Jersey Care Commission

INSPECTION REPORT

Tutela Jersey Ltd

Home Care

Ground Floor
CTV House
La Pouquelaye
St Helier
JE2 3TP

Inspection Dates
20, 22 and 27 July 2026

Date Published
23 September 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 Tutela Jersey Ltd. The Home Care service is operated by Tutela Jersey Ltd 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	Learning Disability, Physical Disability and/or Sensory Impairment, Substance Misuse (drug and/or alcohol), Autism, Adult 60+, Dementia Care, Mental Health.
Maximum number of care hours each week	2288 (Large)
Age range of care receivers	16 years 8 months+
Discretionary Conditions of Registration	
1. Tutela Jersey Ltd will not provide more than 2150 hours per week of personal care and personal support to care receivers. 2. Tutela Jersey Ltd will not accept any new admissions 3. Tutela Jersey Ltd will not agree any increase in hours for existing packages of care 4. The Registered Manager must complete a level 5 Diploma in Leadership in Health and Social Care Module by 27 November 2028.	
Additional information	
An Improvement Notice was issued by the Commission on 5 March 2026 following a focused inspection of the service conducted in January 2026.	

The notice outlined the Regulations that had been contravened, highlighting identified gaps in service provision and the actions required to achieve compliance. This followed the identification of 12 areas for improvement during the focused inspection. In addition, the service was notified on 20 March 2026 of the Commission's decision to impose discretionary conditions 1 to 3 (outlined above), which came into effect on 16 April 2026. The service also agreed to submit a monthly progress report to the Commission, using a template provided by the Commission, to demonstrate progress against the requirements of the Improvement Notice. These reports were submitted electronically, and a face-to-face meeting was held between the Regulation Officer and Registered Manager in May 2026 to review progress, provide support, and maintain regulatory oversight.

As part of the inspection process, the regulation officers evaluated the service's compliance with the mandatory conditions of registration and any additional discretionary conditions required under the Law. The regulation officers concluded that all requirements have been met. The age range of care receivers was discussed during the inspection. As the service does not currently provide care packages for children or young people, it was agreed that the service's age range would be varied post-inspection to reflect its current service provision, namely adults aged 18 years and over.

3. ABOUT THE INSPECTION

3.1 Inspection Details

The first inspection visit was unannounced, the second and third visits were announced.

Two regulation officers were present for the first and second visits and one for the third day. References to who gathered the information during the inspection may change between 'the Regulation Officer' and 'regulation officers'.

Inspection information	Detail
Dates and times of this inspection	20, 22 and 27 July 2026 13:20 – 17:00 08:57 – 15:00 13:15 – 15:56
Number of areas for improvement from this inspection	One
Number of care hours on the week of inspection	2126 hours
Date of previous inspection	16, 21 and 30 January 2026
Areas for improvement noted at the last inspection	12
Link to the previous inspection report	RPT_TL_Inspection_20260130.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection, the improvement notice 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 areas for improvement identified at the last inspection

At the last inspection, twelve areas for improvement were identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed. In addition, an Improvement Notice was issued by the Commission on 5 March 2026, requiring the service to demonstrate compliance with the specified regulatory requirements by 30 June 2026.

This inspection assessed the service's progress in implementing the actions set out within both the provider's improvement plan and the Improvement Notice and evaluated whether the required improvements had been achieved.

The improvement plan was reviewed during this inspection, and it was positive to note that sufficient progress had been made across all twelve areas for improvement to demonstrate compliance with the requirements of the Improvement Notice.

There was evidence that the service had begun to establish sustainable improvements in practice; however, it remains important that progress is maintained to ensure these improvements become fully embedded and continue to drive positive outcomes for care receivers. There was evidence of:

- Effective safeguarding systems
- Current, person-centred risk assessments
- Effective staffing and contingency arrangements
- Records complete, accurate and up to date
- Complaints being managed in line with the service's policy and the Standards of Care
- Person centred care planning
- Effective systems for learning from safeguarding, incidents and complaints
- Staff working within clear professional boundaries and in line with expected standards of conduct
- Robust governance and quality assurance systems
- Recruitment and employment practices meeting regulatory requirements
- Sufficient leadership capacity and clear management arrangements
- Medication management arrangements being strengthened.

Details of how these areas for improvement have been addressed are set out within the main body of this report. One additional area for improvement was identified during this inspection in relation to monthly quality assurance reports. This is discussed further under the Well-Led domain.

4.2 Observations and overall findings from this inspection

The inspection identified significant progress across a number of areas. Improvements to the management structure have strengthened accountability, governance and oversight, with the Registered Manager now supported by a Deputy Manager and a dedicated full-time equivalent Quality Assurance Manager. Staff consistently described the management team as supportive and reported having a clear understanding of reporting lines and escalation processes.

The inspection also evidenced improvements in safeguarding arrangements, enhanced quality assurance systems, and a more structured approach to staff training, professional development and supervision.

Care records demonstrated a marked improvement since the last inspection. Care plans were personalised, detailed and developed in partnership with care receivers and, where appropriate, their families. Staff demonstrated a good understanding of the individuals they support, and evidence showed a person-centred approach to communication, care planning and activities. Feedback from relatives was generally positive, with many praising the kindness of staff, personalised care and improved communication.

The inspection also identified examples of good practice, including effective engagement with relatives and health professionals, strong incident reporting and improvements in the monitoring of staff practice and care delivery.

Staff feedback indicated that they had observed positive changes within the service and felt more confident and informed in carrying out their roles and responsibilities. They were also appreciative of increased support from the management team for example through supervision and staff meetings.

The regulation officers highlighted that capacity and self-determination training for staff could be strengthened. It was positive to note that the Training Lead was already exploring options to strengthen provision in this area. One area for improvement was identified in relation to the Provider's monthly quality assurance reporting arrangements.

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, Improvement Notice, monthly reports and notification of incidents.

The Regulation Officer sought feedback from two care receivers. One care receiver was able to communicate their views directly. In the case of the second care receiver, feedback was informed primarily through observation of their wellbeing, interactions and engagement with staff. The Regulation Officer also obtained feedback from two representatives.

They also had discussions with the service's management and other staff. An electronic staff feedback questionnaire yielded twenty responses. Additionally, feedback was sought from three professionals external to the service. At the time of writing this report no responses had been received.

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

At the conclusion of the inspection visits, the Regulation Officer provided verbal feedback to the Registered Manager and the management team. The Regulation Officer confirmed the identified area for improvement by email on 30 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 highlight any areas of good practice identified, along with suggestions 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**
Effective safeguarding systems	Feedback from staff and management Body Maps Training logs Supervision records Staff files Interview notes
Current, person-centred risk assessments	Feedback from relatives, staff and management Care plans Risk assessments
Effective staffing and contingency arrangements	Feedback from relatives, staff and management Staff rota
Records complete, accurate and up to date	Care plans Risk Assessments Medication Administration Charts (MAR) Incident logs
Complaints	Complaints Log Feedback from management
Person centred care planning	Care Plans Feedback from a care receiver, relatives, staff and management Spot check documentation
Systems/learning from safeguarding, incidents & complaints	Incident log QR codes Feedback from management
Robust governance & quality assurance systems	Feedback spreadsheet Audits Monthly reports
Safe recruitment	Feedback from staff and management Staff Files
Clear leadership/management arrangements	Job descriptions Management structure Staff meeting minutes Observation of practice Spot check folder Complaints folder Sample of audit

	Supervision paperwork Monthly report Feedback from relatives, staff and management
Medication management	Medication charts (MAR) Medication policy
Clear professional boundaries & codes of conduct	Job description Staffing policy Feedback from staff and management
Key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	As above
Is the service effective and responsive	As above
Is the service caring	As above
Is the service well-led	As above

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

One of the key areas of focus during the previous inspection was the safeguarding of care receivers, particularly the identification, reporting, and management of safeguarding concerns. It is positive to note that significant work has been undertaken to strengthen both staff understanding of safeguarding and the systems in place to support effective reporting and oversight.

The Registered Manager and Deputy Manager are the designated safeguarding leads for the service. Staff receive safeguarding training delivered by an in-house trainer who has completed a recognised train-the-trainer programme, helping to ensure that safeguarding responsibilities and reporting procedures are consistently understood across the workforce. Safeguarding training is delivered yearly or sooner if required.

The service has also introduced more robust arrangements for the reporting and monitoring of safeguarding concerns. For example, staff are now using body maps to record and promptly escalate any concerns to the management team for review. Following submission, a member of the management team reviews each body map and determines whether any further action is required.

The Quality Assurance Manager acknowledged that the introduction of this approach may have initially resulted in an increase in reporting; however, this was viewed positively as it demonstrates greater staff vigilance and a more proactive approach to safeguarding.

Further evidence of improvement is provided through triangulation of information gathered during the inspection. Safeguarding is incorporated into recruitment interviews and staff appraisals, while learning logs completed following training demonstrated that staff had reflected on key safeguarding messages and considered how this learning would inform their practice. Feedback from staff confirmed that they felt more knowledgeable and confident in recognising and reporting safeguarding concerns. While continued focus is required to sustain progress, the evidence gathered demonstrates significant improvements in safeguarding practice and provides assurance that the area for improvement identified at the previous inspection has been effectively addressed.

Samples of newly recruited staff files demonstrated a marked improvement since the previous inspection. Responsibility for recruitment has been centralised under a member of the management team, strengthening oversight of the recruitment process and supporting greater consistency in recruitment practices. Interview records evidenced that candidates were asked scenario-based safeguarding questions, with interview notes retained alongside all required pre-employment checks.

Audit records further evidenced strengthened quality assurance arrangements in relation to recruitment and employment records. This included routine audits of staff files, monitoring of access to confidential staff information, and reviews of the storage and retention of criminal record check documentation.

These arrangements provide assurance that recruitment processes are applied consistently and that the previous area for improvement has been effectively addressed.

A sample of six staff rotas was reviewed by the Regulation Officer. Two of the six rotas evidenced staff members working more than 48 hours during the week reviewed. However, this occurred during a period of staffing pressures arising from staff sickness and annual leave. While the use of increased working hours may be necessary in the short term to respond to exceptional staffing pressures, it should not become a routine staffing arrangement. Working hours will therefore be reviewed at the next inspection to ensure that these arrangements remain in line with the Standards.

The management team had also recognised the need to strengthen the bank staff pool, as some bank staff had not undertaken shifts for an extended period or were not regularly available for work. Recruitment efforts remained ongoing, and it was reported that most staff recruited within the previous six months had remained in post, indicating improved workforce stability and positive staff retention. This means the area for improvement concerning staffing has been met but working hours will be kept under review.

The regulation officers met with the Quality Assurance Manager and the Training Lead during the second inspection visit to discuss staff training and development. A review of the training matrix provided evidence of a blended approach to learning, incorporating both online and face-to-face training. There was also evidence that mandatory and statutory training was being delivered, alongside specialist training aligned to the Standards, categories of care and the care receivers' needs.

The regulation officers discussed the benefits of delivering capacity and self-determination training as a standalone module, rather than addressing it solely as part of safeguarding training. This would provide staff with a more comprehensive understanding of the principles of capacity, autonomy and decision-making. The Training Lead advised that the service is exploring an accredited trainer with a view to delivering dedicated training in this area before the end of the year.

Examples of specialist training delivered in line with the needs of care receivers and the home's registered categories of care included Oliver McGowan training, a service-specific two-day induction programme, and MAYBO training covering conflict management, de-escalation and physical intervention techniques.

In addition, the Training Lead had introduced the use of QR codes, which staff could access to submit incident reports, Antecedent Behaviour Concern (ABC) forms and whistleblowing notifications, the latter of which could be submitted anonymously. Where relevant, completed ABC forms were also shared with the Positive Behaviour Support Team when care receivers were receiving support from that service. In addition, the Quality Assurance Manager undertakes regular spot checks to provide assurance regarding the quality and consistency of care delivery. Records of these checks are maintained within a dedicated spot check folder. This demonstrates a proactive approach to incident reporting, learning from events and quality assurance. This area for improvement has been met.

A brief review of medication management, training and competency arrangements was undertaken as part of the inspection. A small sample of medication administration records was reviewed, and it was positive to note that there were no missing signatures. Records also demonstrated that appropriate when required (PRN) protocols were in place.

Medications were observed to be stored securely within the care receiver's home, and medication records contained detailed information regarding prescribed medicines, supporting the safe administration and management of medication. Some inconsistencies were identified in the staff signature lists provided. This will be reviewed further at the next inspection.

Medication competencies had been completed for all staff who were actively administering medication, except for those currently on bank contracts or leave.

A sample of competency assessments was reviewed and found to be satisfactory. It was also positive to note that places had been secured for all relevant staff to undertake the Regulated Qualifications Framework (RQF) Level 3 Medication Administration Module.

While these developments are encouraging and demonstrate a commitment to improving medication management arrangements, it is important that the training is completed and that learning is embedded into practice. However, there has been significant progress in meeting this area for improvement.

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 demonstrated good practice in actively seeking and obtaining feedback from care receivers, relatives and external health professionals. The Deputy Manager had introduced a feedback spreadsheet to record and monitor these interactions, providing a clear record of engagement and follow-up actions.

It was positive to note that the frequency and method of contact were tailored to individual preferences and circumstances. For example, some relatives preferred less frequent contact where they visited regularly and maintained ongoing communication with their family member's key worker. Feedback could be obtained through telephone conversations, which, where appropriate, could lead to face-to-face discussions.

One relative spoke particularly positively about the approach taken by the service, describing the communication and engagement as "*refreshing*".

These arrangements demonstrate a person-centred approach to partnership working and support meaningful involvement of relatives and professionals in the care and wellbeing of care receivers.

Feedback from care receivers, staff and relatives, together with a review of a sample of care plans, demonstrated that care receivers were supported to participate in activities aligned with their individual interests and preferences. Examples included having picnics outdoors, attending Zumba sessions and participating in boxing activities.

While feedback was generally positive and acknowledged that a range of activities and social opportunities was available, there was a shared view among relatives and some staff that additional opportunities would be welcomed. This suggests there is scope to further enhance the range of activities and community-based opportunities available to ensure they continue to reflect the diverse interests and preferences of the individuals supported by the service.

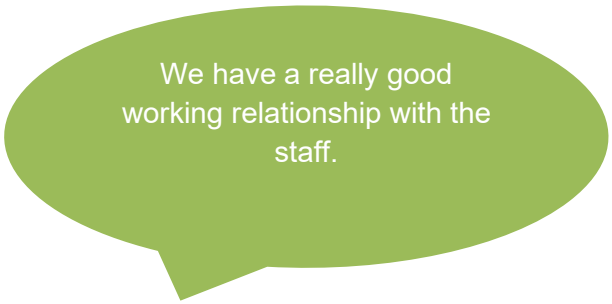
On the third visit, staff demonstrated a good understanding of each individual care receiver and were able to describe how care and support were tailored to meet their personal needs, and preferences.

Evidence gathered during the inspection also demonstrated a person-centred approach to communication. The Training Lead explained that staff adapt their communication methods to meet the individual needs of care receivers, including the use of Makaton, pictorial aids and other non-verbal forms of communication. It was evident that staff were familiar with the preferred communication styles of the individuals they supported, helping to ensure that care receivers could express their views, make choices and participate in decisions about their care and support where possible.

Is the service caring?

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

Feedback from relatives was positive concerning the care and support provided to their family members. One relative described staff as being friendly and respectful. Another reported that their family member's care needs were attended to and that they always looked well-presented.



Samples of care records demonstrated a significant improvement since the last inspection. It was clear to see that efforts have been made to ensure records are relevant, up to date, personalised and reflective of each care receiver's needs and preferences. Each care receiver had a comprehensive 'all about me' document which provided a detailed background of their history, family background and other relevant information. Records showed that they had been developed with care receivers, or their families where appropriate.

The care plans recorded what was important to care receivers and outlined the approach to maximise their understanding and communication needs. Journal entry records demonstrated consistency in the staff team providing support, which showed that there was continuity of care and support for care receivers.

The language used throughout the care plans was respectful, person-centred and inclusive. For example, where support with finances was required, staff were described as acting as a 'financial co-pilot', demonstrating an approach that promotes autonomy, partnership and independence.

Care plans are maintained electronically and are also available within a folder kept in each care receiver's home to ensure that essential information could be accessed promptly by staff.

The management team advised that a summary page had recently been incorporated into the care plans, enabling staff to quickly identify important information and supporting the delivery of safe, consistent and person-centred care.

The management team have also recently introduced the development of monthly reports about care receivers which are proactively shared with the relevant health professionals.

This allows them to be kept well informed and updated about any changes in their presentation or circumstances. This demonstrates a collaborative approach to care.

Risk assessments were also reviewed and found to be person centred and detailed. For example, a behaviour management risk assessment included baseline behaviour and a management framework.

There has been significant progress in meeting the areas for improvement concerning person centred care planning, care records and risk assessments.

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.

There have been notable changes to the management and governance arrangements since the last inspection. Revisions to the management structure have enhanced clarity regarding roles, responsibilities and lines of accountability. The Registered Manager is supported by the Deputy Manager and a dedicated full-time Quality Assurance Manager. Evidence gathered during the inspection demonstrated a collaborative and supportive leadership team.

Together, the management team have worked to try and establish a more professional culture within the service, with a stronger focus on accountability, governance, and continuous improvement. The managerial team consists of registered nurses providing additional clinical knowledge, expertise and strengthening oversight of care delivery.

Considerable work has also been undertaken to ensure that staff work within their designated roles and areas of responsibility. This follows a review of job descriptions and staff members commented that there had been a marked improvement and that they were now clear about their role, responsibilities, and objectives. One staff member described it as now "*having the tools to do their job".*

The inspection also found evidence that the management team had increased its visibility and oversight of care and support provided to care receivers.

Examples included routine oversight checks, observations of practice, reviews of records, care practice reviews and ongoing monitoring activities undertaken by the management team. The service has also recognised the need to strengthen managerial presence at weekends and has plans to introduce additional oversight arrangements, including weekend monitoring visits conducted by senior staff.

Discussions with management demonstrated a strong understanding of the vulnerabilities of some care receivers and the importance of maintaining effective oversight to safeguard their welfare and wellbeing.

Examples were shared where management intervention, monitoring, professional curiosity and timely review had led to positive outcomes for care receivers, including the identification and resolution of concerns that may otherwise have gone unnoticed.

The findings from this inspection provide evidence that meaningful progress has been made in strengthening governance and management arrangements within the service. The changes implemented have resulted in improved oversight, clearer accountability and a stronger management presence. The challenge now will be to ensure that these improvements are consistently embedded in practice and maintained over the longer term. These are no longer areas for improvement.

In addition to the quality assurance role, a medical professional has also been appointed on a consultancy basis to provide supervision and oversight as required.

The Provider has daily catch-up meetings with the management team which keeps the Provider informed about operational issues, risks and general knowledge of the service.

In response to greater clarity around job roles and responsibilities, one member of staff now has responsibility for completing a wide range of audits. Samples of audits completed were reviewed which included reviews of behavioural charts, medication records, incident notifications and care records. This showed that the auditing process was being used effectively to drive improvements and evaluate practices rather than simply acting as a checklist exercise.

For example, the outcome of the care record audit identified a need for greater consistency in recording visit notes, resulting in the introduction of a minimum word count for entries to ensure that staff were making regular entries and documenting meaningful observations about the care receiver's wellbeing, presentation and support needs.

Supervisions are scheduled in line with the Standards. The outcomes of staff supervision meetings showed that staff felt that there was a disconnect between front line care staff and office-based staff which has been recognised by the management team. In response, the management team have implemented measures to strengthen communication and collaboration across the service.

Samples of team meeting minutes were seen which showed that operational matters and proposed changes were shared and communicated with the team. Records also showed that concerns, suggestions and issues raised by staff outside of formal team meetings were acknowledged and responded to by the management team. Where action was required, this had been taken forward appropriately, with outcomes and feedback shared with staff where relevant. The Deputy Manager gave an example where an isolated incident relating to professional boundaries had been appropriately recognised, reported to them and then acted upon within a timely manner. This demonstrated a responsive management approach and a commitment to acknowledge and address issues where necessary. This area for improvement has been met.

Records relating to complaints and concerns demonstrated that they were handled in a timely manner and complaints handling procedures followed. An example of this was, following concerns raised by a relative, the matter was acknowledged, investigated and an outcome provided. A follow up visit was undertaken with the care receiver by the management team to check on their welfare and assess whether care had improved and to arrange additional support from a community-based service. The records showed an effective audit trail, with relevant documentation readily accessible for review during the inspection and demonstrated that this is no longer an area for improvement.

The Registered Manager was completing a monthly quality assurance report using the Commission's template. However, it was discussed that this arrangement does not fully meet the requirements of the Standards, which require the Provider to ensure that an independent representative of the service undertakes a monthly review and reports on the quality of care provided, as well as compliance with registration requirements, Standards and Regulations.

While the monthly reports completed by the Registered Manager provide evidence of ongoing monitoring within the service, they do not constitute independent provider oversight. Consequently, this has been identified as an area for improvement arising from the inspection.

In conclusion, the service has made substantial progress since the last inspection in addressing the identified areas for improvement and complying with the requirements of the Improvement Notice. The improvements observed during this inspection are encouraging; however, it will be important for the service to demonstrate that these changes are sustained and embedded in practice over time. The Commission will continue to monitor the service through its routine regulatory oversight processes, including a further inspection later this year, to assess the ongoing effectiveness and sustainability of these improvements.

What relatives said:

We have had the most wonderful luck with staff; each staff member brings something different.

Xxx has a team of four staff and they like them all, there is quite a lot of experience within the staff team.

When asked for feedback staff said:

I feel support from the management and staff team.

Supervisions and appraisals are carried out regularly and that makes staff feel confident.

IMPROVEMENT PLAN

There was one area 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 1.7 Regulation 19 **To be completed:** by 27 October 2026.	The Registered Provider must arrange for a representative to report monthly on the quality of care provided and compliance with registration requirements, standards and regulations. **Response by the Registered Provider:** We have identified a GP who will provide monthly reports on the quality of care provided and compliance with registration requirements, standards and regulations moving forward.

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

- The Provider must submit written confirmation to the Commission when the areas of improvement have been achieved

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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