



**Jersey Care  
Commission**

## **Summary 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**

## 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, 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 remains 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. The Registered Provider has started using the Commission's template and has completed two reports; however, 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.

## 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><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 3.5 &amp; 3.6</p> <p>Regulation 9</p> <p><b>To be completed:</b> 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 receiver's home folders.</p> <hr/> <p><b>Response by the Registered Provider:</b></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.</p> <p>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.</p> <p>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>
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<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 6.4 &amp; 6.5</p> <p>Regulation 17</p> <p><b>To be completed:</b> 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 specialised training to meet their mandatory conditions of registration.</p>
	<p><b>Response by the Registered Provider:</b></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><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 1.7</p> <p>Regulation 19</p> <p><b>To be completed:</b> 31 May 2026</p>	<p>The Registered Provider must report monthly on the quality of care provided and compliance with registration requirements.</p>
	<p><b>Response by the Registered Provider:</b></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>

<b>Area for Improvement 4</b>  <b>Ref:</b> Standard 1.9 Regulation 19  <b>To be completed:</b> Immediately	The Registered Provider must ensure regular audits and spot checks are completed to review the quality of the service and identify risks early.
	<b>Response by the Registered Provider:</b>  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.

<b>Area for Improvement 5</b>  <b>Ref:</b> Standard 6.6  Regulation 17  <b>To be completed:</b> 31 May 2026	Registered persons will ensure that all care staff are given regular opportunities to discuss their role through formal supervision.
	<b>Response by the Registered Provider:</b>  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.

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