



Jersey Care  
Commission

## **INSPECTION REPORT**

**RC Home Care**

**Home Care Service**

**Rosemary Cottage  
La Rue De La Vallee  
St Mary  
JE3 3DL**

**Inspection Date  
12 June 2026**

**Date Published  
8 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 RC Home Care. The home care service is operated by Rosemary Cottage 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	Mental health, substance misuse (drug and/or alcohol)
Maximum number of care hours each week	Less than 112 hours per week
Age range of care receivers	26 years and above
Discretionary Conditions of Registration	
None	
Additional information	
None	

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 six days prior to the first inspection visit. This was to ensure that the Registered Manager would be available during the visit.

To align with the Statement of Purpose the individuals using this service will be referred to as clients.

Inspection information	Detail
Dates and times of this inspection	12 June 2026 10.00am – 12.55pm
Number of areas for improvement from this inspection	None
Number of care hours on the week of inspection	20
Date of previous inspection	17 December 2025
Areas for improvement noted at the last inspection	None
Link to the previous inspection report	<a href="#">RPT_RCHC_Inspection_20251217.pdf</a>

#### 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**

At the last inspection, no areas for improvement were identified.

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

This specialist home care service operates from the same premises as Rosemary Cottage Care Home, and currently has the same Registered Manager, Deputy Manager and staff team.

At the last inspection the service had made the decision to delay accepting referrals until all the necessary documentation was in place, therefore there were no care packages in place. Since then, the service has taken on a small number of packages of care and are operating well within their registered hours.

Safe recruitment practices are consistently followed, with appropriate pre-employment checks in place. Staff are informed of their roles across both services and supported through a structured induction programme, including shadowing, training, and supervision.

Staffing levels were reviewed and found to be appropriate to the current needs of the service.

Staff are appropriately qualified. Training compliance is 100 per cent, with additional training provided to meet individual client needs.

Medication is managed safely through individualised plans, risk assessments, and daily audits.

The service is effective and responsive, delivering care that promotes positive outcomes and quality of life. Clear aims are outlined in the Statement of Purpose, and there is evidence of open, transparent communication with clients, families, and professionals.

Incidents are appropriately reported and managed, and staff provide knowledgeable, tailored support, including relapse prevention.

Clients are encouraged to live independently and engage in community activities.

Care provided is compassionate, respectful, and person-centred. Detailed care plans and risk assessments are developed collaboratively with clients and reviewed regularly.

Written agreements meet regulatory standards. The management team demonstrates openness, including in relation to financial matters, and maintains proactive quality assurance processes.

The service is well-led, with established governance systems and up-to-date policies aligned with legislation. Staff report a positive culture with supportive leadership, good communication, and opportunities for development.

Overall, the service demonstrates a high standard of practice, delivering specialist, person-centred care that achieves positive outcomes and significantly supports clients' wellbeing, independence, and quality of life.

## 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, and notification of incidents.

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

As part of the inspection process, documents including policies, care records, duty rotas and the Statement of Purpose were examined.

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and followed up by email on 16 June 2026.

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.

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<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>	Recruitment files Induction Duty rota Training Feedback from clients
<b>Is the service effective and responsive</b>	Statement of Purpose Feedback from clients and families Communication Activities/choice Notifications
<b>Is the service caring</b>	Personal plans Risk assessments Staff qualifications
<b>Is the service well-led</b>	Supervision and appraisals Policies Staffing levels Feedback

## 6. INSPECTION FINDINGS

### Is the service safe?

People are protected from abuse and avoidable harm.

The domiciliary care service operates from the same premises as Rosemary Cottage Care Home. While there are shared facilities, the Registered Manager maintains clear separation of governance arrangements, with documentation, policies, and care records held independently for each service. An exception to this is the recruitment function, as a single staff team is deployed across both services.

Safe recruitment practices are in place. Records reviewed confirmed that all required pre-employment checks had been completed, including Disclosure and Barring Service (DBS) checks and appropriate references. Prospective employees are informed at the point of recruitment that they will be working across both services and are provided with role-specific job descriptions accordingly.

The Registered Manager has established a structured induction programme for new staff. This includes a period of shadowing experienced staff, completion of mandatory training, and ongoing supervision to support competency and safe practice.

The Regulation Officer reviewed the staff rota over a four-week period and found that staffing arrangements were appropriate to meet the current needs of the service. Due to the size and scope of the service, one staff member is required to deliver care at any given time.

Training compliance across the staff team was found to be 100 per cent. Additional, service-specific training is provided to ensure staff are equipped to meet the individual needs of clients.

Medication management is undertaken on an individualised basis, with appropriate risk assessments and care plans in place. Staff were observed to adhere to the provider's medication policy and had completed the relevant training required to administer medicines safely. Medication audits are undertaken on a daily basis to ensure ongoing compliance and safety.

Feedback received from clients and their families was overwhelmingly positive. Comments demonstrated high levels of satisfaction with the care provided, consistency of staffing, and the supportive approach of the management team. Clients and relatives described the service as responsive, caring, and integral to their wellbeing, with one noting that staff "*are an extension of the family.*" This feedback indicates that the service is achieving positive outcomes and maintaining strong, trusting relationships with those it supports.

## 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 is clear in its aims and objectives for this client group stating, *“to support those living in the community who are experiencing difficulties managing their day to day lives due to a mental health issue or drug or alcohol addiction.”*

This service has demonstrated good communication through discussions with the management team, staff, clients and families. They are described as being open and transparent and quick to resolve any issues which come up. This is good practice as it shows a commitment to accountability, trust and person-centred care.

Notification of incidents to the Commission have been submitted appropriately and actions taken as a result of the incidents. This was managed well by the management team.

Relapse prevention support from staff is provided depending on the client package of care with competent and knowledgeable staff.

Clients are encouraged to participate in community activities and lead as independent life as possible whilst making their own choices with the support of the staff team. During the inspection a client played racquetball with their support worker.

## Is the service caring?

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

At present the Deputy Manager completes the majority of home visits with additional support from the Registered Manager. The plan moving forward is to introduce another two support workers and complete shadow shifts in order to grow the service and offer continuity and familiarity to the clients.

Clients care records are logged on an electronic management system. The care needs assessment completed by an external organisation gives an overall background whilst the initial assessment completed by one of the managers looks more at their history and what they wish to achieve with RC Home Care support. The care plans and associated risk assessments are very detailed, person centred, and done in collaboration with the client then reviewed on a monthly basis. This was corroborated by clients.

Clients are supported by staff who have all successfully undertaken a Regulated Qualification Framework at level 2,3, or 5.

Written agreements are signed and dated and include the necessary information to meet the standards.

The Registered Manager showed openness and transparency during discussions around fees and their financial standing.

The service's monthly quality reports follow the standards and were found to be informative and proactive.

## 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.

Leadership, management and governance is already well established in the care home service therefore the management team ensure they adhere to the standards.

The Regulation Officer viewed the suite of policies for this service. These were up to date, reviewed annually and aligned with the relevant legislation.

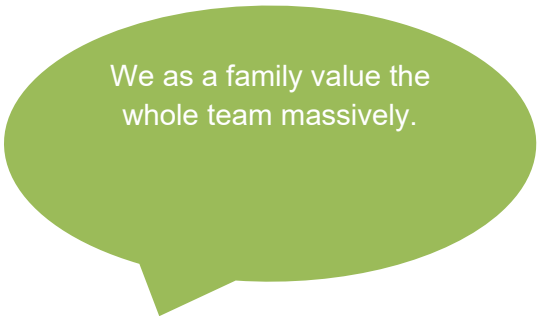
Supervision and appraisals are completed in line with the standards.

Staff feedback describes a culture of good communication, approachable managers, great training opportunities and feeling respected and valued in their role.


The service demonstrates a high standard of practice, with a clear commitment to delivering specialist, person-centred care.

Feedback from clients and their families highlights the significant positive impact of the service, particularly in supporting wellbeing, independence, and quality of life.

The approach taken by the management team ensures that individuals feel valued, safe, and supported to achieve meaningful outcomes.



We as a family value the whole team massively.



The staff check on my wellbeing; make sure I take my medicines correctly and encourage me to go out and do things in the community.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during this inspection, therefore; an improvement plan is not required.

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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