



Jersey Care  
Commission

## **Summary 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**

## 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 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.

## 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. █

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 5.6 Regulation 2, 11, 17</p> <p><b>To be completed:</b> immediately</p>	<p>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.</p> <hr/> <p><b>Response by the Registered Provider:</b></p> <p>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.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 5.8, 6.5 Regulation 5, 17</p> <p><b>To be completed:</b> by 30.06.2026</p>	<p>Care/support workers to complete a structured induction programme, covering core care competencies, and to be assessed as competent before working unsupervised.</p> <hr/> <p><b>Response by the Registered Provider:</b></p> <p>New staff have been through structured induction programme and have been supervised they competencies before start work unsupervised.</p>

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 6.4</p> <p>Regulation 17</p> <p><b>To be completed:</b> by 30.06.2026</p>	<p>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.</p>
	<p><b>Response by the Registered Provider:</b></p> <p>We care will enforce that staff complete they trainings in time by giving deadlines for this to be completed.</p>

<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 7.3, 7.4</p> <p>Regulation 10, 17</p> <p><b>To be completed:</b> by 30.06.2026</p>	<p>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.</p>
	<p><b>Response by the Registered Provider:</b></p> <p>We care have assess this staff and risk assessments are in place for safe working practices.</p>

<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 3.1, 3.3, 3.5</p> <p>Regulation 8, 9,</p> <p><b>To be completed:</b> by 30.06.2026</p>	<p>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.</p>
	<p><b>Response by the Registered Provider:</b></p> <p>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.</p>

<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Standard 6.6</p> <p>Regulation 17</p> <p><b>To be completed:</b> by 30.06.2026</p>	<p>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.</p>
	<p><b>Response by the Registered Provider:</b></p> <p>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.</p>

<p><b>Area for Improvement 7</b></p> <p><b>Ref:</b> Standard 1.7</p> <p>Regulation 19</p> <p><b>To be completed:</b> by 30.06.2026</p>	<p>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.</p>
	<p><b>Response by the Registered Provider:</b></p> <p>We care have reviewed and created governance framework that will monitor performance, review policies, identify risks that will be included on our monthly reports.</p>

<p><b>Area for Improvement 8</b></p> <p><b>Ref:</b> Standard 2.1</p> <p>Regulation 3, 5</p> <p><b>To be completed:</b> immediately</p>	<p>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.</p>
	<p><b>Response by the Registered Provider:</b></p> <p>We care have reviewed and acknowledge the importance of updated statement of purpose and this was immediately completed and submitted.</p>

The full report can be accessed from [here](#).