INSPECTION REPORT

Compassionate Health Care Jersey Limited

Home Care Service

Office 143, Floor One
Regus, Liberation Station
Esplanade
JE2 3AS

Inspection Dates
29 June and 01 July 2026

Date Published
21 July 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 Compassionate Health Care Jersey Limited. The home care service is operated by Compassionate Health Care Jersey Limited and there is a registered manager in place.

Registration Details	Detail
Type of regulated activity	Home care
Mandatory Conditions of Registration	
Category of care	Adults 60+
Maximum number of care hours each week	111 hours per week
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
None	
Additional information	
An updated Statement of Purpose was received on 23 June 2026. The Registered Manager concluded the Level 5 Diploma in Leadership and Management for Adult Care (RQF) on 15 June 2026.	

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 concluded that all requirements have been met.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager seven days prior to the first inspection visit. This was to ensure that the Registered Manager would be available during the visit. This was particularly important as it is the service's first inspection following registration with the Commission.

Inspection information	Detail
Dates and times of this inspection	29 June 2026 10.00am to 1.30pm 1 July 2026 9.00am to 10.30pm
Number of areas for improvement from this inspection	Two
Number of care hours on the week of inspection	92.5 hours per week
Date of previous inspection	First inspection
Areas for improvement noted at the last inspection	First inspection
Link to the previous inspection report	First inspection

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

This was the first inspection of Compassionate Health Care Jersey Limited since registration. As a result, there were no previously identified areas for improvement to review. This inspection focused on establishing whether the service meets the Standards and identifying areas of good practice and any improvements required as the service develops.

4.2 Observations and overall findings from this inspection

The service provides personal care and support to individuals in their own homes. The service is newly registered and is developing its systems and workforce while delivering care within a defined and controlled scope.

The inspection found that the service has made a positive and safe start. Care is delivered in a person-centred way, with a clear focus on supporting individuals to remain independent in their own homes. Care planning reflects individual needs, preferences and routines.

Leadership is visible and actively involved in day-to-day operations. Systems are in place to support recruitment, training, care delivery and governance. While these systems are appropriate at this stage, they require further development to ensure consistency and sustainability as the service grows.

Feedback from care receivers, families, staff and professionals was consistently positive and reflected a caring, responsive and respectful service.

Overall, the service meets the Standards, with clear strengths in person-centred care and leadership. Further development of governance and oversight arrangements will support continued improvement.

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 Statement of Purpose and any correspondence with the service.

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

As part of the inspection process, documents including policies, monthly provider reports, care records and internal accidents, incidents and near misses' log were examined.

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and subsequently confirmed the feedback and identified areas for improvement by email on 8 July 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.

[1] 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**
Is the service safe	• Recruitment records and staff files • Induction programme • Training matrix and staff training records • Staffing rotas and on-call arrangements • Care plans and risk assessments • Incident, accident and medication records • Safeguarding policies and procedures • Health and safety systems • Feedback from staff, care receivers, relatives and professionals
Is the service effective and responsive	• Statement of Purpose • Care plans and reviews • Communication plans and approaches • Activity and social engagement information • Pre-assessment and admission processes • Involvement of professionals and coordination of care • Information provided to care receivers and families • Feedback from staff, care receivers, relatives and professionals
Is the service caring	• Care plans and daily care records • Records showing preferences and choice • Communication approaches tailored to individuals • Consistency of staff supporting care receivers • Observation of staff interactions and approach • Evidence of person-centred care delivery • Feedback from staff, care receivers, relatives and professionals
Is the service well-led	• Governance systems and management structure • Policies and procedures (complaints, safeguarding, recruitment, incidents, medication management, health and safety, on call, equality and diversity, smoking) • Audit and quality monitoring systems • Supervision and staff support records • Training and workforce development records • Staffing rotas and allocation systems • Incident monitoring and learning systems • Feedback from staff, care receivers, relatives and professionals

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The service has established systems to support safe care delivery. Recruitment processes are structured and follow safe recruitment policy. Records reviewed confirmed that checks, including references, identity verification and Disclosure and Barring Service checks, are completed prior to employment. A risk-based approach is applied where required, demonstrating an understanding of safer recruitment practice.

Staff complete an induction programme before working independently, which includes training and shadowing. This approach supports staff to develop the knowledge and skills required for lone working in the community.

Staffing levels are appropriate to the current size of the service. Care packages are only accepted where sufficient capacity is available, and an on-call system is in place to provide additional support where needed. The small team structure enables close oversight of practice.

Training systems are in place and monitored through a training matrix, and staff receive training relevant to their role, including safeguarding and medication. A structured medication competency process is in place and includes observation of practice. There is a reliance on online training for key subjects, which does not always support staff to demonstrate competence in practice. While online learning can provide a good foundation, it must be relevant, applied and appropriately assessed.

For example, topics such as Basic Life Support and first aid require practical assessment, and online training alone is not sufficient to ensure staff are competent to respond in emergency situations. Similarly, training in capacity and self-determination is currently based on UK legislation, which is not directly applicable to Jersey. Training must reflect Jersey legislation and local requirements to ensure staff are able to apply knowledge correctly in practice, this is therefore an area for improvement.

Incident and health and safety systems are in place. Incidents are recorded, reviewed and actions are identified to reduce future risk. However, it was identified that notifiable incidents have not been submitted to the Commission. This is an area for improvement, as timely notification is essential to ensure appropriate regulatory oversight and safeguarding.

The service has demonstrated a positive approach to managing incidents internally. The next step is to ensure that processes are fully aligned with regulatory requirements, with a clear understanding of when and how incidents should be reported to the Commission. Strengthening this process will support transparency, accountability and continued safe oversight of the service.

Safeguarding arrangements are in place. Staff understand how to recognise, and report concerns and appropriate action has been taken when required.

Overall, the service provides safe care, supported by appropriate systems and management oversight. Further development is required to ensure consistent regulatory compliance and shared learning as the service develops.

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 service delivers care that is person-centred and responsive to individual needs. The Statement of Purpose describes the model of care, and the service operates within its registered scope.

Care plans are developed following assessment and include detailed information on needs, preferences, risks and outcomes. Reviews are undertaken regularly and involve care receivers and, where appropriate, their families and professionals. However, the frequency of reviews described in the Statement of Purpose does not fully align with practice and should be updated.

Communication is tailored to individual needs. Care plans include guidance on communication approaches, and staff adapt their methods to support understanding and engagement. For example, the use of assistive technology has enabled improved communication for individuals with specific needs.

The service promotes independence and social wellbeing. Individuals are supported to engage in meaningful activities and maintain social interaction. Care planning reflects daily routines and opportunities for community engagement.

Feedback supports these findings. One professional commented that the service "*delivers exactly what it offers*" and is responsive to individual needs.

The service demonstrates a clear understanding of its limitations and does not undertake delegated clinical tasks. This supports safe and appropriate care delivery.

Areas to further develop include ensuring that key documentation, such as Lasting Power of Attorney, is accessible where relevant.

Overall, care is effective and responsive, with a clear focus on outcomes, independence and personalised support.

Is the service caring?

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

The service demonstrates a caring and person-centred culture. Care receivers are involved in decisions about their care, and their preferences, routines and goals are reflected in care planning and delivery.

The small and consistent staff team supports continuity of care and relationship building. This enables staff to know care receivers well and provide personalised support.

Staff were reported to deliver care in a respectful manner. Feedback from care receivers and families described staff as "*kind*" and "*professional*", with an emphasis on listening and responding to concerns.

One care receiver shared that they now feel more confident and able to engage with care compared to previous services, indicating improved outcomes and a positive care experience.

Care delivery promotes dignity and independence. Care receivers are supported to make choices about their daily routines and care. Preferences, including specific requests about how care is delivered, are recorded and respected.

Care plans reflect essential daily care needs, including personal care and support with daily living. Staff work within their role and demonstrate an understanding of individual needs. However, further development of systems to monitor routine healthcare needs, such as dental and optical care, would support a more holistic approach.

Overall, care is compassionate, respectful and tailored to the individual, supporting dignity, independence and wellbeing.

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.

The service has a clear and visible leadership structure, with the Registered Manager actively involved in daily operations. This supports oversight and responsiveness at this stage of development.

Governance systems are in place and include audits, supervision, spot checks and internal monitoring processes. These provide a framework for reviewing care delivery and staff performance.

Staff are supported through regular supervision and ongoing communication. Supervision is reflective and includes discussion of performance, wellbeing and support needs.

Feedback from staff described the service as supportive and well managed, with a collaborative approach to care delivery.

The service gathers feedback from care receivers, families, staff and professionals. Feedback reviewed by the service was positive and demonstrated engagement with stakeholders. Feedback obtained independently by the Regulation Officer during the inspection was consistent with this and included positive comments from professionals, one of whom stated they were "*very impressed*" and described the service as efficient and responsive.

However, governance systems require further development. Monthly provider reports are currently completed by the Registered Manager. Given the size and early stage of the service, this is proportionate and has supported effective oversight to date. Moving forward, the service should consider strengthening this arrangement by introducing a more independent review process, in line with regulatory expectations. This will provide additional assurance and support the continued development of robust governance as the service grows.

Recording systems require further consistency in how cancelled visits and associated outcomes are documented. While it is recognised that this information may be recorded separately within the service, this was not always evident or consistent in practice. For clarity, transparency and effective oversight, it is important that all cancelled visits, including the reason for cancellation and how care needs were met, are recorded consistently and within the same system or location.

The service demonstrated an awareness of the areas which require development and a willingness to improve. This is important as the service continues to grow.

Overall, the service is well led, with strong leadership and positive culture. Continued development of governance systems will support sustainability and compliance.

What care receivers said:

Staff look after me well… helping with shopping, cooking and cleaning.

I think everything is good for now.

What relatives said:

Staff are very friendly and caring… they have helped promote independence.

They listen and do their best to meet requests.

A professional's view:

They go above and beyond.

Supportive, caring and understanding.

A staff's view:

The service supports people to achieve their goals and be as independent as possible.

Great support for both care receivers and staff.

IMPROVEMENT PLAN

There were two areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

Area for Improvement 1 **Ref:** Standard 6.4; 6.5 Regulation 17 **To be completed:** by 01/12/2026	The service must ensure that staff are appropriately trained and competent to carry out their roles safely and effectively. Competency-based training should be strengthened in key areas, including safeguarding, capacity and self-determination, basic life support and first aid. Training must also reflect relevant Jersey legislation and local requirements.
	Response by the Registered Provider: Compassionate Healthcare Jersey Limited has begun identifying local training providers in Jersey to increase access to face-to-face, Jersey-specific training opportunities for our staff. We have also enhanced our induction programme to include key training sessions covering safeguarding, capacity and self-determination, basic life support, and first aid. To support the ongoing training and professional development of our workforce, we will work in partnership with Family Nursing & Home Care, Highlands College, and Care College to deliver high quality learning opportunities tailored to the needs of our staff.

Area for Improvement 2 **Ref:** Standard 7.2 Regulation 21 **To be completed:** with immediate effect	The service must ensure that all notifiable incidents and events are reported to the Commission in line with regulatory requirements. The service must strengthen its governance processes to ensure that notifiable events are consistently identified. This should include clear management oversight and staff understanding of notification requirements and reporting thresholds.
	Response by the Registered Provider: Compassionate Healthcare Jersey Limited has developed a Governance Strategy 2026–2027, which was shared with the inspector. This comprehensive document sets out our governance framework, organisational structure, workforce development plan, operational capacity model, infrastructure development plans and governance controls. It provides a clear strategic roadmap to support the

	organisation over the next 12 months and ensures that service growth and delivery remain aligned with the Jersey Care Commission's standards and regulatory requirements for safe, effective and high-quality care. All notifiable incidents and events are now subject to a formal triage process, with each incident clearly documented, appropriately investigated and followed by timely action. Where appropriate, actions are undertaken in consultation with relevant agencies, the individuals and families involved and the Jersey Care Commission. In addition, an internal training programme is being developed to strengthen staff understanding of statutory notification requirements, reporting thresholds, and their responsibilities for timely and accurate reporting, ensuring consistent compliance with regulatory requirements.

To ensure there is clear evidence that the required improvements have been made, the following action will be taken:

- No further follow-up is planned until the next inspection; however, the Provider is expected to notify the Commission when each area for improvement has been addressed and provide supporting evidence where required.

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

Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801
Website: www.carecommission.je
Enquiries: enquiries@carecommission.je