



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Island Home Care**

**Home Care**

**12 Britannia Place  
Bath Street  
St Helier  
JE2 4YS**

**Inspection Dates**

**6, 8, 15 May & 3 June 2026**

**Date Published**

**30 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 Island Home Care. The Home Care service is operated by Island Home Care Limited 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	Autism, Mental Health, Substance Abuse (drug and/or alcohol), Adults 60+, Dementia Care, Physical Disability and/or Sensory Impairment, Learning Disability.
Maximum number of care hours each week	More than 2250 hours per week (Large)
Age range of care receivers	17 years and over
Discretionary Conditions of Registration	
None	
Additional information	
The Statement of Purpose is to be reviewed following the inspection taking into account recommendation made by the Regulation Officer.	

As part of the inspection process, the regulation officers evaluated the service's compliance with the mandatory conditions of registration required under the Law. The regulation officers concluded that all requirements have been met.

### 3. ABOUT THE INSPECTION

#### 3.1 Inspection Details

This inspection was unannounced. Information received by the Commission since the previous inspection helped inform the areas of focus for the regulation officers.

Two regulation officers were present for the first, second and fourth visit and one regulation officer conducted a home visit. References to who gathered the information during the inspection may change between the 'Regulation Officer' and 'regulation officers'

The Registered Manager was not present for the initial unannounced visit. However, the Regulation Officer was able to undertake the initial inspection with an experienced care manager. A separate face to face meeting was held with the Registered Manager on the 3rd of June 2026.

Inspection information	Detail
Dates and times of this inspection	06 May 2026 09:30 - 16:50 08 May 2026 10:00 - 13:10 15 May 2026 09:35 - 11:05 03 June 2026 11:00 - 12:10
Number of areas for improvement from this inspection	None
Number of care hours on the week of inspection	3485 hours
Date of previous inspection	30 June and 02 July 2025
Areas for improvement noted at the last inspection	None
Link to the previous inspection report	<a href="#">RPT_ILD_Inspection_20250702.pdf</a>

### **3.2 Focus for this inspection**

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

### **4.2 Observations and overall findings from this inspection**

The service demonstrated clear compliance with regulatory requirements and a strong understanding of its legal obligations. A culture of accountability and openness was evident, supported by clear and effective communication pathways across the service, ensuring the staff remain informed and able to respond appropriately to operational and care-related matters.

During the unannounced inspection, which coincided with the Registered Manager's absence, the service continued to operate effectively without disruption. This provided assurance that leadership arrangements and governance systems are robust. The staff member facilitating the inspection was knowledgeable, well prepared, and able to provide detailed information regarding care receiver needs, staffing arrangements, and the day-to-day management of the service.

Robust staffing and management structures were evident, with defined layers of support ensuring that staff have access to advice and guidance when required. Regular team meetings and supervision sessions support ongoing communication, reflective practice, and effective oversight of service delivery.

Care planning was identified as a key strength. Care plans viewed reflected a wide range of support needs and were consistently personalised, detailed, and based on individuals' backgrounds, preferences, and assessed needs. Documentation was well maintained, with daily records evidencing continuity of care, effective communication between staff, and a strong commitment to person-centred practice.

Staff Human Resource records were well organised and easy to navigate, providing clear evidence of safe recruitment practices as well as regular supervision and appraisal processes. Structured induction programmes ensured new staff were supported to understand their roles, responsibilities, and expectations.

Staffing rotas were clear and auditable, demonstrating consistent allocation of care workers to individuals, promoting continuity of care. Training provision was a particular strength, with good compliance across essential courses, supported by competency assessments and the use of external providers where appropriate.

Overall, the service evidenced strong governance, effective workforce management, and a consistent commitment to delivering safe, high-quality, person-centred care.

## 5. INSPECTION PROCESS

### 5.1 How the inspection was undertaken

The Home Care and Support in the Community Standards were referenced throughout the inspection.<sup>1</sup>

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report, the Statement of Purpose, notification of incidents and intelligence received.

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

As part of the inspection process, documents including policies, care records, risk assessments, training objectives and competency assessments, incidents and complaints were examined.

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Care Manager and followed up with a feedback email three days later to the Care Manager and Registered Manager.

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.

---

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

## 5.2 Sources of evidence.

Key lines of enquiry	
Focus	Evidence Reviewed
<b>Is the service safe</b>	Staff files Interview records Induction competency workbook Medication competency document Policies Employee handbook Training matrix Staff feedback Care records Risk assessments Rotas Monthly report Care receiver feedback Care receiver representative feedback Professional feedback
<b>Is the service effective and responsive</b>	Statement of Purpose Staff feedback Care receiver feedback Professional feedback Care receiver representative feedback Monthly report Written agreements
<b>Is the service caring</b>	Staff wellbeing Complaints and compliments Care receiver feedback Care receiver representative feedback Professional feedback
<b>Is the service well-led</b>	Organisation structure Training development plan Service development plan Care receiver agreement Training matrix Policies and procedures Statement of purpose Notifications

## 6. INSPECTION FINDINGS

### Is the service safe?

People are protected from abuse and avoidable harm.

The regulation officers found that the service has a well-established management structure, with clearly defined roles and responsibilities that support continuity of care and effective service delivery. Care receivers reported feeling safe and treated with dignity and respect.

Safe recruitment practices are in place, including obtaining appropriate references and Disclosure and Barring Service checks prior to employment. Signed contracts confirm agreement to the terms and conditions of employment.

Induction processes are comprehensive and include an introduction to the service, rotas, and the identification of training needs. Staff familiarise themselves with care plans, behavioural strategies, and escalation procedures during their induction.

Mandatory training is completed during the initial stages of the induction, as well as any additional care receiver-specific training identified.

New carers undertake a period of shadowing to understand care receivers' needs and to build relationships with those they support and their colleagues. Feedback from care receivers is sought to ensure compatibility. Prior to working independently, the Care Co-ordinator assesses each carer's competence and confidence and provides ongoing support and guidance. Thorough and completed induction competency records were reviewed during the inspection.

A Training Manager has been appointed since the previous inspection, and this role has had a positive impact on the service. Systems are in place to monitor staff development and training attendance, with training programmes that include clear learning objectives and competency assessments. Carers can access additional one-to-one support where further training needs are identified.

Staff feedback was generally positive, with most carers reporting they feel well prepared for their roles; however, some indicated a need for additional training to support more complex care packages. One carer shared, *“The team are mostly very supportive and will do their best to help whenever they can. When giving feedback around not feeling competent, I have not been supported and instead I’ve been pushed into a role I did not sign up for.”* Relevant anonymous staff feedback was shared with the Registered Manager to enable them to consider and respond appropriately to the identified issues.

During the inspection, regulation officers were informed that staff supporting individuals with complex needs can access appropriate external professional support when required. However, one professional reported an instance where they had offered additional support and training for a complex care package, and it was declined by the home care agency.

The service delivers care across several categories of care. It is positive that all carers receive dementia training, with enhanced training for those supporting individuals living with dementia. It is recommended that staff are also provided with access to the Level 3 Regulated Qualifications Framework (RQF) modules, or equivalent, for learning disability training to further strengthen current provision.

In response to increased staffing levels, the service has appointed an additional trainer. This reflects a proactive approach to future development, with ongoing plans to enhance staff training provision.

Overall, staff training is considered a strength of the service.

Staff are expected to complete a Level 3 qualification in medication management upon employment. In the interim, they receive training and are subject to competency assessments to ensure they can safely administer medication. Evidence reviewed demonstrated robust competency processes, that include a staff member being assessed on three occasions before being deemed competent.

Medication administration records viewed during the inspection were appropriately completed, with entries timed and signed. Safe medication practices were further evidenced during a home visit, where secure storage, accurate documentation, and the carer’s knowledge of the medication administered were observed.

Carers generally work in teams on fixed, rolling rotas, allowing them to plan time off in advance. Systems for monitoring staffing levels and working hours were found to be effective. The service demonstrated flexibility in responding to rota changes, including making short-notice adjustments while maintaining safe and effective care. Care co-ordinators generally have sufficient capacity within their rotas to cover staff absences and are known to care receivers through their involvement in risk assessments, care reviews, and in-home spot checks.

Arrangements are in place to ensure that urgent management responsibilities are covered when care co-ordinators provide direct care. One care receiver commented, *“I would like to see the care coordinator assigned to the round covering more of the holidays and sickness for the round. It doesn’t seem to make sense to have a care coordinator for the round that you very rarely see.”*

Since the last inspection, a proportionate number of safeguarding referrals have been made, that reflect the size of the service. These included workforce-related concerns, which were managed appropriately, with measures implemented to safeguard both care receivers and staff.

## 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 Statement of Purpose was reviewed as part of the inspection process and recommendations were made to accurately reflect the service provided.

While the service's website contains useful information for prospective care receivers and staff, it does not currently include details of fees. It is recommended that a fee range is published to promote transparency.

Written agreements clearly outline the cost of care once a package has been agreed. These agreements are comprehensive, including terms for termination and notice periods, and all reviewed agreements were appropriately signed.

The service meets individuals' communication needs and actively promotes social wellbeing. Care receivers are encouraged to maintain independence, engage with their community, and pursue meaningful interests. Additional support includes attending health appointments, assisting with shopping, and enabling participation in hobbies.

A care receiver shared –

I am delighted with the support and care I receive. It has allowed me to grow and do things that I never imagined possible.

During a home visit, the Regulation Officer noted that a carer had encouraged a care receiver to attend a day centre to enhance social interaction. The care receiver attended for the first time on the day of the visit and was later observed by another regulation officer to be engaging positively with others who shared similar interests.

A further example is when a carer is accompanying a care receiver to an off-island activity, following careful planning and risk assessment to ensure the trip can be undertaken safely.

The Information Technology systems in place support effective care delivery and strengthen governance across the service.

The electronic care record system provides effective oversight, including monitoring carers' arrival and departure times to ensure visits are completed as planned and to identify any missed calls.

Since the last inspection, a care manager on-call system has been introduced, providing additional support to care co-ordinators operating the duty system. During the inspection, the duty phone was observed to receive frequent calls, all of which were responded to promptly. Carers reported feeling well supported by the management team.

### **Is the service caring?**

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

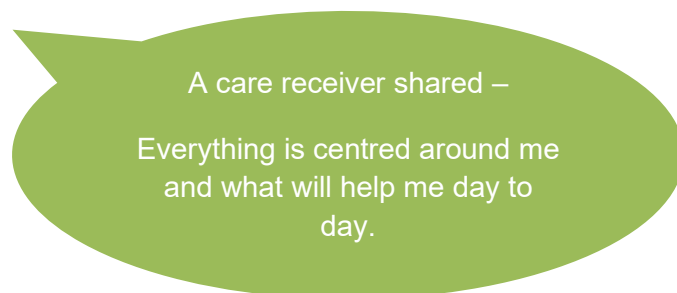
Prospective individuals are initially assessed by a care manager to determine their needs and whether these can be met by the service.

An 'About Me' document is completed at the start of the care package. This was noted by regulation officers to be detailed and informative, supporting a clear understanding of the individual's background. This is particularly valuable for those with a cognitive impairment, enabling carers to engage meaningfully and support orientation through conversation.

Initial assessments are thorough, and care plans are person-centred, promoting independence, choice and control over their lives.

A range of person-centred risk assessments were reviewed within care records, including (but not limited to) skin integrity, oral hygiene, malnutrition, and falls risk. A fire risk assessment was also in place to protect both the care receiver and the carer.

During a home visit, the Regulation Officer observed a carer using respectful and supportive communication to encourage a care receiver to maintain independence with their personal care. The carer demonstrated a clear understanding of the individual's needs, providing appropriate prompting while preserving dignity.



A care receiver shared –  
Everything is centred around me  
and what will help me day to  
day.

Care plans demonstrated that individuals are able to express their preferences. An example recorded is where a care receiver requested to be involved in all discussions relating to their care.

Care plans reflected the complexity of individuals' health conditions, included clear escalation pathways, and were written in a respectful and appropriate tone.

One care plan did not clearly document the rationale for a significant increase in the level of care provided; however, supporting email correspondence from a delegated authority was available. It is recommended that any increase in care provision is supported by a clearly recorded assessment of changing needs, reflected in both care plans and risk assessments, to promote transparency.


When considering a transition to live-in care, a care dependency assessment framework is completed to determine the need for increased support.

Care plans are reviewed regularly and updated in line with current needs. Records reviewed during the inspection were contemporaneous, person-centred, and reflected the voice of the individual.



A care receiver  
representative shared –  
It's the best care we could  
have imagined for her.

Care receivers and their representatives reported feeling heard and involved in the development of care packages. Positive and respectful communication is actively promoted and is recognised as central to effective care.



A care receiver representative shared –  
Their communication is excellent and they provide a professional service which is full of care and comfort for our mum.

The service recognises the importance of maintaining consistent routines to support individuals' self-esteem, confidence, independence, and stability.

Clear escalation pathways are in place for managing behaviours of concern, developed in collaboration with a multidisciplinary team. This has contributed to improved care receiver outcomes, including increased confidence and greater engagement in community activities.

There was also evidence that staff act in the best interests of individuals who are unable to advocate for themselves, prioritising their safety and wellbeing.

The service currently delivers one nursing delegated task. A concern was raised by the Registered Manager regarding the lack of a formal process to reassess carers' competency by registered nurses on an annual basis. This issue is being explored beyond the service, as it represents an island-wide challenge.

## 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.

There is strong leadership in place, with a clear focus on delivering high-quality, person-centred care through a competent and skilled workforce.

A carer shared –

Xxx (Registered Manager) has respect for everybody. It is a lovely environment to work, are very supportive and is a welcoming organisation.

The Care Manager evidenced a comprehensive understanding of the service and its operations, demonstrating that senior staff were effectively supported to develop the skills necessary to manage the service.

A comprehensive contingency plan is in place to ensure continuity of care in unforeseen circumstances, including the absence of the Registered Manager.

Some feedback was received regarding the conduct of service representatives. In one instance, a representative was perceived as overly assertive when advocating for a care receiver during a meeting.

Feedback from staff also indicated that some did not always feel heard or given sufficient opportunity to contribute their views; however, this view was not shared by the majority of staff who provided feedback. The feedback was shared with the Registered Manager who informed the regulation officers they will reflect on the feedback provided by some staff and professionals external to the service.

Clear processes exist for allocating audit responsibilities and undertaking quality assurance activities. Audits include reviews of staff training, safe recruitment practices and care records, with identified actions tracked to completion.

Findings are shared at weekly management meetings and further disseminated during monthly care co-ordinator meetings. One carer reported that, due to the nature of their role, they are unable to attend meetings and are instead informed of outcomes via WhatsApp.

Care co-ordinators undertake regular in-home spot checks to ensure care is delivered to a high standard, care plans are followed, and records accurately reflect the care provided. Medication administration records are also reviewed during these visits. In addition, a formal system monitors compliance with medication practices at the end of each 28-day cycle.

An internal incident management system is in place, with care managers maintaining oversight and conducting investigations to identify learning and reduce recurrence. Evidence showed that next of kin are informed following incidents, demonstrating openness and transparency. Learning from incidents is shared through meetings, one-to-one discussions, and internal communication channels, and incidents and outcomes are recorded within care records. The service appropriately notifies the Commission of relevant incidents.

A compliments and complaints file was reviewed, and there is a clear and accessible complaints process in place. A response to a formal complaint demonstrated respectful communication and adherence to the service's policy timeframe.

An annual feedback survey for care receivers, families, and staff is scheduled, and family representatives can engage with the service through a two-way WhatsApp group.

Communication between managers and carers is supported through WhatsApp, with company policies and procedures that are subject to regular review accessible via work phones. A lone working policy is in place and included in the induction handbook. One carer demonstrated a clear understanding of the policy and described its application in practice.

The service has procedures to address discrimination and ensure appropriate escalation, including involvement of the multidisciplinary team and advocacy for staff where required.

Clear processes are in place for managing care receivers' finances, supported by policy guidance. In one care record reviewed, detailed instructions regarding the management of money for grocery shopping were recorded, and a live-in carer demonstrated knowledge of, and adherence to, these processes during a home visit.

Staff wellbeing is a strength of the service, with support including access to counselling, regular supervision, and favourable employment terms. Staff achievements and personal milestones are recognised.

Records confirmed that regular supervision and annual appraisals are completed, providing opportunities to discuss challenges, identify training needs, and reflect on practice. Supervision records also evidenced the sharing of compliments and positive feedback with staff.



A carer shared –

Staff genuinely care about the clients and everyone usually pulls together when things get busy. Good teamwork and person-centred care.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during this inspection.

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  
1<sup>st</sup> Floor, Capital House  
8 Church Street  
Jersey JE2 3NN

Tel: 01534 445801

Website: [www.carecommission.je](http://www.carecommission.je)

Enquiries: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)