Jersey Care Commission

Summary Report

Tutela Jersey Ltd

Home Care

Ground Floor
CTV House
La Pouquelaye
St Helier
JE2 3TP

Inspection Dates
20, 22 and 27 July 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.

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.

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.

The full report can be accessed from here.