INSPECTION REPORT

Orchid Care Services Ltd

Home Care Service

2nd Floor
The Powerhouse
Queens Road
St Helier
JE2 3AP

Inspection Dates
15 and 17 June 2026

Date Published
14 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 Orchid Care. The Home Care Service is operated by Orchid Care Services Ltd and there is a registered manager in place.

Registration Details	Detail
Type of regulated activity	Home Care
Mandatory Conditions of Registration	
Categories of care	Adults 60+, Dementia, Physical disability and/or sensory impairment, Learning Disability, Autism
Maximum number of care hours each week	2250 (Medium Plus)
Age range of care receivers	18 and above
Discretionary Conditions of Registration	
None	
Additional information: At the time of the previous annual inspection in May 2025, the service had submitted a request to extend its registration to include two additional categories of care: Learning Disability and Autism. This was agreed by the Commission.	

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

The service refers to individuals who use the service as clients; therefore, this terminology will be used consistently throughout the report.

Inspection information	Detail
Dates and times of this inspection	15 June 2026- 11:00 – 17:10 17 June 2026- 08:30 – 13:40
Number of areas for improvement from this inspection	None
Number of care hours on the week of inspection	937 hours per week
Date of previous inspection	14, 15 and 19 May 2025
Areas for improvement noted at the last inspection	One
Link to the previous inspection report	RPT_OC_Inspection_20250519.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**

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 the area would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that the improvements to all aspects of medication management had been made. This means that there was evidence of:

- An update to the medication policy to reflect local legislation and practice.
- The Registered Manager had completed a refresher training in medication competencies.
- More structured medication audit has been implemented.

4.2 Observations and overall findings from this inspection

Since the previous inspection, the service has expanded to support clients with learning disabilities and autism, with the Care Director's expertise helping to develop this area.

The management team ensures that care workers responsible for administering medication receive medication training and annual competency assessments. At the time of inspection, the organisation's Level 3 medication training provision was under review.

The service demonstrates a strong commitment to staff development by ensuring team members hold the required RQF Level 2 or 3 qualifications and remain compliant with relevant Standards. A training matrix confirmed that mandatory training was up to date, providing assurance that staff have the skills and knowledge needed to deliver safe and effective care.

New staff complete an induction and shadow shifts with experienced colleagues, with extra support for complex needs. Staff are matched to clients based on skills and compatibility to promote person-centred care.

The service carries out regular audits of records, medication, and care delivery, using electronic alerts to identify and address issues promptly. This helps ensure safe and effective medication management, with appropriate action taken when concerns or trends are identified.

The service ensures staff receive appropriate specialist training to support people with learning disabilities and autism. It also provides clients with staff profiles and photographs before care begins, helping to reduce anxiety and promote person-centred care.

The management team promotes staff wellbeing and engagement by providing regular social activities and community events, helping employees who work independently feel connected, supported, and part of a wider team.

The service has introduced standard operating procedures for key care tasks to improve consistency and quality of care. Developed in response to lessons learned from a complaint, this proactive approach supports staff in delivering care safely and effectively and is considered good practice.

Policies are well managed, regularly reviewed, and tailored to the service, ensuring they remain relevant, accessible, and aligned with Jersey legislation. Staff are introduced to policies during induction and kept informed of updates, with scenario-based exercises used to reinforce understanding and support effective implementation in practice.

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, variation requests and notification of incidents.

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

As part of the inspection process, documents including policies, care records, incidents and complaints were examined.

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager, Director of Care, and Director of Operations, and followed up by email on 19 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.

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

5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	**Evidence Reviewed**
Medication management	Medication policy PRN protocols Training certificate for Refresher of Medication Competencies Training Medication audits
Key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Recruitment files Medication management processes Feedback Risk assessments Induction booklet with competency assessments Policies and procedures
Is the service effective and responsive	Medication competencies Policies Supervision and appraisal compliance Training matrix Training certificates Written agreements Audit procedures Care records Feedback
Is the service caring	Initial assessments Feedback Mandatory and specialist training Care plans Risk assessments
Is the service well-led	Feedback Policies and procedures Staff retention and recruitment Monthly governance reports Supervision and appraisal matrix

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The service actively promotes professional development for all staff. It ensures that a sufficient number of team members hold a Regulated Quality Framework (RQF) or equivalent Level 2 or 3 qualification, maintaining compliance with the relevant Standards. In addition, a training matrix was made available, outlining the mandatory training requirements and demonstrating that staff were up to date with their training. This provides assurance that the team is competent and compliant in delivering safe and effective care.

The management team ensures that care workers responsible for the administration of medication receive medication training and undertake annual competency assessments. At the time of inspection, the organisation was reviewing its Level 3 medication training provision to determine its suitability for staff administering medication and to ensure that appropriate arrangements are in place to support safe medication management practices.

The service demonstrated good practice in relation to data protection. Staff were required to sign a data protection declaration, receive local data protection training as part of their induction, and complete scenario-based assessments to test their understanding and application of the training. These measures provided assurance that staff understood their responsibilities and supported compliance with data protection requirements.

The senior management team identified a need to support staff who, although they held full driving licences, lacked confidence driving on Jersey's narrower roads and had limited experience of driving on the Island. To address this, the service has introduced a driving programme, providing staff with a minimum of two driving lessons, with additional lessons available where required. Feedback from a staff member was positive, they reported that the additional training helped them to drive more safely and increased their confidence when travelling on Jersey roads. This is an area of good practice in supporting staff development and promoting safe service delivery.

New staff members receive a structured induction programme and are required to complete a competency workbook to demonstrate their understanding and skills. When introduced to new clients, care staff complete a minimum of three shadow shifts alongside experienced senior staff, with additional shadowing provided where clients have more complex needs. The service also seeks to match staff with individual clients by considering factors such as personality, skills, and interests, helping to promote positive relationships and person-centred care.

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 has developed an easy-read version of its Statement of Purpose, staff rotas, and welcome pack to support accessibility for those clients with learning disabilities and autism. It uses simple language, short sentences, and visual aids to support understanding of the nature and aims of the service.

All staff who administer medication complete an annual medication competencies assessment. These assessments are carried out by the Registered Manager and a senior carer who is responsible for delivering Level 3 medication training. Both have completed refresher training in medication management, and the senior carer is required to renew their Level 3 “train the trainer” qualification annually. Where staff

join the service with an existing Level 3 medication qualification, they are required to complete three observed medication administrations before being signed off as competent. Staff members received regular supervision from the senior team in line with the relevant standards. A supervision matrix was maintained, providing management with a clear and accessible overview of compliance and supervision schedules. Supervision records were appropriately maintained within individual staff personnel files.

For newly appointed staff members, the management team ensure that a formal supervision session is conducted within two weeks of commencing employment. In addition, ongoing discussions, guidance, and support are provided while new staff are undertaking shadow shifts and being assessed for competence. This enables managers to monitor progress, address any learning needs, and ensure staff were able to carry out their roles safely and effectively before working independently.

The home care service's website was well designed, easy to navigate, and provided clear, informative information about the service. It also included up-to-date details of current fees, promoting transparency and supporting informed decision-making by prospective clients and their families.

The service completes a range of monthly audits, including audits of record keeping, medication practices, and spot checks of care delivery. The management team demonstrated how medication issues, such as administration errors or medicines consistently recorded as not required, are identified through the electronic alert system. These alerts are reviewed by managers and actions are taken where necessary. For example, an audit identified that a medication was rarely being administered, leading managers to request that it be prescribed on an as required (PRN) basis, ensuring a more appropriate and effective approach to medication management.

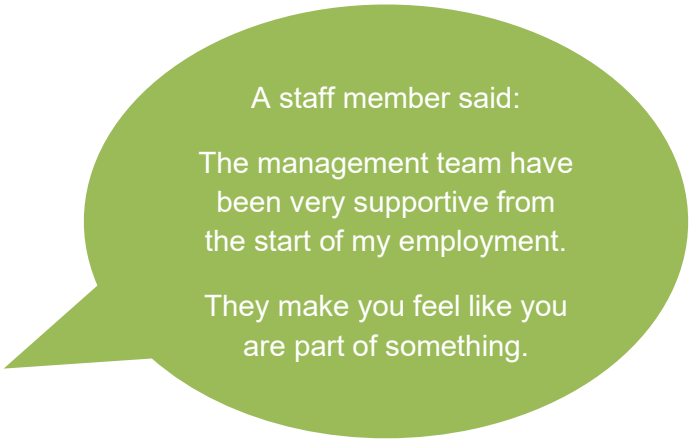
Is the service caring?

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

Since the previous inspection, the service applied to add the specialist categories of learning disability and autism to its registration. Supporting evidence, including staff training records and the Director of Care's relevant experience, was provided. The Regulation Officer was satisfied that appropriate skills, knowledge and oversight were in place, and the categories were approved. The service subsequently welcomed several clients whose needs fall within these categories.

The Regulation Officer reviewed the recruitment and training of staff members working with clients with learning disabilities and autism and found that appropriate specialist training for these categories of care was in place. The service has also introduced a 'Meet the Team' folder, which includes photographs and profiles of staff members. These are shared with clients in advance, enabling them to familiarise themselves with staff before care is delivered. This approach supports person-centred care and helps to reduce anxiety for clients.

The management team are committed to offering social events and opportunities for staff, recognising that many employees work alone and may not have regular opportunities to connect with colleagues or feel part of a wider team. To support this, an activities co-ordinator has been appointed to develop and deliver a programme of social initiatives.



These have included activities such as yoga sessions, painting on the beach, and participation in community events, including the Swimarathon and the Island Walk, which have been well received by staff and have helped to build team relations.

Recruitment processes are managed and overseen by the Operations Director. Due to local workforce shortages, the service regularly recruits staff from overseas. The Regulation Officer was assured that continued robust and consistent procedures are in place to ensure all safer recruitment checks are completed. These include overseas police checks, verification of references through direct contact with referees, and confirmation of the legitimacy of employing organisations.

The service has also implemented measures to protect staff from potential financial exploitation. For example, wages for overseas employees are paid directly into individual local bank accounts in their own name. This approach helps to ensure that staff retain full control over their earnings and reduces the risk of third-party access or misuse of funds. This is an area of good practice.

Care records are maintained on an electronic care management system, with staff only able to access the records of clients they directly support, helping to ensure confidentiality and appropriate information governance. A sample of care records reviewed by the Regulation Officer were up to date, contained detailed and person-centred care plans and risk assessments, and provided evidence of regular review to ensure information remained accurate and reflective of clients' current needs.

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 Regulation Officer reviewed with the management team any complaints received since the last inspection. The service had adhered to its complaints policy when addressing these matters, ensuring that concerns were appropriately considered and investigated where necessary. Outcomes were satisfactory and demonstrated a consistent and structured approach to complaint handling.

The service has developed a number of standard operating procedures for key care delivery activities to support staff in understanding how to carry out specific care tasks for clients. This initiative was identified as an important learning outcome following a complaint that raised concerns about the standard of care delivery. The introduction of these procedures will help to standardise care practices across the organisation, promoting consistency and quality. This is considered an area of good practice.

Feedback on the service is gathered from clients three times a year through questionnaires. The senior management team reviews the results, identifies any themes or trends, and discuss these with senior carers to determine whether any actions or changes to practice were required. Staff feedback was also sought through formal surveys, alongside ongoing informal discussions with managers. The management team demonstrated a willingness to act on staff suggestions where possible; for example, in response to staff feedback, the Registered Manager aimed to provide rotas at least one month in advance to support staff in maintaining a healthy work-life balance.

Policies were reviewed and found to be well managed by the senior management team, who are responsible for developing, reviewing, and updating policies and procedures. A clear approval and ratification process is in place, and policies incorporated relevant Jersey legislation. Policies are tailored specifically to the service, resulting in concise, accessible documents that are easy for staff to understand and apply in practice. Staff are introduced to relevant policies during induction and were informed of any new or updated policies on an ongoing basis. To further embed learning, the senior management team regularly use policy-based scenarios, such as complaints management and handling client finances, to test staff understanding and ensure they are being applied effectively in practice.

What care receivers said:

Xxx completes spot checks on the care, she is very easy to get hold of and responsive if I need to speak with her about any aspect of my care. I have never had to raise any concerns.

I am completely happy with the support I receive. I have much more support socially than with the previous service. I have a small team they create a plan of activities for each week and share this with me and as a team.

Feedback from relatives:

Xxx team of carers are very efficient, I have not had to complain about anything, the care has been excellent, they can't do enough.

I get regular updates. The team involve me in the day-to-day planning. The carers are lovely.

The team have enabled us to have Xxx at home which is what we all wanted. We as a family are very grateful to the service.

Feedback from some professional's that work with the service:

I have worked with Orchid Care supporting clients with Autism and Learning Disability and found their approach to be empowering, creative and person centred in building strong relationships and supporting independence.

Orchid Care contribute valuable insights and information about individuals' support needs, helping to inform care plans and ensure appropriate support is in place.

The clients receive rotas one week in advance so they know who will be supporting them, the service is very good at contingency planning and managing to provide a good service for last minute unexpected changes.

The clients are given an easy read pen picture of the staff including a photograph. The sharing of staff profiles gives the clients the autonomy to choose which staff member is their preference to support them.

IMPROVEMENT PLAN

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

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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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