Jersey Care Commission

Summary Report

Home Care service

Second Floor
Charles House
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Inspection Dates
23, 24 and 29 June 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 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.

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 7.2 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 1.9 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 1.8 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.

The full report can be accessed from here.