



**Jersey Care
Commission**

INSPECTION REPORT

The Care Collective Limited

Home Care Service

**Suite 30
4 Wharf Street
St Helier
JE2 3NR**

**Inspection Dates
9, 10 April and 7 May 2026**

**Date Published
16 June 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 The Care Collective Limited. The home care service is operated by The Care Collective Limited and there is an interim manager in place.

Registration Details	Detail
Type of regulated activity	Home Care Service
Mandatory Conditions of Registration	
Categories of care	Adult 60+, Dementia care, physical disability and/or sensory impairment, end of life care, learning disability, autism, mental health
Maximum number of care hours each week	600 hours
Age range of care receivers	18+
Discretionary Conditions of Registration	
None	
Additional information	
An absence of manager form was submitted on 18 March 2026. Interim arrangements are in place.	

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory conditions of registration required under the Law. The Regulation Officer found that staff training was not sufficient to meet the categories of care. This will be discussed in more detail in the main inspection findings of this report.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager one day prior to the first inspection visit. This was to ensure that the Registered Manager would be available during the visit.

The inspection was paused during the second visit to allow the Registered Provider and Interim Manager sufficient time to ensure that care receivers' documentation was fully collated, reviewed, and brought up to date, and to undertake a thorough review of all relevant systems and operational processes. This action was necessary to provide assurance that care receivers records accurately reflected current practice and supported compliance with regulatory requirements.

Inspection information	Detail
Dates and times of this inspection	9 April 2026 11.30am – 3.30pm 10 April 2026 11.30am – 2.00pm 7 May 2026 12pm – 1.50pm
Number of areas for improvement from this inspection	Five
Number of care hours on the first week of inspection	487 hours
Date of previous inspection	22 May 2025
Areas for improvement noted at the last inspection	None
Link to the previous inspection report	RPT_CC_Inspection_20250522.pdf

3.2 Focus for this inspection

This inspection included a focus on 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, no areas for improvement were identified.

4.2 Observations and overall findings from this inspection

Since the last inspection, this service has seen changes within the organisational structure, and unfortunately there has been inconsistency with clinical oversight. Currently, there is no registered manager; however, interim arrangements are in place.

Staff recruitment is completed safely, with the relevant Disclosure and Barring Service checks, appropriate references, interview notes, and documentation relevant to the roles.

Although annual staff appraisals are up to date and recorded, there is no evidence of formal supervisions being carried out regularly to meet the standards. This is an area for improvement.

The service uses an online care management system which records carers' clocking in and out of planned visits and highlights when visits are due, completed, and in progress. The management team follow up on any alerts received to ensure visits are never missed.

Staff training is a mix of online courses and classroom sessions. Although all staff are in the process of completing mandatory training, there is a gap in additional training to reflect the service's mandatory conditions of registration. This is being addressed by the Registered Provider; however, this is an area for improvement.

Notifications are submitted to the Commission appropriately, in line with regulatory requirements and within the required timescales.

The care plans and risk assessments associated with the packages of care were not up to date and required urgent attention. All care plans, risk assessments, and associated documentation have been reviewed and updated; however, this will be an area for improvement to ensure consistency going forward.

Regular auditing and spot checks have fallen behind since the last inspection; therefore, the service has been unable to spot trends, gaps, or risks early and take corrective action. This is an area for improvement until such time as this becomes embedded in practice.

Following a previous safeguarding case, the management team spoke of lessons learned, staff training, and how to raise safeguarding concerns early. This aligns with the policy available for all staff to access.

Although a monthly report is currently completed from a business perspective, there is a need for these reports to also consider care quality, staffing arrangements, training compliance, feedback, and complaints to support effective governance and quality monitoring. This is an area for improvement.

Policies and procedures require minor amendments to align with the required standards and should clearly state the date of development, the review date, and the date of the next scheduled review.

All areas for improvement will be discussed in more detail throughout the main body of the report.

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 four care receivers and five of their representatives. They also had discussions with the service's management and five care staff. Additionally, feedback was requested from four professionals external to the service. Unfortunately, no responses were received.

As part of the inspection process, documents including policies, care records, incidents and training certificates were examined.

At the conclusion of the inspection visits, the Regulation Officer provided verbal feedback to the Registered Provider and Interim Manager and confirmed the identified areas for improvement by email on 7 May 2026. Details of the follow-up actions required to evidence that improvements have been made were also set out by the Regulation Officer.

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.

Key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<ul style="list-style-type: none"> Selection of staff recruitment files and DBS Completed induction booklets Online management system with duty rota Training matrix and certificates Review of incidents and notifications to the Commission Medication management Safeguarding discussion feedback
Is the service effective and responsive	<ul style="list-style-type: none"> Initial assessments – looking at personal choice Food hygiene training Feedback Statement of Purpose review against the standards Audits and spot checks
Is the service caring	<ul style="list-style-type: none"> Care plans Risk assessments Written agreements Communication Feedback from care receivers and staff
Is the service well-led	<ul style="list-style-type: none"> Policies Monthly quality reports Supervisions and appraisals documentation

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The Regulation Officer reviewed four recruitment files and found evidence of safe recruitment practices. All files contained completed safety checks, including appropriate references, Disclosure and Barring Service (DBS) checks, signed contracts, and interview notes.

At the time of inspection, a central spreadsheet to evidence three-yearly DBS rechecks was not available. This gap was acknowledged, and responsibility for this task was immediately allocated to the Office Manager. This was evidenced on the third visit.

All new recruits are provided with an induction booklet, which is completed throughout the probationary period with support from a senior member of staff. Staff are required to complete mandatory training and shadow experienced colleagues before being permitted to work independently. This allows the care receivers to meet new care staff and get to know them. Evidence of completed inductions was observed.

A previous safeguarding case was discussed at the inspection, and lessons learned were noted. Although staff were aware of safeguarding processes when asked by the Regulation Officer, safeguarding training was found to be lacking.

Overall, staff training was identified as an area of concern. Training records indicated that the service does not currently meet its mandatory conditions of registration, as the majority of staff are not up to date with required mandatory training or additional training to meet the care categories. Although plans are in place and work has begun to arrange training dates for several courses, these had not commenced at the time of inspection. As a result, this is an area for improvement.

It was noted that staff training should be treated as a priority and embedded within the service's culture to ensure continued compliance with the mandatory conditions of registration. By the third visit, mandatory training courses had been booked; however, the service is awaiting dates for additional training. Compliance will be reviewed by the Regulation Officer later in the year.

All staff responsible for administering medication had successfully completed the appropriate Regulated Qualifications Framework (RQF) Level 3 module.

During the first two days of the inspection, the online training platform and associated training matrix could not be accessed. This information was later submitted. The Regulation Officer recommended that the Office Manager also maintain a clear training spreadsheet, outlining each staff member's training requirements, courses booked, completion dates, and renewal due dates. This would support effective oversight and ensure ongoing compliance with training standards.

The service utilises an electronic care management system to record care staff clocking in and out of visits, track scheduled visits, and monitor visit status (due, in progress, or completed). The system also generates automated invoicing upon completion of visits. The management team routinely monitor system alerts and real-time data to provide oversight and ensure that visits are delivered as planned and that any potential missed or late visits are identified and acted upon promptly. The active system was demonstrated during the inspection. Care staff are required to log in and out of each visit at the care receiver's home, in line with policy. This allows managers to effectively monitor visit duration and ensure accurate oversight of care delivery.

Feedback from care receivers confirmed that most visits are reliably delivered. One missed visit was reported in the previous year due to unforeseen circumstances; however, this was managed appropriately.

Medication management was discussed during the inspection. While only a small number of care receivers require support with medication administration, appropriate systems are in place. These include the use of medication administration record (MAR) charts and staff who have received the relevant training. One MAR chart was identified as having been signed prior to the medication being due for administration. This issue was immediately raised with the Interim Manager and was addressed as a priority. The Regulation Officer advised that medication audits should be included in monthly spot checks, as this will identify any potential issues.

A registered nurse has been assigned to complete medication competency assessments for staff during this year to further strengthen practice.

Notifications to the Commission were discussed, and appropriate measures were taken to support care receivers. These were found to align with the service's incident log.

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 requested an updated Statement of Purpose to reflect the service's current aims and objectives and mandatory conditions of registration. This was submitted by email.

The Regulation Officer identified limited evidence of ongoing spot checks and regular audits to support and strengthen clinical practice. Spot checks are a key quality assurance tool, providing valuable feedback from care receivers and their families regarding the standard of care delivered. They also enable the organisation to assure itself that carers are presentable, reliable, competent, and completing documentation accurately and in a timely manner. Regular clinical audits are beneficial in enhancing quality assurance and continuous improvement.

During the third inspection visit, spot check evidence was shown to the Regulation Officer and assurance was given that this will continue monthly. Until spot checks and audits are embedded in practice, these will be an area for improvement.

Prior to the service accepting a care receiver, initial assessments are undertaken by a senior member of staff to establish whether the service can meet the care needs. The assessments are comprehensive, follow a robust template, and record the care receiver's choices and goals.

Potential care receivers are initially provided with an engagement letter identifying the care package, including the times and days of visits and the costs they will incur, followed by a written agreement to sign. Several signed written agreements and engagement letters were viewed during the inspection. This demonstrates transparency around care fees and any additional costs.

Is the service caring?

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

The Regulation Officer identified that some care plans and risk assessments lacked sufficient detail and were not consistently reviewed or updated to reflect individuals' current needs. In some cases, information was incomplete, unclear, or did not fully evidence how risks were being assessed, managed, or mitigated in practice. The Regulation Officer paused the inspection to allow the Registered Provider and Interim Manager to prioritise updating the care receivers' documentation. Care plans and risk assessments require strengthening to ensure they are comprehensive, regularly reviewed, and accurately reflect changing needs for care receivers. The documentation in care receivers' homes also required updating.

The care plans and risk assessments were viewed again on the third visit and evidenced that they had all been reviewed and updated. Although progress has been made, this will be an area for improvement until it is securely and consistently embedded in practice.

Feedback on communication was mixed, with some care receivers and their representatives praising the service for being approachable and responsive, whilst others reported difficulty in receiving replies to emails, a lack of consistency in receiving rotas to confirm which carer would be attending, and minimal opportunities for giving feedback.

Is the service well led?

<p>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.</p>
--

Leadership within the service requires strengthening, with the Registered Provider needing a more consistent presence and the Interim Manager requiring greater clinical oversight. There have been changes within the management team since the last inspection, which have contributed to gaps in clinical governance. This was acknowledged during the inspection. Positively, an office manager has been appointed to oversee recruitment, respond to phone calls and emails, maintain spreadsheets, and manage office functions, alongside a branch manager with suitable experience overseeing packages of care relating to learning disability, autism, and mental health.


A selection of policies was requested for review during the inspection. Overall, the policies were relevant, accessible, and aligned with both Jersey and national legislation. The Regulation Officer made several recommendations, including merging the client complaints process with the internal complaints procedure, removing a section from the recruitment policy, reducing the length of the staff policy, and amending the grievance policy to improve readability for staff.

At the last inspection, the Regulation Officer advised that monthly reports should place greater focus on the quality of care and include information relating to staffing, training, feedback, and compliance with standards. Unfortunately, there was a lack of reports available for review during this inspection. The Registered Provider has since started the monthly quality reports using the Commission's template and has submitted two reports. To ensure consistent governance the Regulation Officer has requested copies of monthly reports for three months and this will be an area for improvement.

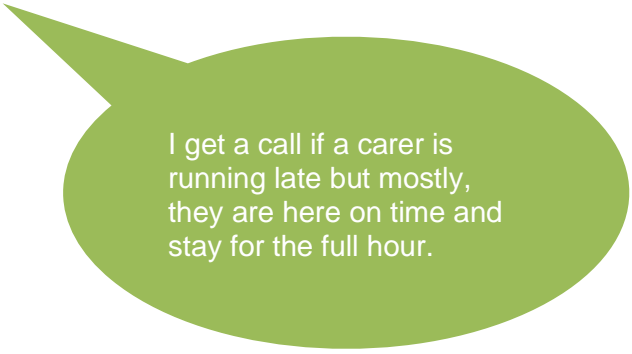
Annual appraisals were evidenced during the inspection; however, there was no clear evidence of regular supervisions taking place since the previous inspection. This is an area for improvement.

The Regulation Officer also observed that, during the inspection, the management team required an extended period of time to locate requested documentation, either online or paper copies, despite the service having been registered for several years. There were reasons given for this: however, the service must endeavour to be consistently organised and inspection ready.


What care receivers said:




The carers are not paid enough for the job they do.



I get a call if a carer is running late but mostly, they are here on time and stay for the full hour.




All the carers are fine. I have signed a contract, and I know if I need anything I can contact the office.

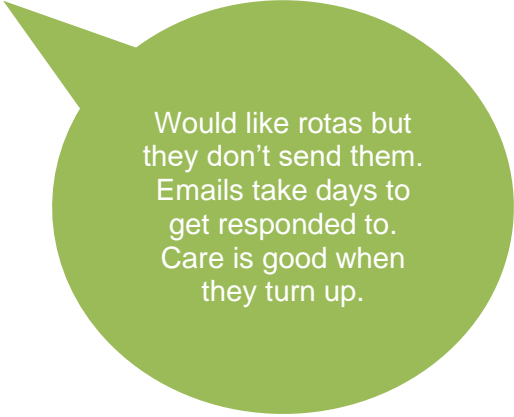


Had the same carers for years. Don't really have much to do with the agency but everything is good.


What relatives said:



Grateful to have the Care Collective, they are a godsend.



Would like rotas but they don't send them. Emails take days to get responded to. Care is good when they turn up.



Mostly very good, all nice carers. I would like replies to my emails quicker, but I know they are short staffed and the manager is doing care.

The staff said:

I love being a carer. It's all about the clients. We need to do all we can in the time we have and not be in a hurry to get to the next client.

I do feel valued and appreciated for the job I do.

I have asked for more training, but it's not been organised.

I love cleaning and caring for people.

I had an induction booklet and felt supported through the induction programme.

IMPROVEMENT PLAN

There were five 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 3.5 & 3.6</p> <p>Regulation 9</p> <p>To be completed: Effective Immediately</p>	<p>The Registered Provider must ensure all documentation relating to care plans, risk assessments and assessment tools are reviewed and updated on a regular basis and updated in care receivers home folders.</p> <p>Response by the Registered Provider:</p> <p>All care plans, risk assessments, and associated assessment tools have been fully reviewed and updated during the inspection as detailed in the main body of the report, to ensure they accurately reflect each care receiver's current needs. Updated documentation has been placed in care receivers' home folders to ensure accessibility for staff at all times. A structured review schedule has now been implemented, requiring all care documentation to be formally reviewed routinely in accordance with the care receiver's needs or circumstances. Senior staff have been assigned responsibility for overseeing and completing these reviews, with management conducting regular audits to ensure compliance and consistency across all records. This process is now embedded within practice to ensure documentation remains current, person-centred, and reflective of care delivery.</p>
--	--

<p>Area for Improvement 2</p> <p>Ref: Standard 6.4 & 6.5</p> <p>Regulation 17</p> <p>To be completed: by 30 July 2026</p>	<p>The Registered Provider will ensure that all care staff complete and remain up to date with mandatory training and additional training to meet the mandatory conditions of registration.</p>
	<p>Response by the Registered Provider:</p> <p>All staff are now booked onto mandatory and role-specific training, including additional training required to meet the service's conditions of registration. A new training provider has been implemented to improve access to training and oversight of the training matrix. Completion is closely monitored through a structured schedule with automated reminders, overseen by the Office Manager to ensure ongoing compliance.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 1.7</p> <p>Regulation 19</p> <p>To be completed: 31 May 2026</p>	<p>The Registered Provider must report monthly on the quality of care provided and compliance with registration requirements.</p>
	<p>Response by the Registered Provider:</p> <p>Monthly quality reports are now in place using the Commission's template, capturing care quality, staffing, training, feedback, and compliance. Reports for June, July, and August will be submitted to the Regulation Officer to demonstrate that this practice has been embedded.</p>

Area for Improvement 4 Ref: Standard 1.9 Regulation 19 To be completed: Effective Immediately	The Registered Provider must ensure regular audits and spot checks are completed to review the quality of the service and identify risks early.
	Response by the Registered Provider: Regular audits and spot checks have now been reinstated and scheduled on a monthly basis. These are monitored by management to ensure ongoing oversight of care quality and to identify risks promptly. Audit records for June, July, and August will be submitted to the Regulation Officer to demonstrate that this practice has been embedded.

Area for Improvement 5 Ref: Standard 6.6 Regulation 17 To be completed: 31 May 2026	Registered persons will ensure that all care staff are given regular opportunities to discuss their role through formal supervision.
	Response by the Registered Provider: Formal supervisions have now been reinstated and are completed at least quarterly for all staff, with annual appraisals also in place. These are scheduled in advance with reminders in place and are monitored by management to ensure this practice is consistently maintained.

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
- The Regulation Officer will complete a focused inspection later this year.

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