



**Jersey Care
Commission**

Summary Report

New Horizons Support Services

Home Care Service

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

**Inspection Dates
13 and 15 April 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

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 individual 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.

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.

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| <p>Area for Improvement 1</p> <p>Ref: Standard 1.9 Regulation 19</p> <p>To be completed: 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>Response by the Registered Provider:</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>Area for Improvement 2</p> <p>Ref: Standard 2.3</p> <p>Regulation 25</p> <p>To be completed: 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> <hr/> <p>Response by the Registered Provider:</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> |
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| <p>Area for Improvement 3</p> <p>Ref: Standard 1.3</p> <p>Regulation 25</p> <p>To be completed: 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> |
| | <p>Response by the Registered Provider:</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>Area for Improvement 4</p> <p>Ref: Standard 5.7, 6.11</p> <p>Regulation 17</p> <p>To be completed: 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>Response by the Registered Provider:</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</p> |
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| | <p>training providers. We understand that medication 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.

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