



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**New Horizons Support Services**

**Home Care Service**

**La Ronde  
Devonshire Place  
St Helier  
JE2 3RD**

**Inspection Dates  
13 and 15 April 2026**

**Date Published  
9 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 New Horizon's Support Service. The Home Care Service is operated by New Horizon's Support Services Ltd 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	Physical disability and or/sensory impairment, learning disability, mental health, autism
Maximum number of care hours each week	2250
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 12 June 2028.	
Additional information	
None	

As part of the inspection process, the Regulation Officer evaluated the home care service's compliance with the mandatory conditions of registration and any additional 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 to support the Commission's approach of assessing services as they operate day-to-day and to ensure ongoing compliance with standards.

Individuals receiving care are referred to by the service as clients, and this terminology is used throughout the report. Staff are referred to as support workers rather than carers, and this terminology is reflected accordingly.

Inspection information	Detail
Dates and times of this inspection	13/04/2026 09:30 – 16:20 15/04/2026 09:00 – 13:10
Number of areas for improvement from this inspection	Four
Number of care hours on the week of inspection	894
Date of previous inspection	19 and 26 November 2025
Areas for improvement noted at the last inspection	None
Link to the previous inspection report	<a href="#">RPT_NH_Inspection_20251126.pdf</a>

### 3.2 Focus for this inspection

This inspection considered the following 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 supports adults with additional or complex needs across a range of settings, helping them live as independently as possible and lead fulfilled lives.

Mandatory training is compliant; however, the service does not currently ensure that all staff who administer medication hold a Level 3 medications administration qualification. This has been identified as an area for improvement to maintain regulatory compliance.

The service has a structured induction and probation process for new support workers, including training, supervised shadowing, and regular reviews. Checks are also in place to ensure appropriate vehicle insurance where staff use their own vehicles for work.

Medication management is supported by policy, training, and annual competency checks.

The service does not clearly publish or document its fees, as they are not included on the website or within client agreements. Although care is largely funded through the Long-Term Care (LTC) benefit, this has been identified as an area for improvement to ensure transparency for clients and their families.

The service adapts communication approaches to meet individual needs, making reasonable adjustments and using practical tools to support understanding. This includes tailored strategies during periods of anxiety or crisis to reduce distress and promote effective communication.

Support workers receive specialist training relevant to the needs of the individuals they support, including autism, learning disabilities, and other neurodevelopmental conditions. This helps ensure staff knowledge is current and that care is delivered in line with best practice.

Senior staff complete some audits; however, there is no evidence of routine review or analysis, and key areas such as medication management are not audited. This has been identified as an area for improvement.

The service has a clear incident reporting process, with staff completing a Daily Session Report for any unusual events. Reports are reviewed by the Registered Manager, escalated to formal incidents when required, and monitored by senior management to identify learning and improvement opportunities.

## **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 policies.

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

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

As part of the inspection process, documents including policies, care records, incidents, complaints, and risk assessments 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 16 April 2026. Details of the follow-up actions required to evidence that improvements have been made were also set out by the Regulation Officer.

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
<b>Is the service safe</b>	Recruitment files Recruitment policy Risk assessments Competency assessment/Induction Feedback Administration of medication policy Training matrix
<b>Is the service effective and responsive</b>	Risk assessments Service level agreement Communication and on-call protocols Feedback Staff surveys Care records
<b>Is the service caring</b>	Supervision and appraisal records Feedback Training Care plans Policies Initial assessments
<b>Is the service well-led</b>	Feedback Organisation structure Monthly reports Staffing rotas Supervision and appraisal records Policies and procedures

## 6. INSPECTION FINDINGS

### Is the service safe?

People are protected from abuse and avoidable harm.

Mandatory training is compliant with the required standards; however, the requirement for staff responsible for medication administration and supporting individuals with their medicines to hold a Level 3 qualification in the Administration of Medicines has not been met. This is an area for improvement to ensure staff competence and ongoing compliance with regulatory standards.

The Registered Manager reported that there are currently no delegated tasks in place for any of the clients. They demonstrated a good understanding of what constitutes a delegated task, showed clear awareness of the relevant guidance, and were able to explain the processes required to safely assess, implement, and support delegated tasks should these be introduced in the future.

The service demonstrates safe recruitment practices that meet required standards. The Regulation Officer reviewed a sample of staff recruitment files and found evidence of a consistent and robust approach. This included completed application forms, documented shortlisting and interview records, appropriate references, and Disclosure and Barring Service (DBS) checks completed prior to employment. The service also employs several bank staff to support the permanent workforce, and the same recruitment processes and standards are applied consistently to these staff.

The service has risk assessments in place across key areas, including medication management, activities, and the management of clients' finances. Each risk assessment clearly identifies potential risks and records appropriate actions to minimise or manage those risks. This supports safe practice and ensures that individual risks are recognised, monitored, and reviewed in line with clients' needs.

Medication management is supported by a medication policy. The service encourages clients to self-administer where possible.

New staff who do not hold a medication administration qualification are required to complete an online advanced medication course and undertake three supervised observations with a medication-qualified senior staff member before administering medication to clients. Annual medication competency assessments are completed for all support workers who administer medication, helping to ensure practice remains safe, and in line with best practice. However, the inspection found that insufficient numbers of staff are progressing to complete the Level 3 RQF qualification in the Administration of Medicines, which limits assurance that medication support is consistently provided by appropriately qualified staff.

### **Is the service effective and responsive?**

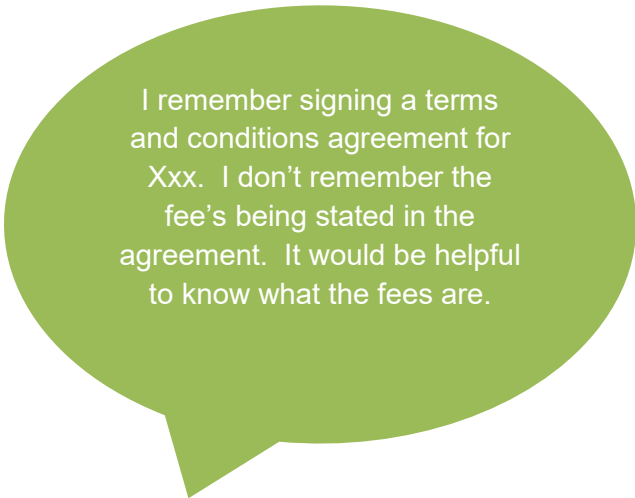
Care, treatment, and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.
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The service provides a four-week induction period at the commencement of employment for support workers. There is a six-month probationary period that includes a three-month review to monitor progress and identify any areas where additional support may be required. The induction process includes completion of an induction workbook, which covers a learning agreement, an overview of the service's procedures, processes, and operational requirements, along with a training planner and signed-off shadowing sessions. Where staff have agreed to use their own vehicle for work purposes, they are required to sign to confirm that they hold appropriate insurance cover.

Once staff are deemed competent to work independently with clients, the management team matches individual support workers' skills, experience, and personal attributes to clients' needs, taking into account who would be best suited to provide effective and person-centred support. The Registered Manager reported that this approach is also considered during the recruitment process, where the potential suitability of a candidate to meet the needs of existing clients may form part of the overall assessment, alongside standard recruitment criteria.

The Regulation Officer was unable to identify where the service publishes its scale of fees for care packages. The service website did not include details of fees, and written agreements (referred to by the service as service level agreements) with clients did not specify hourly rates or any additional charges associated with the care package. The Registered Manager explained that most care packages are funded through the Long-Term Care (LTC) scheme and therefore fees were not routinely highlighted to clients. However, it is important that fees and any potential additional charges are clearly documented and made transparent to clients and their families, regardless of the funding source, to support informed decision-making, clarity, and openness in service provision. This is an area for improvement.

The service demonstrates a clear commitment to understanding and meeting the individual communication needs of clients by providing staff with practical tools and strategies to support and enhance effective communication. Reasonable adjustments are made to reflect clients' preferred communication methods, particularly during periods of heightened anxiety or crisis. For example, some clients may not respond to verbal prompts when faced with challenging situations in the community that exacerbate their crisis response. In these instances, staff can use mobile whiteboards to write clear, simple instructions, making them visually accessible to the client. This approach supports focus, reduces anxiety, and enables clients to better process information and follow guidance in a calm and supportive manner.



Written agreements between the service and clients are provided through a service level agreement and separate terms and conditions. The inspection identified that these documents would benefit from being consolidated into one written agreement to ensure clarity and completeness of the contractual arrangements. The Regulation

Officer also noted that the agreements reviewed did not include information about fees or any additional costs.

Feedback from clients' relatives confirmed that they had not sought this information, although one relative commented that clearer information about costs would have been helpful. This highlights the importance of transparency for clients and their families, regardless of funding arrangements. This is an area for improvement.

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

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

The service provides support to adults with additional or complex needs across a range of settings. Support is delivered in various contexts, including residential respite, independent living support for individuals living in their own homes, community-based support such as recreational activities, and life skills training. This approach enables adults with additional needs to live as independently as possible and supports them to lead productive, fulfilled lives.

The office premises are of a good standard, providing ample space with private areas for meetings and supervision. Client facilities include a sensory room and a communal recreational area with resources such as a TV, games, books, and puzzles. The service provides a social event from the office space once a month for the clients that wish to attend. The office premises are located on the second floor of a building with no lift access; this can present a barrier for a small number of clients who are unable to access the recreational space provided.

Support workers complete training in specialist areas relevant to the individuals they support, such as autism, learning disabilities, and other neurodevelopmental conditions. This ensures staff knowledge remains current and that support is delivered in line with best practice.

The service operates an on-call system to provide support for staff and clients outside of normal working hours. A clear communication and on-call protocol is in place to guide staff on when and how to use the system appropriately. This ensures that advice and support are available at all times when required.

The management team has been developing systems to gather regular feedback from both clients and staff, with the aim of using this information to drive service improvement. An annual client questionnaire was introduced and implemented over the past year. In addition, a staff feedback questionnaire is currently being trialled, with the expectation that it will provide valuable insights and support ongoing improvements to the service.

The Registered Manager and care coordinators complete initial assessments at the point of enquiry for a package of support. The Regulation Officer reviewed a sample of these assessments within client records and found them to be detailed and comprehensive. Assessments included consideration of communication needs, personal preferences and interests, and identified risks. Overall, the assessments clearly identified each individual's specific needs and preferences to inform appropriate support planning.

Client care records are accessed and stored electronically. Support workers are provided with a mobile telephone to enable secure access to these records, which are password-protected and easily accessible when needed. The records provide a comprehensive overview of each individual's support needs, including care plans and risk assessments. Health histories and associated risks are clearly documented, alongside details of clients' preferences, likes, and dislikes. Records reviewed demonstrated that information was up to date and that daily entries were being completed.

## 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.

A change of Registered Manager took place less than a year ago. The current Registered Manager has extensive experience in working in the health and social care sector and demonstrated a strong knowledge of the clients and their individual needs. They carry out spot checks with clients to ensure that required processes are being followed and to gather feedback directly from clients about the quality-of-care delivery.

Staff members who leave the service are consistently offered an exit interview. Responses are reviewed by both the Registered Provider and Registered Manager, with findings discussed at management meetings. Any learning identified through this process is highlighted, and where opportunities for improvement are identified, these are considered and implemented to support service development and quality improvement.

Recruitment for support workers remains ongoing. While there have been a small number of staff leavers, some new starters are currently awaiting commencement. As a result, a limited number of care packages have experienced reductions in hours where staffing capacity has not been sufficient to deliver the full provision. Where care packages are disrupted under these circumstances, appropriate notice periods are provided. The service works closely with affected clients and their families to explore alternative solutions, which may include collaborating with other home care providers to ensure continuity of support.

The service operates a cascade model of supervision; whereby senior members of the support worker team provide supervision to more junior staff. The Registered Manager delivers supervision to senior staff and to any staff members requiring additional support or formal performance management. Annual appraisals are completed for all members of staff. The service provided evidence demonstrating compliance with required supervision and appraisal processes.

A small number of audits are currently being completed by senior staff, such as weekly session note audits. However, there was no evidence that audit findings are being routinely reviewed or analysed to support learning or service improvement. In addition, audit data was not available for key operational areas, including medication management. The service requires robust systems to monitor, audit, and review the quality of care provided. A regular and comprehensive audit programme should be implemented to assess care quality, maintain good standards, identify areas for improvement, and highlight areas of positive practice. This has been identified as an area for improvement.

The service has a range of policies and procedures in place to support all aspects of its operation. These cover key areas including human resources, governance, and the delivery of care, providing clear guidance for staff and management. The policies support consistent practice, ensure regulatory compliance, and underpin safe, effective, and person-centred care across the service.

The Regulation Officer reviewed the service's complaints and feedback processes, including a discussion about a concern raised by a client and their family. The service demonstrated that it had worked collaboratively with a multi-agency team to address the concerns, including advocating for the involvement of other professionals due to the complexity of the care package. This review showed that the service responded in line with its complaints policy and continued to work with the client and their representatives to resolve the issues raised.

The service has an established process for reporting and reviewing incidents. Support workers complete a Daily Session Report (DSR) whenever anything out of the ordinary occurs during a care episode. These reports are submitted electronically and automatically flagged to the Registered Manager for review. Where a DSR meets the criteria for an incident, the Registered Manager will guide the staff member to complete a formal incident report. The senior management team reviews both DSRs and incident reports to identify trends, themes, and any learning opportunities, supporting ongoing service improvement.

What care receivers said:

I like my team and I have no complaints.

I have support with preparing and cooking meals, keeping the flat tidy, and taking me to activities.

What relatives said:

Xxx is given plenty of warning if there is going to be a change of support worker and gets to meet any new support workers.

We are extremely lucky, Xxx receives wonderful support from all of the support workers at New Horizons.

Xxx team are a good size, as long as Xxx knows who is supporting each day, he is happy. The rota is provided a couple of weeks in advance.

The service is extremely good at introducing new staff to Xxx. The team are careful to use the same routines so Xxx knows what to expect.

Professional views:

The recent recruitment of appropriate support workers has had a positive impact on the consistency and quality of ongoing support.

Communication is generally prompt, clear, and effective.

We are always impressed with the quality of activities that New Horizons support with and encourage.

## IMPROVEMENT PLAN

There were four 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 1.9 Regulation 19</p> <p><b>To be completed:</b> by 13/08/2026</p>	<p>The Registered Provider should develop and implement a structured programme of audits to regularly monitor, review, and improve the quality of care provided.</p> <hr/> <p><b>Response by the Registered Provider:</b></p> <p>We currently undertake a programme of both weekly and monthly audits, which are overseen by the management team to monitor compliance and service quality. During the inspection process, it became apparent that while these audits are being completed, the format and level of documentation do not fully align with the Jersey Care Commission's expectations.</p> <p>Following the discussions and guidance provided by inspectors, we have reviewed our current auditing processes and are implementing revised recording systems to ensure greater detail, consistency, and evidence of oversight. These changes are designed to better demonstrate compliance with regulatory requirements and meet the standards and expectations outlined by the Commission.</p> <p>The management team will continue to monitor the effectiveness of these enhanced auditing processes and make further improvements where necessary.</p>
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<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 2.3</p> <p>Regulation 25</p> <p><b>To be completed:</b> by 13/07/2026</p>	<p>The Registered Provider should ensure that written agreements are in place for all care packages, clearly outlining the charges and payment arrangements to promote transparency and understanding for people using the service and their representatives.</p>
	<p><b>Response by the Registered Provider:</b></p> <p>All existing clients have written agreements in place that clearly outline the care and support provided as part of their care package. At the time of inspection, it was identified that not all agreements included details of charges and payment arrangements. This was because the majority of our clients are funded through Long-Term Care (LTC), and invoices are submitted directly to LTC rather than to the individual receiving support.</p> <p>However, we recognise the importance of including this information within all client agreements to ensure transparency and compliance with regulatory requirements, regardless of the funding arrangements in place.</p> <p>We had therefore already commenced a review of all client agreements to ensure that details of charges and payment arrangements are clearly documented. During the inspection, our most recently completed client agreement was reviewed and demonstrated that these details had already been incorporated into the updated format.</p> <p>Following the inspection, all existing client agreements have been updated and all clients have been issued with up to date LTC service agreement.</p>

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 1.3</p> <p>Regulation 25</p> <p><b>To be completed:</b> 13/08/2026</p>	<p>The Registered Provider should ensure that its full range of fees is clearly published and accessible, including on the service website.</p> <hr/> <p><b>Response by the Registered Provider:</b></p> <p>Following our planned inspection in November, a number of recommendations were made regarding improvements to the content, presentation, and information available on our website. In response, we arranged for our IT provider to undertake a comprehensive review and update of the website, including the addition of the updated 2026 fees and charges. To facilitate these changes, we understood that the website would be temporarily unavailable while the updates were being completed.</p> <p>However, during the unannounced inspection, it was identified that the website was accessible and that the updated fees and charges had not yet been published. Following this feedback, we contacted our IT provider to investigate the issue. We were advised that although the website had initially been taken offline as planned, it appears that during the update process it was inadvertently republished before all amendments had been completed.</p> <p>We have since instructed our IT provider to prioritise the publication of the current fees and charges, along with the remaining required updates, to ensure that the website contains accurate, complete, and up-to-date information. We will continue to monitor this process to ensure that all recommended improvements are implemented in a timely manner.</p>
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<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 5.7, 6.11</p> <p>Regulation 17</p> <p><b>To be completed:</b> by 13/09/2026</p>	<p>The Registered Provider should ensure that all staff responsible for administering medication hold a Level 3 RQF (or equivalent) qualification in medication administration.</p>
	<p><b>Response by the Registered Provider:</b></p> <p>All staff involved in the administration of medication currently hold either a QCF Level 3 qualification in medication or have completed an advanced medication administration qualification delivered by an accredited CPD training provider. In addition to formal training, staff are required to undergo practical competency assessments, including observed practice, which are completed and signed off by a member of the management team. These competency assessments are repeated annually to ensure staff maintain the necessary knowledge, skills, and competence to administer medication safely.</p> <p>We believed that our existing arrangements met the required standards, as this had not been identified as an area of improvement during previous inspections, including our inspection in November 2025.</p> <p>Furthermore, the training provider utilised by our service is an accredited CPD provider leading us to understand that the training met the necessary requirements.</p> <p>Following discussions with the Care Commission after the most recent inspection, we have sought further clarification regarding the specific expectations for medication training and approved training providers. We understand that medication</p>

	<p>training should either be at QCF Level 3 or be delivered by an approved training provider which we believed is what our staff had undertaken.</p> <p>We are committed to ensuring full compliance with the relevant standards and will continue to work collaboratively with the Care Commission to confirm that the training provided to our staff meets all regulatory expectations. Where necessary, we will review and enhance our training arrangements to ensure that staff continue to receive the appropriate level of education and assessment for medication administration.</p>
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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 and evidence to the Commission when the areas of improvement have been achieved before or on the completed date specified within the area for improvement table.

This action 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.



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