Jersey Care Commission

# INSPECTION REPORT

## Youniversal Care Limited

## Home Care Service

## 9 The Parade
## St Helier
## JE2 3QP

## Inspection Dates
## 20 & 24 August 2026

## Date Published
## 2 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 Youniversal Care Limited. The home care service is operated by Youniversal Care Limited and there is a registered manager in place.

| Registration Details | Detail |
|---|---|
| Regulated Activity | Home Care |
| Mandatory Conditions of Registration | |
| Categories of care | Adult 60+ Autism Learning Disability Physical Disability and/ or sensory impairment Mental Health Dementia Care Substance Misuse (drug and/ or alcohol) Young adults (19-25) |
| Maximum number of care hours each week | 600 |
| Age range of care receivers | 18 years and above |
| Discretionary Conditions of Registration | |
| There are none. | |
| Additional information | |
| Since the last inspection, the service has proactively contacted the Commission for advice and support when needed and has submitted notifications as required. | |

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 the Registered Manager was provided with four days' notice of the inspection visit. As the Registered Manager was not available during the initial visit, the Regulation Officer met with the Registered Provider. A subsequent visit was arranged a few days later to enable the Registered Manager to participate in the inspection process.

| Inspection information | Detail |
|---|---|
| Dates and times of this inspection | 20 August 2026<br>10:40 – 13:15<br>24 August 2026<br>10:00 – 12:00 |
| Number of areas for improvement from this inspection | None |
| Number of care hours on the week of inspection | 319 |
| Dates of previous inspection<br>Areas for improvement noted in 2024<br>Link to the previous inspection report | 5, 6 and 17 November 2025<br>None<br>RPT_YV_Inspection20251201.pdf |

### 3.2 Focus for this inspection

This inspection included a focus on 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, no areas for improvement were identified.

### 4.2 Observations and overall findings from this inspection

The findings from this inspection show that the service continues to meet Standards, and is focused on delivering quality, person centred support. During the inspection process, information requested for review by the Commission was readily available, records were well organised and maintained, and systems were in place to support effective governance and oversight.

Personalised care planning was considered as a strength of the service. Records reviewed demonstrated a personalised approach to support that had been planned in conjunction with the care receiver, and reflected their preferences, wishes and needs.

Recruitment processes were found to be safe, and staff receive a bespoke induction based on their individual needs. They are provided with training and ongoing managerial support, supervision, appraisals, informal guidance and access to other wellbeing initiatives. Staff retention is good, and there is little staff turnover.

Feedback received from families was overwhelmingly positive. Relatives described the service as caring, reliable and responsive, and several commented that the Registered Provider is selective when recruiting and allocating staff. Families stated that this approach gives them confidence in the quality and consistency of support delivered and helped to reduce their concerns.

Health professionals described the service positively and expressed confidence in its ability to meet care receiver's needs safely and effectively. They described constructive working relationships with the service, and reported that the management team were responsive, approachable and mindful of the services capabilities and limitations. Staff members were positive about their roles and described feeling supported, valued and listened to by management.

The Registered Provider and Registered Manager maintain oversight of the day-to-day operation of the service and are actively involved in supporting care receivers. Additional governance processes are in place to provide further assurance regarding the quality and safety of support provided. There are no areas for improvement arising from this inspection.

## 5. INSPECTION PROCESS

### 5.1 How the inspection was undertaken

The Home Care and Support in the Community Adult 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, records of contact with the service, safeguarding information, and notifications of incidents.

The Regulation Officer attempted to contact care receivers; however, no responses were received. Therefore, four relatives were contacted on their behalf to obtain feedback about their experiences of the service.

They also had discussions with the service's management and other staff. Additionally, feedback was provided by three professionals external to the service.

As part of the inspection process, records including policies, care records, incidents and complaints, staff rotas, personnel files and training records were examined.

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and Provider and followed this up by email on 26 August 2026.

[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**.

| Key lines of enquiry | |
|---|---|
| **Focus** | **Evidence Reviewed** |
| **Is the service safe** | Recruitment records for staff recruited since last inspection<br>Samples of Medication qualification certificates<br>Samples of Medication competency checks<br>Induction records<br>Sign off records<br>Duty rotas<br>Job sheets outlining essential tasks<br>Escalation policy |
| **Is the service effective and responsive** | Welcome pack for clients<br>Written agreements<br>Duty rotas<br>Feedback from health professionals<br>Incident records<br>Handover records |
| **Is the service caring** | Samples of all about me staff profiles<br>Feedback from relatives and health professionals<br>Care plans, risk assessments<br>Referral information and initial assessments |
| **Is the service well-led** | Discussion with Provider, Registered Manager<br>Supervision records<br>Pre appraisal and appraisal documents<br>Monthly governance reports<br>Minutes of team meetings<br>Feedback from staff<br>Complaints processes<br>Qualification certificates |

## 6. INSPECTION FINDINGS

**Is the service safe?**

| People are protected from abuse and avoidable harm. |
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A review of the recruitment records for newly appointed staff confirmed that all pre-employment checks were completed before they started work and had direct contact with care receivers. The Registered Manager and Registered Provider partake in all interviews, and interview notes are maintained.

The Registered Provider described the recruitment practices, which highlighted that staff are thoughtfully chosen, with emphasis placed on personal values, attitudes and attributes as well as qualifications and experience. There is a system in place which ensures all required documentation is obtained and retained in individual staff files, which was evidenced during the inspection. Criminal record checks are renewed every three years in line with the Standards providing ongoing assurance of staff suitability to work in the service. Family members commented positively on the Registered Provider's approach to recruiting staff to support their relatives.

There are enough staff employed to provide for regular respite and outreach care packages, with an additional bank staff team available to provide cover when required. Two bank members of staff told the Regulation Officer that they work regular shifts and provide support to care receivers who they know well and whose needs they are familiar with. They explained that they routinely support the same individuals which helps to maintain continuity of care and enables them to have a good understanding of individual's care plans and support needs.

The Registered Provider and two relatives explained that the service has demonstrated the capacity to provide additional support when required, including responding to unforeseen circumstances and emergency situations. They explained that staffing availability is carefully considered as part of the assessment process for all new referrals. This helps to ensure that the service only accepts packages of care where it can confidently meet the individual's needs safely and consistently, without negatively impacting the quality of support provided to existing care receivers.

Samples of staff rotas were reviewed. These identified which members of staff were responsible for care receivers at any given time and included details of their shift duration. The Registered Provider also monitored staff working hours to maintain safe staffing arrangements and support staff wellbeing. Rotas reviewed demonstrated that staff were not routinely working more than 48 hours per week.

Two health professionals described the assessment process as a particular strength of the service.

They highlighted the thorough approach taken to gathering and reviewing information prior to support commencing, including consideration of referral information, and the individual's identified needs.

The Registered Provider explained that the assessment process not only identifies individual support requirements but also determines whether the service has the capacity and skills to meet those needs. They described a situation where they had declined a referral as they were not satisfied that the staff team had the necessary skills and training to meet the care receiver's needs safely.

> The assessment process is very thorough, and they take their time collecting information and they include the client in all aspects of the assessment

This was verified by a health professional involved in the referral, who confirmed the rationale for the decision. The Registered Provider explained that the service takes a measured and responsible approach to accepting referrals, prioritising quality and safety over accepting care packages that may exceed the service's capabilities. Such an approach provides assurance that care receivers are only admitted when the service can meet their needs effectively and achieve positive outcomes.

Every new staff member completes an induction programme. Two staff members recruited since the last inspection told the Regulation Officer that they had received individualised inductions tailored to their needs. One staff member explained that they had required additional time before working independently, which was supported by management. The management team maintains oversight throughout the induction period and formally signs staff off as competent to work alone. Records reviewed confirmed this process.

The Registered Provider shared job sheets with the Regulation Officer, which identified essential tasks required to ensure service delivery. It was recommended that the service build on this good practice by developing a formal business continuity plan. The Registered Provider acknowledged this recommendation and had begun developing the plan by the time of the second inspection visit.

The service has an escalation procedure in place to guide staff on the actions to take if a care receiver could not be located at an expected location. This provides staff with clear guidance to support the safety and wellbeing of care receivers.

Samples of Regulated Qualification Framework (RQF) medication training certificates and medication competency assessments were reviewed for staff responsible for administering medication.

The management team ensures that this training is completed prior to any staff member supporting care receivers with medication management and staff also confirmed that they do not undertake medication duties until they have successfully completed this training. Two staff members have recently completed RQF medication training.

**Is the service effective and responsive?**

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| Care, treatment, and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. |

Feedback from family members was overwhelmingly positive, and complimentary of the impact the service has not only on care receivers but also on their wider families. All expressed confidence in the management team, the staff team supporting their loved ones and in the quality of support provided. One family member spoke positively about the progress made by their relative, which provided them with reassurance and confidence in the service.

Family members consistently described the management team as accessible and responsive, reporting that queries and messages were addressed promptly.

They also valued the regular communication and ongoing discussions about how support was progressing, including opportunities to consider future care arrangements. They described how the service had enabled them to take planned breaks, such as holidays, as well as respond to unexpected circumstances necessitating off island travel, with comfort knowing that their relative will be supported.

The responsiveness of the service was also highlighted by external health professionals, who described the management team as approachable, professional and committed. They reported that requests and enquiries were responded to promptly, and that decision making was careful and well considered.

A welcome pack is provided to care receivers and their families when commencing the service, alongside a written agreement setting out the support to be provided and the terms of service. The welcome pack included information about the services complaints process and gifts policy.

The service developed a handover sheet for some families following a meeting held in April. The initiative was introduced to support the sharing of information between the service and family members during periods of respite care, helping to maintain clear communication. This demonstrated that the service had recognised the importance of providing clear accurate information when responsibility for support transferred between the service, day services and family members.

The service fees are reflective of the Long-Term Care (LTC) Benefit rates, with information available on the service's website. It was suggested that the website include a direct link to the LTC rates to further support transparency and help families access the most up to date information. The Registered Provider acknowledged this suggestion and agreed to implement it.

Samples of incident records were reviewed which related to minor incidents, which did not meet the threshold for notification to the Commission. The service has submitted notification to the Commission appropriately where required, which includes where authorised restrictions are applied.

**Is the service caring?**

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

Sample assessments were viewed and found to be detailed, comprehensive and person-centred. They built on information received from referrers and explored the care receiver's life experiences, relationships, strengths, preferences and support needs. This provided a clear understanding of the person and what was important to them and had clearly been developed with the care receiver or their family member. The assessments were used to develop detailed care plans which gave a clear outline as to how support should be provided.

Care plans were highly personalised and reflected the care receiver's preferences, strengths, goals and aspirations. They contained specific guidance for staff on how best to support each care receiver. Staff all referred to the importance of familiarising themselves with the care plans and keeping accurate records as part of their feedback to the Regulation Officer.

Journal entries were detailed and included information about the support provided, such as prompts for oral hygiene, meal preparation, the development of independence skills, and observations made by support staff. Together, the assessment, care plan and journal entries provided a clear picture of the care and support delivered and the outcomes being achieved. The quality and detail of the care records were also reflected in the positive feedback received from health professionals.

Families and health professionals described the service's excellent support for care receivers with complex needs, emphasizing excellent care and communication. One family member felt seizure management was effective, and the introduction of any new staff members as smooth and well managed, whilst another described the service as a *"game changer*", highlighting staff quality and communication.

Health professionals described the service as caring and person centred and commented on its many strengths.

They spoke positively about its commitment to promoting social inclusion, opportunities for care receivers to develop skills and community connections. They said that communication and record keeping was effective, and the way information is shared across the team helps to support coordinated care and maintain positive working relationships. Professionals also described the staff team as motivated advocates who consistently act in the best interests of care receivers and have a flexible approach ensuring that any changes to support arrangements are carefully planned and implemented.

The service has recently introduced an 'All About Me' profile for staff members, which included a photograph and brief information about the individual. The initiative was developed earlier this year in response to feedback from a family member, which shows that the service listens to and acts upon feedback to make improvements. Examples of these were seen during the inspection and copies shared with care receivers to help them become familiar with the team supporting them.

**Is the service well led?**

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| 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 service demonstrated a visible leadership culture, with both the Provider and Registered Manager heavily involved in the day-to-day running of the service. In addition to their management responsibilities, they maintained an active presence in supporting staff and care receivers, which contributed to a positive and responsive service culture. Families and health professionals provided positive feedback about the accessibility and responsiveness of the management team. During the inspection, the management team demonstrated a good knowledge of care receivers, their family circumstances, health and care needs, and the support plans in place to meet those needs.

The service demonstrated a clear commitment to training and development.

Training records confirmed that several staff had achieved, or were working towards, relevant RQF qualifications, with two further staff members due to start the Level 3 qualification shortly. The Provider also demonstrated an awareness of a need for additional training and is actively planning bespoke dementia training to ensure staff have the knowledge and skills required to meet individuals' changing needs. Additional training records showed that fundamental training is also provided for and monitored. Staff commented that they felt they had sufficient knowledge to carry out their roles effectively.

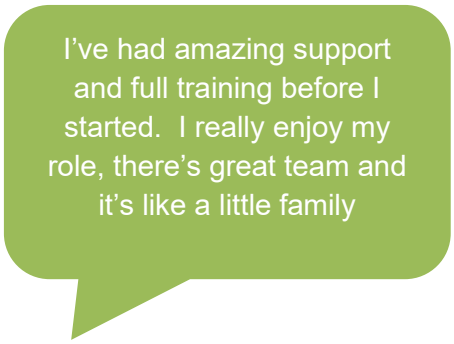
Staff consistently described feeling well supported and valued in their roles. They spoke positively about their work and expressed a clear commitment and motivation to providing a good level of support. All staff spoken with said they enjoyed their work and felt able to approach the management team at any time for advice or support, without fear of being dismissed or overlooked. Newly recruited staff reported that they had been made to feel welcome and included from the outset.

Supervision records, appraisal documentation and minutes from team meetings showed that regular opportunities were provided for reflection, professional development and discussion of any concerns. Staff also spoke positively about the supportive and flexible approach taken by management. One staff member explained that adjustments had been made to accommodate their family circumstances, enabling them to continue working in a way that met their commitments and those of the service.

Staff commented:

> It's a fantastic company to work for. It is built around the clients and everyone including staff and clients are happy and content

> The way they choose the staff to support clients is a real skill. I've never had this experience before where I look forward to going to work




The service had implemented a range of wellbeing initiatives to support staff, including access to health and fitness membership benefits, mental health days, and professional support where required. An example was provided of additional support being arranged for a staff member during a difficult period, demonstrating the organisation's commitment to staff wellbeing.

Discussions with the Registered Provider established that they were knowledgeable in matters relating to adult safeguarding and the process for reporting and managing adult safeguarding concerns. It was positive to note that the service has two Safeguarding Leads in place.

Governance arrangements were well established. Monthly governance reports were completed to monitor service performance and identify areas for improvement. Team meeting minutes demonstrated regular communication and engagement with staff, and the Provider outlined plans to further enhance these arrangements through the introduction of a revised meeting format from September. Overall, the evidence gathered demonstrated a well-led service with a positive culture, effective management oversight, and a strong commitment to continuous improvement and staff development.

## IMPROVEMENT PLAN

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

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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