaluate and sustain performance improvements.

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 reports, the Statement of Purpose, and notification of incidents.

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 four professionals external to the service.

As part of the inspection process, documents including policies, care records, staff files 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 20 March 2026. Details of the follow-up actions required to evidence that improvements have been made were also set out by the Regulation Officer on 20 March 2026.

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

This report presents our findings from the inspection and outlines the range 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**
Safe recruitment	All staff recruitment files
Training	Training Matrix provided by the service
Supervision and appraisal	Staff folders containing supervision records
Policies	Policies acquired by the service
Key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Sample of staff recruitment files (new and longstanding staff) DBS checks and reference documentation Induction records and competency assessments Training matrix and qualification evidence Staff risk information (absence, health needs) Policies relevant to recruitment, safeguarding, health & safety Medicines processes: locked box, returns form, pharmacist review findings
Is the service effective and responsive	Statement of Purpose (current and updated versions) Service User Guide Sample of care plans and risk assessments (completed and outstanding) Initial assessments completed by Registered Manager Rota allocations and staff continuity arrangements Verbal information on weekly senior carer meetings Supervision and appraisal records Documentation templates in progress

Is the service caring	Assessments for new referrals Care plans showing personal preferences and communication needs (where completed) Service User Guide content Rota information Policies relating to dignity, confidentiality, and cultural awareness
Is the service well-led	Discussion with the Registered Manager regarding leadership and oversight Evidence of internal communication methods (weekly senior carer updates) Policy package acquired by the service Absence of quality audits, governance reports, or policy review cycles Review of existing documentation systems and record management arrangements

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The Regulation Officer reviewed the service’s arrangements for ensuring safe care delivery, including recruitment, induction, training, and workforce risk management.

Documentation for newly appointed staff demonstrated safer recruitment practices, including references, interview records, identification checks, and Disclosure and Barring Service (DBS) completed by the provider. This reflects the partial progress noted during the July 2025 focused inspection.

However, for longstanding staff, some criminal records checks had been inherited from previous employers and had not been renewed by the service. This issue was first identified in February 2025, remained unresolved in July 2025, and continues to require action.

The absence of updated criminal records checks presents safeguarding, regulatory, and reputational risks, particularly given that this concern has been repeatedly identified across inspections. The Jersey Care Commission Home Care and Support in the Community Standards make clear that candidates must not have any contact with care receivers or access to their personal information until all employment checks, including receipt of the relevant criminal records and barring lists check have been completed.

The standards also specify that, unless a candidate is subscribed to the DBS Update Service, a new DBS check must be obtained by the employing service, regardless of when a previous certificate was issued by another employer. Continued reliance on inherited checks does not meet these requirements and must be addressed promptly. This remains an area for improvement.

Information was requested and provided for all 11 staff members, including their induction and competency checklists. This demonstrated that although induction materials were in place, competency assessments were not consistently completed or signed off. This mirrors the concerns first identified in February 2025, when no formal induction programme was in place, and again in July 2025, when gaps and inconsistencies in completed competencies were noted.

These findings mean that the service cannot reliably demonstrate that staff have been adequately inducted or assessed as competent before delivering care. This reduces assurance around staff preparedness, increases the risk of inconsistent practice, and limits the provider’s ability to evidence safe governance and effective oversight of workforce development. An area for improvement is therefore made requiring a structured induction process with fully documented and verified competency assessments for all staff.

The training matrix identified gaps in several mandatory and role specific training modules, including learning disability and dementia. This is of concern given that the service is registered to provide care within these categories yet does not have sufficient evidence that staff possess the required knowledge or skills to support people with these needs safely and effectively.

Only three staff held a Level 2 adult social care qualification or equivalent. These issues were also identified in both 2025 inspections, where significant gaps in mandatory training and the absence of practical training in areas such as manual handling, first aid, and safeguarding were highlighted.

These gaps mean the service cannot demonstrate that its workforce is equipped to meet the specific needs associated with dementia and learning disability care. This increases the risk of inconsistent or unsafe practice, limits the provider's ability to evidence compliance with its registration categories, and reduces assurance that care receivers are receiving care from staff with the appropriate competence, knowledge, and confidence to meet their assessed needs. This continues to be an area for improvement requiring the provider to ensure all staff complete and maintain mandatory and role specific training.

Staff with additional health or support needs did not have associated risk assessments, which again indicates gaps in workforce governance similar to those noted previously. During the inspection, the Regulation Officer asked the Registered Manager how the service supports staff who may require adjustments in the workplace. The Registered Manager provided examples of how the service has responded to individual staff members in the past; however, these approaches were informal and not supported by any clear, documented processes. It was recommended that the service strengthen its arrangements to ensure staff wellbeing, as there were no formal systems to record disclosures, assess associated risks, or evidence that appropriate support and workplace adjustments had been consistently considered or implemented. An area for improvement was made requiring completion of risk assessments for staff with additional needs.

Medicines management arrangements were proportionate to the service's responsibilities. A locked box was available for controlled medication, and a medication returns form had been developed. A covert medication policy had not yet been implemented; this mirrors the policy development gaps noted in July 2025.

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 Regulation Officer assessed the extent to which the service delivers care that is well planned, coordinated, and adaptable to changing needs.

The Statement of Purpose reviewed during the inspection was out of date and did not accurately reflect the current service model, categories of care, or governance arrangements. Although a revised version had been submitted, it remained inaccurate and did not provide a reliable description of how the service operates. This reflects earlier concerns: the February 2025 inspection identified that core documents required strengthening, and the July 2025 focused inspection found that policy development had not progressed. An area for improvement was made requiring the provider to update the Statement of Purpose to ensure it meets regulatory requirements and provides an accurate and transparent account of the service's functions, scope, and organisational structure.

Care plans and risk assessments were reviewed across all of care receivers. Where these existed, they were clear and person-centred. However, 13 of the 26 care receivers did not have completed care plans or risk assessments. This issue has persisted across all inspections: in February 2025 plans lacked detail and no formal risk assessments were in place, and in July 2025 improvements were noted but documentation remained incomplete across the caseload.

This means the service cannot demonstrate that it consistently assesses, records, or plans for the individual needs and associated risks of all people receiving care. Without complete care plans and risk assessments, staff do not have the information required to deliver safe, personalised care, and the provider cannot evidence compliance with its regulatory responsibilities. An area for improvement was therefore made requiring the completion of care plans and risk assessments for all care receivers.

Weekly senior care meetings took place to share information and discuss emerging issues. This supported communication but were not formally documented, again reflecting governance and recording issues which were noted during the July 2025 focused inspection. The absence of documented meeting minutes means the service cannot reliably evidence how decisions are made, what actions have been agreed, or whether these actions have been completed. A recommendation was made for the service to record meeting outcomes and revisit agreed actions.

Supervision and appraisal arrangements required improvement. Most staff had received only one supervision or appraisal in the previous 12 months. This is a repeated unmet area from both 2025 inspections, in which no formal supervision or appraisal systems had been implemented. This means the service cannot demonstrate that staff are receiving the guidance, oversight, and professional support needed to carry out their roles safely and effectively. This continues to be an area for improvement requiring the provider to ensure staff receive supervision and appraisal at the required frequency.

Is the service caring?

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

The Regulation Officer found evidence of caring, respectful, and person-centred practice-. Holistic assessments completed at the point of referral continued to give staff a detailed understanding of care receivers' routines, preferences, and expectations. This aligns with the strengths identified in February 2025 and the July 2025 focused inspection, where assessment quality was noted to have improved.

This indicates that, despite the wider governance and workforce issues identified elsewhere in the inspection, staff interactions with care receivers remain compassionate and personalised. It also demonstrates that the service has effective processes in place at the point of referral to gather meaningful information that supports person-centred care planning. Maintaining this strength is important, as it provides a foundation for safe and consistent care delivery once the identified gaps in documentation, training, and oversight are addressed.

The Service User Guide was clear and accessible, again reflecting positive findings from earlier inspections. Examples demonstrated culturally sensitive and welfare focused care, including adjustments to routines, communication approaches, and dietary needs. These examples mirrored similar findings from the 2025 inspections, where care receivers consistently reported feeling respected and well supported. Continuity of care also remained a strong feature of the service. As reported during both 2025 inspections, care receivers valued having consistent staff teams.

These findings indicate that, despite the governance and workforce issues identified elsewhere in the inspection, the quality of direct care experienced by care receivers remains a core strength of the service. This continuity contributes positively to care receivers' wellbeing and helps maintain a sense of safety and predictability in daily routines.

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 Regulation Officer reviewed the leadership and governance arrangements in place. The Registered Manager demonstrated commitment to supporting care receivers and staff and had a clear understanding of day-to-day operational matters, including rota planning and staff allocation. Weekly senior care meetings helped maintain communication and oversight of individual care receiver needs.

However, core governance processes required to monitor service performance were not in place. There was no evidence of monthly audits, structured quality reviews or a policy review cycle. These systems are essential for monitoring compliance, identifying risk and promoting continuous improvement. An area for improvement was made requiring the provider to implement regular governance processes, including audits and monthly reports.

The service had obtained a comprehensive suite of updated policies in line with Jersey legislation. While this acquisition represented progress, there was limited evidence that these policies had been embedded in practice through training, supervision or regular review. Staff were required to access policies on site; a recommendation was made to improve accessibility through electronic platforms.

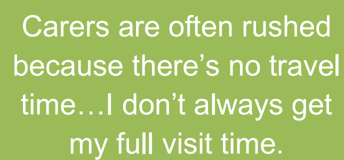
Leadership oversight of documentation also required improvement. The Registered Manager acknowledged that a number of care plans were incomplete and reported that work was underway to address this, reinforcing the need for more structured monitoring arrangements.

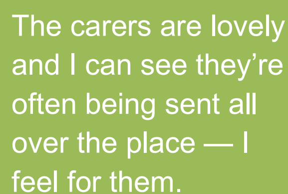
These findings indicate that while operational leadership is visible and staff remain committed to providing good quality care, the absence of formal governance systems significantly limits the provider’s ability to assure safe, consistent, and compliant practice. Without regular audits, policy review mechanisms, or structured quality monitoring, the service cannot reliably identify risks, track progress, or evidence that improvements are sustained over time. This weakens accountability and reduces confidence that the service is proactively managing its regulatory responsibilities. Strengthening these governance processes is essential to ensure that emerging issues are identified early, documentation remains accurate and complete, and policies are embedded in daily practice to support safe and effective care delivery.

Due to the ongoing areas for improvement identified during this inspection, and the limited progress made in addressing previously identified concerns, the discretionary condition restricting the service from accepting any new admissions will remain in place.

This condition is considered necessary to ensure that the Registered Provider can focus on addressing the required improvements, strengthening governance arrangements, and demonstrating sustained compliance with the Standards and Regulations before any expansion of the service can be considered.

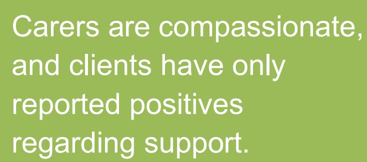
What care receivers said:

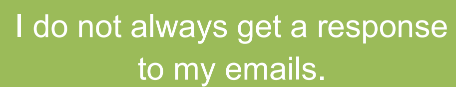


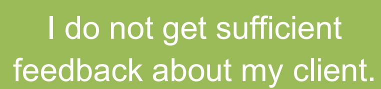


Relatives said:

Professional's view:







IMPROVEMENT PLAN

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

Area for Improvement 1 **Ref:** Standard 5.6 Regulation 2, 11, 17 **To be completed:** immediately	The Provider must operate robust safe-recruitment procedures, including but not limited to carrying out criminal records and barring checks through the service itself before an employee has any contact with care receivers.
	Response by the Registered Provider: We care have requested immediately new DBS for the staff who have limited checks on children background and new staff DBS by we care will be requested even if they have one in date but from different organization.

Area for Improvement 2 **Ref:** Standard 5.8, 6.5 Regulation 5, 17 **To be completed:** by 30.06.2026	Care/support workers to complete a structured induction programme, covering core care competencies, and to be assessed as competent before working unsupervised.
	Response by the Registered Provider: New staff have been through structured induction programme and have been supervised they competencies before start work unsupervised.

Area for Improvement 3 **Ref:** Standard 6.4 Regulation 17 **To be completed:** by 30.06.2026	The Provider must ensure staff maintain up-to-date mandatory, statutory, and role-specific training relevant to the needs of the people they support e.g., learning disability, dementia, safeguarding, infection control.
	Response by the Registered Provider: We care will enforce that staff complete they trainings in time by giving deadlines for this to be completed.

Area for Improvement 4 **Ref:** Standard 7.3, 7.4 Regulation 10, 17 **To be completed:** by 30.06.2026	The Provider must identify and manage risks to staff including completing individualised risk assessments for staff with additional health, physical, or emotional needs. These assessments must inform safe working practices.
	Response by the Registered Provider: We care have assess this staff and risk assessments are in place for safe working practices.

Area for Improvement 5 **Ref:** Standard 3.1, 3.3, 3.5 Regulation 8, 9, **To be completed:** by 30.06.2026	The Provider must undertake a holistic initial assessment and to produce a personal plan for each care receiver that outlines preferences, goals, risks, and how needs will be met. Care plans must be complete, up-to-date, reviewed regularly, and available to all staff delivering care.
	Response by the Registered Provider: We care has updated all clients' care plans and will ensure they are reviewed more frequently. Care plans have been revised to align with each client's individual needs and preferences, with active involvement and input from the clients to support engagement and person-centred care.

Area for Improvement 6 **Ref:** Standard 6.6 Regulation 17 **To be completed:** by 30.06.2026	Care/support workers must receive four formal supervisions per year and one annual appraisal, with sessions recorded and used to monitor performance, reflect on practice, and identify development needs.
	Response by the Registered Provider: We care have reviewed and have started this year doing more supervisions and appraisals. Sessions have been recorded to monitor staff performance identify development needs.

<table>
<tr><td rowspan="2">Area for Improvement 7

Ref: Standard 1.7

Regulation 19

To be completed: by 30.06.2026</td><td>The Provider must maintain a coherent governance framework, including systems for auditing quality, monitoring performance, reviewing policies, identifying risks, which is included in a monthly report.</td></tr>
<tr><td>Response by the Registered Provider:
We care have reviewed and created governance framework that will monitor performance, review policies, identify risks that will be included on our monthly reports.</td></tr>
</table>

<table>
<tr><td rowspan="2">Area for Improvement 8

Ref: Standard 2.1

Regulation 3, 5

To be completed: immediately</td><td>The Provider must maintain an up-to-date Statement of Purpose setting out its aims, categories of care, staffing model, organisational structure, and how care will be delivered.</td></tr>
<tr><td>Response by the Registered Provider:

We care have reviewed and acknowledge the importance of updated statement of purpose and this was immediately completed and submitted.</td></tr>
</table>

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.

Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801
Website: www.carecommission.je
Enquiries: enquiries@carecommission.je