



Jersey Care  
Commission

## **INSPECTION REPORT**

**Gentle Care Limited**

**Home Care Service**

**Suite 3, Ground Floor, Tower House,  
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La Route es Nouveaux  
St Helier, JE2 4ZJ**

**4 December 2020**

## THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 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.

## ABOUT THE SERVICE

This is a report of the inspection of Gentle Care home care service. The service was registered under the Regulation of Care (Jersey) Law 2014 on 7 August 2019 and its office is in St Helier. Gentle Care Limited was founded in 1997 and was previously subjected to review under the Approved Provider Framework, prior to the implementation of the Regulation of Care Law.

Registered Provider	Gentle Care Limited
Registered Manager	Anne Ruth
Regulated Activity	Home Care Service
Conditions of Registration	Maximum number of personal care/ personal support hours to be provided per week is 2250. Age range of care receivers is 18 and above. Categories of care provided are: Old age; dementia care; physical disability; learning disability; autism.
Date of Inspection	4 December 2020
Time of Inspection	10am – 2.45pm
Type of Inspection	Announced
Number of areas for improvement	None

The home care service is operated by Gentle Care Limited and the registered manager is Anne Ruth.

At the time of this inspection, there were 16 people receiving care from the service.

## SUMMARY OF INSPECTION FINDINGS

This was the first inspection carried out since the service was registered and the inspection was announced. The inspection visit took place at the registered offices on 4 December 2020. The Regulation Officer met with the registered manager and a trainee manager. The Standards for home care were referenced throughout the inspection<sup>1</sup>. Due to physical distancing requirements of Covid-19, some slight adjustments were made to the inspection process to minimise face to face contact.

The Regulation Officer focused on the following areas during the inspection:

- the service's Statement of Purpose and Conditions on registration
- safeguarding (adults)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

This is the first inspection of the service under the Regulation of Care (Jersey) Law 2014.

Overall, the findings from this inspection were positive. A variety of information reviewed as part of the inspection process suggested that care receivers are being provided with a service that is delivered in accordance with their assessed care needs and personal preferences. Care receivers and their representatives shared positive experiences of the management and care staff.

Robust procedures are in place for the recruitment of staff. The registered manager ensures that two references are received together with a criminal record check prior to introducing any new care staff to care receivers. Staff receive supervision quarterly and have yearly appraisals. A team leader is assigned to each care receiver's team of support staff and the manager encourages regular feedback from the care receiver. There was evidence that some staff members have been with the service for some years and thus provide stability and consistency of care. This is an area of good practice.

Training is available for staff in a range of subjects. The Regulation Officer viewed a training log which demonstrated that the registered manager is aware of the need for staff to be provided with training on a regular basis. It is acknowledged that some areas of training were difficult to access during the initial stages of the pandemic. However, the registered manager ensured that training courses in these areas were completed as soon as they were available. The manager also provided training in the areas of positive risk taking and provided staff wellbeing support online.

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<sup>1</sup> The Home Care Standards can be accessed on the Commission's website at <https://carecommission.je/standards/>

An initial assessment is completed by the registered manager or trainee managers with the care receiver, family members and professionals as appropriate. There was evidence that the care plans are personalised and have promoted positive improvements in the quality of life of care receivers. This was appreciated by relatives and is an area of good practice.

Staff were able to identify the process to follow if they needed to raise safeguarding concerns. The registered manager was described as approachable by both care staff and family members. The complaints process is available in the client handbook and will be enhanced by including the contact details of the Commission. The Regulation Officer received positive feedback from all care receivers, relatives and staff that were consulted as part of the inspection.

Monthly quality reporting is completed and includes the views of care receivers and their families. Care receivers indicated that their views are sought on a regular basis and that their care teams are consistent and appropriately matched with their needs.

No areas for improvement were identified.

## **INSPECTION PROCESS**

Prior to the inspection visit, information submitted to the Commission by the service since registration was reviewed. This included any notifications and the service's Statement of Purpose.

The Regulation Officer sought the views of care receivers and their representatives and spoke with the registered manager, a trainee manager and three members of staff.

During the inspection, records including policies, care records, staffing rosters, staff folders and training records were examined. Discussions were held with the registered manager about day to day operational issues such as arrangements for care receivers to be admitted into the service, care planning and record keeping as well as ways in which care and support is assessed and provided for. At the conclusion of the inspection, the Regulation Officer provided feedback to the registered manager.

This report sets out the findings of the inspection and includes areas of good practice which were areas of training and care planning. There were no areas for improvement identified.

## INSPECTION FINDINGS

### The service's Statement of Purpose and Conditions on registration

The home care service's Statement of Purpose was reviewed prior to the inspection visit. The Standards outline the provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The home care service's Statement of Purpose continues to reflect the range and nature of services provided to care receivers. The Regulation Officer was satisfied that the registered manager fully understood their responsibilities in this regard.

The home care service is, as part of the registration process, subject to the following mandatory conditions:

Conditions of Registration	<u>Mandatory</u>
	Maximum number of care hours per week – 2250. To provide personal care/personal support. Age range of care receivers: 18 to 99 years. Category of care: Old age, dementia care, physical disability, learning disability, autism.
	<u>Discretionary</u>
	None

A discussion with the manager and an examination of records provided confirmation that these conditions on registration were being fully complied with and will remain unchanged.

The manager explained that they had previously been a care worker themselves and decided to set up their own company as a result of their experience and wish to ensure that staff had enough time and the core values to work with care receivers.

The Regulation Officer was satisfied that all conditions were being met at the time of the inspection.

## Safeguarding (adults)

The Standards for home care set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.

A safeguarding policy is in place and is available for staff to access online. The registered manager is also the safeguarding lead for the company. She has undertaken safeguarding, fraud awareness, self-neglect and capacity training which is then delivered to staff through training sessions. The registered manager was satisfied that staff would be able to recognise safeguarding concerns and knew how to report these. All three staff members who were contacted by the Regulation Officer confirmed that they felt confident in their knowledge in this area. They were able to describe the ways in which to raise safeguarding issues both within and outside of the organisation.

The Regulation Officer viewed a training spreadsheet which demonstrated that both trainee managers are studying for Level 5 Leadership in Health and Social Care, two team leaders have RQF Level 4 in Health and Social Care, five care staff have QCF Level 3 and 21 carers with Level 2. Mandatory training is provided and updated, and additional training is given where staff are working with care receivers who have specific conditions or need specialist care. During the period of Covid-19 restrictions, training was provided by way of e-learning.

There were no safeguarding alerts made to Health and Community Services in 2020, nor have the Commission received any notifications of incidents as required by the Standards. A referral had been made for a social work assessment when a care receiver's health had deteriorated, and the manager considered that additional equipment was needed.

It was positive to note that as far as possible, a small team is allocated to each care receiver and that the preferences of who the care receiver wants to be working with them are considered.

## Complaints

The Standards for home care set out the provider's responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service's staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.

The service has a complaints policy and procedures in place which set out the actions to be taken for receiving, handling and responding to complaints. At the commencement of each care package, care receivers are provided with a welcome pack which identifies how they can raise concerns and complaints. A relative described how they had recently had an updated service agreement and that they were aware that the details of how to make a complaint were contained within this information. The complaints policy does not currently include contact details of the Commission. This would be of benefit particularly if a complainant remains dissatisfied with the response provided by the service. The Registered Manager agreed that this would be added.

All four care receivers and two relatives described that they found the registered manager to be approachable and open if they have issues to raise. Those consulted had not previously had a need to raise a complaint but stated that where there had been small issues, they felt listened to and the registered manager had resolved the matter to their satisfaction. A relative stated that they are contacted on a regular basis by the registered manager to check that they are happy with the current care service. A care receiver described that as well as receiving a feedback form, the registered manager also sends them information which they may find of interest and has provided them with information and guidelines regarding Covid-19.

The quality assurance process includes seeking the views of care receivers and their representatives. This provides a means of measuring satisfaction with the service and encourages service users to raise issues where they may otherwise not have done so. One care receiver informed the Regulation Officer that they receive a feedback form on a quarterly basis and that the registered manager asks the member of staff to remind them to complete it.

## **Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)**

The safe recruitment of staff is an important element in contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider's responsibility to ensure that there are always suitably recruited, trained and experienced staff available to meet the needs of care receivers.

There is a robust process of safe recruitment in place and at the time of inspection 40 care staff were employed. The registered manager ensures that references and DBS (known as criminal records checks) are received prior to a new member of staff commencing employment. The Regulation Officer viewed DBS checks for all staff

members. The registered manager explained that the interview process aimed to ensure recruitment of staff who would follow the ethos of the business in working “with a kind heart and giving spirit”. In addition, each new staff member undertakes a period of shadowing with a more experienced staff member before undertaking caring roles independently.

The Regulation Officer viewed four staff recruitment records which were in good order. It was acknowledged that there had been some delays in receiving DBS checks, but these were all in place before the employees started work. Staff records demonstrated that a period of induction and the completion of mandatory training were each undertaken to ensure that the care workers could safely meet the needs of care receivers.

The manager is fully aware of their responsibilities regarding supervision. There is a schedule in place for staff to receive supervision every three months. This is undertaken by a Team Leader. The Team Leaders then receive supervision from a Trainee Manager. Staff receive an appraisal once a year which includes feedback from care receivers.

There is an assessment which is completed with staff as part of their appraisal and uses examples of their own practice to demonstrate compliance with the organisation’s code of practice. The manager assesses staff competencies on medication until they can access a recognised training course. During the period when face-to-face training was available in 2020, all staff updated safe handling and first-aid training. This is an area of good practice.

Staffing rosters were reviewed and evidenced that care staff are not rostered to work more than 48 hours per week. The rosters were clear in setting out start times of visits and the name of care receivers to whom staff are assigned. The rosters confirmed consistency in staffing when planning visits to care receivers. Visiting times were clearly scheduled with travelling time factored into the time between visits. The Regulation Officer was informed by care staff that they are well supported by the manager if there are unforeseen circumstances which prevents them from working.

There was evidence that the service is committed to ongoing training for care staff which includes mandatory subjects. Staff are given the opportunity to develop by taking vocational training awards in health and social care and there was evidence that this is supported and encouraged. Additional training in relation to working with care receivers with a learning disability and a positive risk-taking course (Level 3) were also provided to staff during 2020. During the period of the pandemic, the manager also set up an online wellbeing course and arranged a team meeting online each week. This is an area of good practice.

The Regulation Officer obtained feedback from three care staff. All had worked for Gentle Care for over two years and described feeling well supported and valued. One member of care staff described the manager as “very committed and caring”. They were positive about the standard of training which is provided and felt positive about the good ethos of team working within the organisation. One member of care staff who has worked in the sector for over 20 years, spoke positively about the



manager and the support provided. One care worker stated that they were proud to work for the company and that it feels like being part of a family.

## Care planning

The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility to ensure that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.

As part of the assessment of new care receivers the registered manager, or more recently one of the trainee managers, meets with the care receiver and any professionals involved to fully understand their needs and plans their care accordingly. At the outset of the service, the trainee manager attends some care visits and ensures that care receivers have an ongoing opportunity to give feedback. Team Leaders form part of the care team for each care receiver. The Team Leaders have responsibility for care planning, daily living organisation and appointments for care receivers. Risk assessments are completed when necessary and plans are put in place to mitigate risks as far as is practicable.

A paper copy of the care plan is provided and is kept in the care receiver's home. It was positive to note that small care teams are assigned to each care receiver and that many staff members have been with the service for some years. All care receivers described having stable and consistent care teams and that their views are considered in the allocation of staff to their needs.

The Regulation Officer reviewed care plans for two care receivers. The plans were personalised, and progress was evident. For example, the team had considered ways to ease communication to support the care receiver if a hospital visit was necessary. A risk assessment had been completed and the care receiver was able to maintain some degree of independence in daily living tasks. During the initial stages of the pandemic, the team had been creative in ensuring a care receiver could continue to engage in activities that they enjoyed.

In another example, the care receiver had anxieties regarding the pandemic. Staff worked with them to develop strategies for managing these to enable the care receiver to access the community again.

The registered manager had used reflective practice for learning with the team following the death of a care receiver. It was evident that the care receiver had been supported with their wishes to remain in their own home and this had been enabled with multi-agency working to provide additional specialised support. The Regulation Officer reviewed an email sent from a relative about the positive impact this had for them.

One care receiver described the care workers as "absolutely amazing" and that they had never been so happy with their care. Another described their care team as "fantastic" and that they had recommended the care service to other friends. One

relative felt “lucky to have found them” and described that the service provided during the pandemic has been “amazing”. A care receiver described their team as “the two nicest carers in the world”. They appreciated that at times, staff have had to isolate or been off sick, but this has never impacted on the service provided.

Care planning is an area of good practice.

### **Monthly quality reports**

<p>The quality of care provision should be kept under regular review. The Standards and Regulations set out the provider’s responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.</p>
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A trainee manager completes a monthly report using the Commission’s suggested template. The registered manager then reviews this and identifies any areas for action. A monthly report is produced and is of an adequate standard. A discussion with the manager and trainee manager identified that further detail in areas such as training would improve this document and it was agreed that this would be included. The manager ensures that they have regular contact with care receivers, both directly to gain feedback and indirectly through the team leaders who support with the package of care.

Feedback from care receivers, indicated that they were satisfied with the service provided. One care receiver described how they are fully involved in deciding the composition of their team and their care plan, and that the manager is accessible and interested if there are issues which need to be addressed. The Regulation Officer was informed that all care receivers felt that they had a positive relationship with the registered manager who contacts them regularly for feedback.

## **IMPROVEMENT PLAN**

No areas for improvement were identified.

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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