Summary 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

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 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.

IMPROVEMENT PLAN

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

The full report can be accessed from here.