Jersey Care Commission

INSPECTION REPORT

LV Home Care

Home Care Service

Second Floor
Charles House
Charles Street
St Helier
JE2 4SF

Inspection Dates
23, 24 and 29 June 2026

Date Published
20 August 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 LV Home Care. The Home Care service is operated by LV Group and there is an interim manager in place.

Registration Details	Detail
Type of regulated activity	Home Care
Mandatory Conditions of Registration	
Categories of care	Learning disability, Adult 60+, Physical disability and/or sensory impairment, Autism, Dementia care, Substance misuse, Mental Health
Maximum number of care hours each week	2249 (Medium Plus)
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
None	
Additional information	
The service submitted an Absence of Manager notification on 21 January 2026. confirming the interim management arrangements. The Commission received a revised Statement of Purpose from the service on 10 March 2026 to reflect a recent change in service provision. A second Absence of Manager notification was submitted on 23 March 2026, confirming a further change in interim management arrangements. During the inspection, an application for registration of a registered manager was received from the current Interim Manager.	

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 unannounced to enable the Regulation Officer to observe the service as it operates on a day-to-day basis, providing a more accurate assessment of the quality of care. This approach also allows Regulation Officers to gain assurance that standards are consistently maintained and embedded within everyday practice.

One Regulation Officer was present for the first visit. On the second and third day the Pharmacist Inspector also attended in order to complete a full medication inspection. References within the inspection report to who gathered the information during the inspection may change between 'the Regulation Officer' and the 'Pharmacist Inspector'. The Interim Manager was present for all three days of the inspection.

The service refers to the individuals it supports as "clients". For consistency and clarity, individuals receiving care and support from the service will therefore be referred to as clients throughout this report.

Inspection information	Detail
Dates and times of this inspection	23 June 2026- 11:20 – 16:40 24 June 2026- 09:10 – 16:40 29 June 2026- 10:00 – 12:00
Number of areas for improvement from this inspection	Six
Number of care hours on the week of inspection	384 hrs
Date of previous inspection	24 & 25 April 2025
Areas for improvement noted at the last inspection	One
Link to the previous inspection report	RPT_LVHC_Inspection_20250425.pdf

3.2 Focus for this inspection

This inspection included a focus on the area for improvement identified at the previous inspection, 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**
- **Medication management practices**

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against area for improvement identified at the last inspection

At the last inspection, one area for improvement was identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how this would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that the improvement had been made. There was evidence showing the previous Registered Manager had completed refresher training in medication administration and had undergone a formal competency assessment. However, while evidence was available for the previous Registered Manager, the current Interim Manager, who is responsible for undertaking annual medication competency assessments for the staff team, requires their competency in medication administration to be formally assessed and documented to ensure they are suitably qualified to carry out this responsibility. Medication management has been identified as an area of improvement from this inspection which includes annual competency compliance. This will be discussed in more detail within the body of the report.

4.2 Observations and overall findings from this inspection

Earlier this year, the service transitioned to a new operating model focused on supporting clients with complex needs. Clients receiving general home care have been transferred to another service within the organisation; and there are plans to expand the complex needs provision once the new model is fully established.

Recruitment processes were safe and robust, with all required pre-employment checks completed to ensure staff were suitable for their roles.

Several risk assessments were in place; however, they did not fully reflect current overnight risks. A comprehensive fire risk assessment and review of individual risk assessments, particularly for people with complex health needs, are required to ensure risks associated with night-time support arrangements are effectively managed. This is an area for improvement.

Medication management required improvement. While staff administering medication held the appropriate qualifications, gaps were identified in competency assessments, 'when required' (PRN) medicine protocols, medication auditing, and governance arrangements. Improvements are required to ensure medication practices are safe, effective, and compliant with regulatory guidance. This is an area for improvement.

The service did not have individual written agreements in place for clients receiving care. In addition, there was no evidence of best interests' decisions where clients lacked capacity to enter into an agreement. This is an area requiring improvement to ensure care arrangements are clearly documented and legally supported.

Opportunities for community engagement and meaningful activities were limited, with most activities focused on shopping trips and occasional outings. The service has recently linked with a local charity to explore further social and community opportunities and would benefit from expanding its activity programme to enhance client's wellbeing and quality of life.

The service has arrangements in place to provide on-call support through another home care service, with senior staff receiving induction and regular handovers to maintain continuity of care. While support is available for lone workers overnight, the current on-call model has presented some challenges and is under review to ensure it remains effective and responsive.

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 previous inspection report, the Statement of Purpose, notification of incidents, policies and procedures.

The Regulation Officer gathered feedback from one client, and one of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was requested from three professionals external to the service, however none responded.

As part of the inspection process, documents including policies, care records, incident reports, duty rotas, and monthly quality assurance reports were examined.

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Interim Manager and followed up on the confirmed identified areas for improvement by email on 1 July 2026. Details of the follow-up actions required to evidence that improvements have been made were also set out by the Regulation Officer.

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

This report presents our findings from the inspection and outlines the range of observations made. Throughout the report, we may make recommendations 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.

Follow up on previous areas for improvement	
Focus	**Evidence Reviewed**
Medication competencies for those assessing competency	Training certificate- Assessing staff competence to administer medicine Training certificate- Medication Administration Refresher Workshop for Care Managers
Key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Risk assessments Recruitment files Medication management processes Induction packs Medication competency assessments Feedback Policies and procedures
Is the service effective and responsive	Duty rotas Medication competencies Feedback Training matrix Training certificates Supervision and appraisal compliance Policies Audit procedures Care records
Is the service caring	Initial assessments Care records Risk assessments Feedback Training certificates
Is the service well-led	Service Level Agreements (SLA) Monthly governance reports Policies and procedures Staff recruitment Supervision and appraisal records

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Staff recruitment processes were found to be robust and aligned with safe recruitment standards. Appropriate pre-employment checks were completed before staff commenced work, including verification of identity, references, employment history, and relevant criminal record checks. These measures helped ensure that individuals employed by the service were suitable for their roles and supported the safety and wellbeing of clients.

Although the service had several risk assessments in place for clients using the service, including Personal Emergency Evacuation Plans (PEEPs), these did not fully reflect the current operational environment and associated risks during night-time hours. A comprehensive fire risk assessment is required to ensure the safety and wellbeing of clients using the service overnight. The Interim Manager advised that they were in the process of engaging an independent fire consultancy company to develop a fire safety plan. Additionally, risk assessments for clients with complex health needs did not adequately consider the potential impact of the current overnight support arrangements, and should be reviewed to ensure that identified risks are effectively managed. Risk assessments are an area requiring improvement.

New staff members who had not previously worked within the LV Group completed a formal induction process. Staff transferring from other services within the group brought valuable experience from a range of care settings; however, they did not receive a service-specific induction. As working within a community-based service can involve different responsibilities, ways of working and client needs, the service should consider providing an induction tailored to home care. This would help ensure that all staff are familiar with the specific care service, its policies and procedures, and the needs of the people they support.

The Pharmacist Inspector and Regulation Officer undertook a focused review of medication management practices. Staff responsible for administering medication had completed the required Level 3 RQF (Regulated Qualifications Framework) qualification, or equivalent. However, several areas requiring improvement were identified, including compliance with annual medication administration competency assessments across the staff team. In addition, the individual responsible for conducting these assessments requires a formal competency assessment.

Not all prescribed 'when required' (PRN) medicines were supported by a PRN protocol, and while evidence of a medication audit was available, there was no evidence of a regular and ongoing audit schedule to support effective oversight and governance of medication practices. In addition, authorisations must be in place to ensure non-prescribed medication is managed in accordance with medical advice, and transcribing activity must be supported by policies and procedures in line with the Commission's transcribing guidance. Medication management is an area requiring improvement.

Internal incident reporting and notification processes require improvement. A review of incidents since the last inspection identified inconsistencies between the service's internal records and notifications submitted to the Commission, with some notifiable incidents not being reported to the Commission and a number of submitted notifications not recorded internally. This indicates that incident management systems are require improvement to enable more effective oversight, accurate record-keeping, and regulatory compliance. There was also limited evidence of learning from incidents, including analysis of trends, identification of underlying causes, or actions taken to improve service delivery following incidents. This is an area requiring improvement.

The Regulation Officer reviewed the staff team's mandatory training records and found overall compliance with the service's training requirements. Evidence demonstrated that some staff had completed training relevant to the specialist area of care provided, for example learning disability and autism support. However, some newer members of staff had not yet completed this type of specialist training or evidence of training relating to certain categories of care listed on the service's registration. Following a discussion with the Interim Manager they advised that the

service does not currently support clients within these categories and therefore intends to submit a request to the Commission to have them removed from the mandatory conditions on registration. To ensure staff are equipped to meet the needs of clients using the service, it is recommended that all staff complete appropriate training in learning disability and autism, thereby ensuring a consistent level of knowledge and competence across the workforce.

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.

Earlier this year, the service underwent a significant change in its operating model, transitioning to provide support primarily for clients with complex needs. Clients receiving general domiciliary care transferred to another home care service within the organisation, while the small number of clients with complex needs already supported by the service remained. These individuals now constitute the service's client group. The Interim Manager advised that the service intends to expand its provision for clients with complex needs in the future, once the new model is fully established and operating effectively.

Client records are currently maintained through a combination of electronic systems and paper-based documentation kept within clients' homes. The Interim Manager advised that the service plans to transition fully to the electronic care management system. This development is expected to improve the efficiency, consistency and accessibility of records, while streamlining documentation processes and strengthening overall record management.

The service did not have written agreements in place for clients receiving care. Written agreements should clearly set out how the service will be delivered to meet a client's assessed needs, including details of fees and payment arrangements, as well as information on how the service can be reviewed, changed or ended. Furthermore, where clients lacked capacity to enter into such an agreement, there was no evidence that an appropriate best interest's decision had been made and documented on their behalf. This is an area requiring improvement.

There was limited evidence of audit activity across the service. While the organisation's Audit Policy outlines a comprehensive framework of audits required to support effective governance and oversight, there was no evidence of a structured and ongoing audit programme being implemented. The Pharmacist Inspector reviewed a recent medication audit; however, this appeared to be an isolated exercise rather than part of a regular audit schedule. Significant gaps were identified in key areas of quality assurance, including audits of care records, care delivery spot checks, and incident monitoring. Strengthening audit processes will help the service identify trends, drive continuous improvement, and provide assurance that care is delivered safely and effectively. This is an area requiring improvement.

Supporting clients to participate in care planning can be challenging where they have significant communication or cognitive needs. Nevertheless, there was limited evidence of personalised or innovative approaches being used to help clients understand and engage with their care and support arrangements. For example, there was no evidence of visual tools, such as staff rotas incorporating photographs, to help clients identify which care workers would be supporting them each day.

Health and safety checks were consistent and completed daily within each of the homes to support a safe living environment for clients. These checks included monitoring and recording fridge temperatures, food hygiene checks and Legionella water temperature testing. The records reviewed demonstrated that these checks were being carried out consistently by staff and supported ongoing internal compliance with health and safety requirements.

Is the service caring?

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

Supervision arrangements were found to be compliant, with a supervision matrix maintained to provide oversight of completion dates and ensure staff received supervision at the required frequency. This was cross-referenced against supervision records held within staff files and was found to be accurate. The Interim Manager currently undertakes supervision for all members of the staff team. As the service develops, responsibility for supervising care staff will be delegated to the senior carers, with the Interim Manager providing supervision to the senior team. To support this transition, the Interim Manager has been exploring supervision training opportunities for the senior carers and other staff within the organisation who hold supervisory responsibilities, helping to ensure supervision is delivered consistently and effectively.

The majority of the staff team have completed a Level 2 or Level 3 RQF qualification, or equivalent, in health and social care. This supports the service in ensuring that at least 50% of care staff on duty at any one time hold a minimum Level 2 diploma, or equivalent qualification, in line with regulatory expectations. The qualifications achieved by staff help to ensure they have the knowledge and skills required to provide safe and effective care and support.

Opportunities for meaningful community engagement and activities were limited to the majority of the clients. Current activities primarily consisted of shopping trips and occasional visits to a local garden centre for lunch. The Interim Manager advised that clients had previously enjoyed regular swimming sessions; however, these ceased due to funding constraints. Positively, the service has recently established contact with a local charity that supports people with learning disabilities to explore additional opportunities for social inclusion, community participation, and meaningful activities. It is recommended that the service further develop its range of community-based activities to enhance the health, wellbeing, and quality of life of the clients it supports.

During the inspection the Interim Manager acknowledged that reviews of clients' care and support needs by the Adult Social Work Team were required, and referrals have been submitted to the relevant assessment team which will facilitate updated assessments. This will ensure that care and support arrangements remain appropriate and continue to meet the clients' assessed needs, particularly given the complexity of the support they require.

Internal care planning and assessment practices require further development to ensure they accurately reflect and respond to clients' current needs. The inspection identified a lack of recent assessments in some areas and limited evidence of referrals to relevant health and social care professionals where additional specialist input may be beneficial. This includes services such as occupational therapy, which can contribute to a more comprehensive understanding of a client's needs and promote positive outcomes. As previously stated, there was little evidence of the use of visual or communication aids to support clients in understanding and participating in decisions about their care. Strengthening assessment processes, ensuring timely involvement of appropriate professionals, and increasing the use of personalised communication tools will help to support more person-centred care and improve outcomes for clients using the service. This is an area requiring improvement.

Most of the clients supported by the service have been assessed as lacking capacity to make certain decisions and have Significant Restrictions of Liberty (SRoL) authorisations in place. However, discussions with the Interim Manager did not provide clarity regarding who held responsibility for making health and welfare decisions on behalf of these clients. In addition, some aspects of care and support lacked evidence of a documented best interest's decision-making process. For example, the use of electronic audio monitoring equipment within clients' bedrooms had not been supported by a recorded best interest's decision. The service should ensure that decision-making arrangements are clearly understood and documented, and that all restrictions or interventions are appropriately considered and authorised in accordance with capacity legislation and best practice.

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 experienced a significant period of change, including changes in both its operating model and management arrangements. Since January 2026, the service has been overseen by two Interim Managers, reflecting a period of transition within the management team. The current Interim Manager has undertaken a review of the service to identify strengths, areas requiring improvement, and key priorities for development. Plans are in place to focus initially on stabilising the service, strengthening governance and operational oversight, and addressing identified areas for improvement before progressing longer-term development and growth.

The monthly governance reports demonstrate an awareness of the service's current quality assurance gaps, specifically highlighting the lack of consistent and effective audit programmes across key areas of the service. The reports identify this as an area requiring improvement and make recommendations to strengthen audit processes, improve oversight, and ensure better monitoring of service quality and compliance. In addition, the reports recognise that existing fire risk assessments require further development to adequately reflect current risks and operational arrangements.

The Statement of Purpose available to the Commission did not fully reflect the service as it was currently operating. During the inspection, this was reviewed by the Interim Manager, who revised the document and provided an updated version to better reflect the current service provision.

The service currently operates with a small team of care staff and is supported by bank staff from the organisation's other home care service to ensure the needs of clients are met. The team has recently been strengthened by the appointment of two new senior carers. As the service develops and expands its support for clients with complex needs, recruitment will continue to build staffing capacity and maintain an appropriate skills mix to meet future demand.

The service's on-call arrangements are currently provided through the organisation's other home care service. The Interim Manager advised that senior staff responsible for the on-call function had completed shadow shifts to become familiar with the clients supported by the service, and that daily handovers are provided by the care team to ensure relevant information is shared. Arrangements are in place to support staff who work alone overnight, with access to the on-call manager. However, the Interim Manager reported that there have been some challenges with the current on-call model, and these arrangements are currently under review to ensure they continue to provide effective support, oversight and responsiveness to both staff and clients using the service.

The Interim Manager reported that the service had not received any complaints since the last inspection. Similarly, the Commission had not received any complaints, concerns, or other feedback relating to the service during the period between inspections. It should be noted that the clients currently supported by the service have limited capacity to independently raise complaints or provide feedback, the service provided details of a relative who could offer feedback on one of the clients' behalf. As a result, opportunities to obtain independent views regarding the quality of care and support provided were limited.

A review of the organisation's policies identified that some were more aligned to a care home setting and did not fully reflect the operational requirements of a home care service. It was evident that this had been recognised by the management team, and a suite of community-based policies had been developed to better support the delivery of care in client's own homes. These policies were available for the Regulation Officer to review during the inspection and were due to be formally introduced to the staff team and implemented in practice.

What a care receiver said:

I receive good care, I didn't like the changes of staff at first, but I like the new staff now. I choose my meals, staff cook, they make nice food.

Feedback from relatives:

Some of the team have been working with Xxx for a long time and know Xxx needs well.

I am very happy with the carers and the care. The team update me and keep me in the loop regarding medical appointments or any changes to Xxx care.

IMPROVEMENT PLAN

There were six 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 6.11, 6.12 Regulation 14 **To be completed:** by 29/08/2026	The Registered Provider is required to strengthen its medication management arrangements to ensure that policies, competency assessments and operational practices are fully aligned and consistently support the safe administration of medication.
	Response by the Registered Provider: We identified prior to inspection that medication policy required a review. This was ongoing during the inspection period, and we will have this complete within the timeframe provided by the JCC. In addition, the night team members that required their competencies reviewed was completed in good time as well as the intern managers. All medication files have been reviewed, and new systems are being implemented. The intern Manager has now become the Registered Manager and is working on the action plan that was sent to the two inspectors that attended the inspection.

Area for Improvement 2 **Ref:** Standard 8.2 Regulation 21 **To be completed:** by 29/08/2026	The Registered Provider is required to strengthen its incident reporting and notification processes to ensure that all reportable incidents are accurately recorded within internal systems and notified to the Commission where required. This will support effective oversight and demonstrate compliance with the standards.
	Response by the Registered Provider: We identified prior to inspection that the incident reporting required review. This was ongoing during the inspection period. It has now been implemented that central log of all incidents are held with the registered manager and these are reviewed on a regular basis and effective reporting on to JCC is completed where required. This allows the Registered Manager to ensure any follow up is implemented where required. New policies were developed for LV home care prior to inspection, and a policy manual has been shared with the care team. We are continuing to review all policies at regular governance IMPROVEMENT PLAN 17 meetings to ensure they align with the relevant laws and JCC standards.

Area for Improvement 3 **Ref:** Standard 1.8 Regulation 5 **To be completed:** 29/08/2026	The Registered Provider is required to establish and maintain a structured audit programme to provide effective oversight of key areas of practice, including care documentation, medication management, incident monitoring and care delivery.
	Response by the Registered Provider: We identified prior to inspection that the audit program required review. This was ongoing during the inspection period with first audits due to be completed in July. The audit program is now implemented.

Area for Improvement 4 **Ref:** Standard 2.3 Regulation 8 **To be completed:** 29/08/2026	The Registered Provider is required to ensure that all clients receiving care have a written agreement in place that clearly sets out the service being provided, the associated fees and charges, and the responsibilities of all parties.
	Response by the Registered Provider: We identified prior to inspection that the written agreements were with the government of Jersey and not with the clients. We had already approached the service that initially commissioned LV. We had requested adult social work assessments to be reviewed which was ongoing during the inspection period. The Registered Manager has since met with all parties in relation to new agreements and this is ongoing with aim of completion in the timeframe allocated by the JCC.

Area for Improvement 5 **Ref:** Standard 3.6, 3.7 Regulation 8, 9 **To be completed:** 29/08/2026	The Registered Provider is required to strengthen assessment and care planning processes to ensure regular review of clients' current needs and demonstrate timely referral to relevant health and social care professionals where appropriate. Consideration should also be given to the use of suitable communication and visual aids to support person-centred care and engagement.
	Response by the Registered Provider: Referrals were made as required to external healthcare professionals and their input is ongoing to ensure that the support provided reflects the needs of the clients. We are aligning these with the adult social work team assessment and all reviews as needed have been requested.

Area for Improvement 6 **Ref:** Standard 8.3 Regulation 8, 10 **To be completed:** 29/07/2026	The Registered Provider is required to review risk assessments to ensure that emergency response and evacuation plans are robust and reflect the support needs of all clients, particularly during night-time hours.
	Response by the Registered Provider: We identified prior to inspection that the plans for emergency response needed review. We had prior to inspection engaged with an external fire safety consultant who is providing support and guidance with personal emergency evacuation plans. Drafts have been sent to the commissioning service as well as the JCC for review with the understanding that we are ongoing with adult social work reviews and these plans may change depending on the outcome of such reviews.

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

- The Commission requests that the Registered Manager provide written evidence once the identified areas for improvement have been addressed and the required improvements have been achieved on or before the deadlines specified.

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.

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