



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**The Care Hub**

**Home Care Service**

**13 Britannia Place  
Bath Street  
St Helier  
JE2 4SU**

**Inspection Dates:  
20, 21, 26 November &  
4 December 2025**

**Date Published:  
9 January 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 The Care Hub Home Care service. This Home Care service is operated by The Care Hub Jersey Limited, and a registered manager is in place.

Registration Details	Detail
Regulated Activity	Home Care Service
Mandatory Conditions of Registration	
Type of care	Nursing; Personal care; Personal support
Categories of care	Adult 60+; dementia care; physical disability and/or sensory impairment; mental health; learning disability; children 0-18
Maximum number of care hours each week	2250+ per week Nursing hours per week: 40
Age range of care receivers	0 and above
Discretionary Conditions of Registration	
None.	
Additional information	
The Commission received a variation to change the registered address on the 5 February 2025, which was amended the same day.	
The Commission received a revised Statement of Purpose on 21 November 2025 to align the categories of care with the current published categories.	

As part of the inspection process, the Regulation Officers 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 14 days prior to the proposed visit. This was to ensure that the Registered Manager would be available during the visit and that a pre-inspection information request could be fulfilled.

Inspection information	Detail
Dates and times of this inspection	20/11/2025 – 8.30 am to 4.30 pm 21/11/2025 – 8.30 am to 11.45 am 26/11/2025 – 4.20 pm to 5.05 pm 04/12/2025 – 10.30 am to 12.15 pm 04/12/2025 – 3.10 pm to 4.10 pm
Number of areas for improvement from this inspection	None
Number of care hours on the week of inspection	2911 hrs
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	5/12/2024 One <a href="#">RPT_HC_TCH_Inspection_20241205.pdf</a>

#### 3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection on 5 December 2024, as well as these specific new 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, one area for improvement was identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that the improvement had been made. This means that there was evidence of effective reassessment of care receivers needs, and this was recorded appropriately.

### **4.2 Observations and overall findings from this inspection**

The Regulation Officer found the service to be safe, effective, caring, responsive, and well-led, with robust governance and a clear commitment to high-quality, person-centred care. Staffing levels were sufficient to meet contracted hours, with effective rota management ensuring that care delivery took place at the agreed-upon time. Recruitment practices followed best practice, including risk assessments where required and regular criminal record checks.

Robust systems underpin the safe delivery of care, including real-time monitoring, electronic medication administration records, and the use of encrypted Gmail chat to support secure communication. These systems ensure accountability and enable the rapid identification of risks, such as missed medication doses. Incidents, accidents, complaints, and safeguarding concerns are consistently reported, reviewed, and acted upon, with clear management oversight. Medication management is aligned with JCC standards and best practice guidance.

The service provides a comprehensive range of complex care, supported by specialist service leads and thorough assessment and review processes. Care plans and risk assessments are detailed, regularly reviewed, and clearly structured to guide staff in delivering care. Advance care planning and end-of-life care are well supported through specialist training and the use of the Gold Standards Framework.

Care delivery was observed to be consistently kind, respectful, and person-centred. Individuals are supported to exercise choice, independence, and control, with care tailored to their communication needs and preferences. Children and young people benefit from structured, meaningful support, with records written in the first person. Consent is actively sought and documented.

Leadership and culture within the service are well established. Policies and procedures are up to date, accessible, and subject to regular review and updates. Robust quality assurance arrangements, including audits, performance monitoring, and provider reports, ensure effective oversight and governance.

Staff receive comprehensive training in key safety areas, including moving and handling, infection control, and medication management, which is reinforced through annual competency assessments. Staff report feeling valued, well supported, and appropriately trained, with good access to supervision, well-being support, and opportunities for professional development.

Overall, the service demonstrates effective leadership and a commitment to continuous improvement.

## 5. INSPECTION PROCESS

### 5.1 How the inspection was undertaken

The Home Care Standards were referenced throughout the inspection.<sup>1</sup>

Prior to our inspection visit, all information held by the Commission regarding this service was reviewed, including the previous inspection report, reviews of the Statement of Purpose, variation requests, and notifications of incidents.

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

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

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered and Deputy Managers and followed up with an email on 26 November 2025, detailing the findings of the inspection.

This report sets out our findings and includes any areas of good practice identified during the inspection.

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<sup>1</sup> All Care Standards can be accessed on the Commission's website at <https://carecommission.ie/>

## 5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	Evidence Reviewed
<b>Evidence of reassessment of need</b>	Review of care plans that required reassessment
New key lines of enquiry	
Focus	Evidence Reviewed
<b>Is the service safe</b>	Review of notifiable events Review of complaints made directly to the Commission and those made internally Health and safety measures in place (including infection control, food hygiene and fire safety) Management of incidents and accidents Safeguarding referrals and practice Staffing arrangements and safe recruitment Medications management
<b>Is the service effective and responsive</b>	Referral and initial assessment procedures Risk assessments Care plans and review of plans General record keeping Collaborative working with specialist agencies and professionals Quality assurance measures Feedback and surveys Advance care planning Feedback from professionals, staff, care receivers and relatives Communication within the service Contracts (written agreements) Management of care receivers subject to a Significant Restriction in Liberty (SRoL) Review of Lasting Power of Attorney and Delegates
<b>Is the service caring</b>	Observation of care delivery Consent from care receivers Care and support activities Workforce wellbeing Behaviour management Therapeutic care
<b>Is the service well-led</b>	Statement of Purpose Review of the registered categories of care Service development and business continuity plans Review of governance structure Workplace culture Policies and procedures Mandatory and specialist staff training Induction of care staff

## 6. INSPECTION FINDINGS


### Is the service safe?

People are protected from abuse and avoidable harm.

The Regulation Officer reviewed the contracted hours of the service and was satisfied that there was adequate staff in place to cover these hours, with additional scope to cover staff illness and annual leave. Safe recruitment practice was examined for a sample of care staff who have joined the service since the last inspection in December 2024. Best practice was evident, including risk assessments where this was deemed necessary. It was also noted that ongoing criminal record checks were consistently undertaken every three years.

The management of staff rotas is effective, with carers provided with weekly and daily schedules to ensure they are fully aware of their care commitments. Each care package is closely monitored through an electronic management system, which confirms that carers have checked in and delivered the planned care for the allocated time, supporting accountability and the consistent delivery of care.

Care staff receive training to provide safe and effective support, with health and safety kept at the forefront of their practice. This includes training in moving and handling, food hygiene, and infection control. In addition, when care is delivered in a person's own home, each care receiver has a personal emergency evacuation plan to ensure their safety in the event of a fire.



One relative commented:  
The care provided to Xxx  
is excellent, the carers  
do not cut corners and  
do everything they need  
to.

The Regulation Officer reviewed the service's complaints policy and associated management processes and found them to be effective and followed the service's policy. Complaints and feedback are recorded electronically, with clear documentation of resulting actions, management oversight, and follow-up.



Notifiable events submitted to the Commission were appropriate and completed in line with regulatory expectations, with the service taking suitable follow-up actions in each case. Safeguarding remains a clear priority within the service, with prompt and proportionate measures taken to protect care receivers whenever concerns arise. The safeguarding policy aligns with the Commission's standards and the Safeguarding Partnership Group Jersey best practice.

Incidents and accidents are consistently identified, documented, and reported in line with organisational procedures. There is clear management oversight, ensuring incidents are reviewed promptly, appropriate actions are taken to mitigate risk, and learning is captured and shared to reduce the likelihood of recurrence and support continuous improvement.

Medication policy is fully aligned with the Commission's standards and medication management is delivered in accordance with best practice guidelines. Robust systems are in place to identify and address prescribing errors promptly, supporting patient safety and effective clinical oversight.

The service uses electronic medication administration records (eMAR), which provide real-time monitoring and can flag potentially missed doses within 15 minutes of the prescribed time, enabling timely intervention. Monthly medication audits are undertaken to monitor compliance, identify trends, and drive continuous improvement.

Staff competence is assured through a comprehensive annual competency assessment programme, which includes direct observation of practice. All staff involved in medication administration hold the required Level 3 Diploma or an accredited standalone medication administration module, ensuring they have the appropriate knowledge and skills to administer medicines safely.

## 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 delivers a broad range of complex care, with designated service leads supporting individuals living with dementia, complex care needs, learning disabilities, mental health conditions, and children and young people with complex needs and neurodiversity. This governance promotes effective oversight, accountability, and the delivery of high-quality care.

One professional commented:

They are very person-centred, and the organisation's culture is very much client-centred, working with and as part of a wider professional team where that exists.

Following acceptance of a new package of care, senior managers carry out initial assessments to identify the care needs of individuals, directly with care receivers or in collaboration with their families. This approach supports the collection of comprehensive information regarding their needs, preferences, and social history, supporting person-centred care planning.

The Regulation Officer reviewed a sample of care plans and risk assessments, which were found to be comprehensive and detailed. Care plans are structured into individual tasks, ensuring clarity for care staff providing care. All new care packages are subject to an initial six-week review, followed by reviews at three months and at least yearly, or sooner if care needs change. Risk assessments covered areas including pressure injuries, choking, and bed rails, and where necessary, were linked to monitoring charts, such as those for repositioning, nutrition, and hydration. Lone working risk assessments were also consistently noted. Care Connect smart technology is used in this service to enhance safety and responsiveness, including falls alerts.

In relation to a previously identified area for improvement, the Regulation Officer sampled care plan reassessments following changes in care needs and found these had been completed correctly. This is no longer an area for improvement.

The service also facilitates person-centred care workshops, some tailored for individual care receivers and delivered by external professionals, enhancing personalised support.

Care receiver records include a front-page detailing key headline information, such as type of care, allergies, advance care planning, GP details, and other important health information. Daily notes are comprehensive, and the electronic system supports the effective management of personal appointments, ensuring they are not missed. Management oversight of records was evident, reinforcing accuracy, accountability, and quality of care.

For children and young people, records are written in the first person, reflecting the service's commitment to ensuring these individuals can access and understand their records should they wish to later in life.

Advance care planning is in place for those who require it, and the registered nurse has completed specialist training in palliative and end-of-life care. The service actively implements the Gold Standards Framework to support best practice in end-of-life care.

The service has robust monitoring, oversight, and quality assurance processes in place. Spot checks are conducted at least every six months, or more frequently if required. An annual quality assurance plan identifies regular audit activities, including infection control, food hygiene, and delegated tasks. The service also operates a performance board, which enables the monitoring of key performance indicators and facilitates a timely response to emerging issues.

In addition, monthly provider reports provide a consistent overview of service volume, workforce recruitment and retention, quality assurance activity, incidents, safeguarding, complaints, training, and stakeholder feedback, supporting a culture of learning, reflection, and continuous improvement.

Written agreements (contracts) were in place, detailing any fees due (outside of long-term care). While it was noted that some contracts had not been signed, the Registered Manager provided context, which was accepted. The service has now implemented a process to ensure that all contracts are signed before a new package of care starts.

Feedback from care receivers is regularly sought and recorded. This includes twice-yearly surveys and visits by senior carers and service leads, at least twice a year, as part of quality assurance activities. During these visits, feedback is also sought from care receivers and/or their relatives. The service additionally publishes a client newsletter twice per year to support engagement and communication.

One relative commented:

We feel very much included in the care of Xxx and feel part of the team.

For children and young people, the Regulation Officer reviewed a recent feedback survey, which reflected positive experiences of care, the beneficial impact on families, and the promotion of good outcomes for this group.

Information regarding lasting powers of attorney (LPA) and delegated authority is well recorded and easily accessible. Some care receivers require support with managing their finances, which is provided either through working with identified family members holding LPA or through a legal delegate. The Regulation Officer was satisfied with the management arrangements in place to safeguard and support the financial interests of care receivers.

The management of care receivers who are subject to a Safeguarding or Restriction on Liberty is effectively overseen and documented. All reassessments have been completed appropriately, ensuring compliance with legal requirements and the protection of care receivers' rights.

Delegated tasks, such as diabetes management and Percutaneous Endoscopic Gastrostomy (PEG) feeding, are well understood and effectively assessed. Care staff receive training and annual competency assessments by a nurse to ensure safe and consistent practice.

### **Is the service caring?**

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

The Regulation Officer undertook several observations of care delivery and evidenced the following:

- Children and young people showed genuine enjoyment and pleasure in the interactions with their carers and were comfortable in their care.
- Care was consistently delivered with kindness, emotional warmth, appropriate physical touch and genuine positive regard.
- Care delivery recognised individuals' strengths, provided choice, and considered communication needs, for example, through the use of communication boards.

The Regulation Officer noted consistent use of hospital and communication passports to ensure that essential information is readily available, and care is personalised and consistent.

Consent is prioritised throughout the service and is consistently sought from care receivers. This includes consent for night-time checks, photographs, the use of necessary surveillance equipment, and sharing personal information when required, for example via secure Gmail chat, ensuring care is delivered in a respectful, lawful, and person-centred manner.

Sessional planners are used to support children and young people in mitigating risk, identifying individual preferences, and defining the aim of each session. They are designed to ensure that care receivers have a positive and meaningful experience.

One care receiver commented:

The carers are wonderful, and I feel I am getting better and better.

Care receivers are supported to exercise independence, choice, and control in their daily lives. This includes participation in a wide range of activities tailored to their preferences. These opportunities promote engagement, social interaction, and personal development.

The service works closely with other agencies and professionals, reflecting the diverse needs of care receivers, including collaboration with schools, other care providers, and children's social care.

Staff receive a high level of support, supervision, and training. Individual supervision is conducted in line with the Standards, with monthly supervision for staff working with children and young people. In addition, group supervision is conducted at least twice a year and has been used to identify and address practice gaps, such as medication errors, resulting in increased awareness, improved practice, and reduced risk. Staff are also subject to annual appraisal, which supports professional development and career progression. Care staff have access to wellbeing leads, health plans, and counselling support as required, ensuring their physical and emotional well-being is prioritised.

Engagement and communication with care staff are promoted through a newsletter and an annual survey. Staff are actively encouraged to participate in various charity and social activities, such as dog walks, boat parties, paintball, bowling, BBQs, and Christmas celebrations, which help foster a positive workplace culture and team cohesion.

Additional feedback from care receivers:

*"I was not always able to look after myself, as I was too proud; however, I can honestly say I would not be alive and enjoying life if it were not for my carers."*

Additional feedback from relatives:

*"Communication is excellent and we get our queries answered quickly."*

*“The Care Hub has been an absolute blessing, and they are very flexible in terms of the package of care they deliver.”*

*“The carers have been great in keeping up their energy levels in engaging with Xxx, which in turn gives them energy.”*

Additional feedback from professionals:

*“My consistent experience is that staff are motivated to do well. They are inquisitive and are curious to understand the conditions of their clients and get it right for them.”*

*“Their practice is evident in their style of record-keeping, and their communication logs are detailed; their language is respectful, even when describing difficult behaviour.”*

*“My experience of working in this field is that the best outcomes for clients happen when there is one team which includes both rehabilitation and care professionals.”*

*“The care staff I have interacted with have also demonstrated advocacy for their clients.”*

*“Universally, the feedback from all professionals is that the nurse-led care from Care Hub is exceptional. The carers not only provide high-quality of care to the client, but management is also highly supportive of therapy and medical guidance. They implement recommendations straight away and collaborate with the team in a positive and constructive manner.”*

*“The care staff are excellent, attentive, always on time and go above and beyond what I would expect in terms of working towards the therapeutic goals for the care receiver.”*

## 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 Statement of Purpose reflects the categories of care that are registered and the service's ethos.

The service development plan is comprehensive, and outlines key aims to strengthen care delivery, improve workforce stability, governance, and operational resilience, thereby delivering safe, person-centred care aligned with the regulatory Standards.

The business continuity plan outlines how the organisation will maintain safe, prioritised care during periods of disruption, utilising a RAG rating system. It defines clear escalation and communication pathways, alongside rapid recovery actions, to safeguard client wellbeing and ensure the timely restoration of full services.

The senior leadership team and team leads recently undertook a 360° feedback process, which has helped them identify areas for development, enhance their practice, and strengthen support for care staff. The workplace culture is positive and supportive, with staff reporting that they feel valued, well-trained, and empowered to deliver high-quality care.

One professional commented:

I cannot fault their practice, and it's obvious that management makes a point of supporting staff teams as their interaction with each other is familiar and professional.

Policies and procedures are current, regularly reviewed, and, where sampled, found to be fit for purpose. Formal reviews take place every three years or sooner if required, with evidence of ongoing review for key areas such as medication management. Care staff are informed whenever updates occur, and where changes directly affect care receivers, information is provided in easy-read formats to ensure accessibility and understanding.



Staff are provided with comprehensive mandatory and supplementary training, ensuring they have the knowledge and skills to meet the diverse needs of care receivers safely and effectively. This includes specialist training for children and young people with complex and neurodiverse needs, supporting staff to deliver person-centred care, achieve positive outcomes, and consistently adhere to best practice standards.

The Care Hub induction process promotes best practice by ensuring regulatory compliance, supporting structured competency-based development, and reinforcing a robust safety culture across the service.



One staff member commented:

This is not just a job; it is a community.

Additional staff member comments:

*“Working for The Care Hub is liberating, allowing me to be creative and innovative in support of the children and young people we care for.”*

## **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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