



**Jersey Care
Commission**

INSPECTION REPORT

Gentle Care Limited

Home Care Service

**Suite 3, Ground Floor, Tower House,
First Tower Business Park,
La Route es Nouaux,
St Helier, JE2 4ZJ**

Dates of Inspection:

23, 29 and 31 October 2024

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, 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 (as amended) 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 on the inspection of Gentle Care Home Care Service, and there is a registered manager in place.

Regulated Activity	Home Care Service
Mandatory Conditions of Registration	Type of care: Personal care / personal support Category of care: Adult 60+, Dementia, Physical disability, Learning disability, Autism Maximum number of personal care / personal support to be provided per week: 2250 hours Age range of care receivers: 18 and above
Discretionary Conditions of Registration	None
Dates of Inspection	23, 29 and 31 October 2023
Times of Inspection	9am to 3.45pm, 3pm to 3.30pm and 2pm to 3.30pm

Type of Inspection	Announced
Number of areas for improvement	None
Number of combined personal care/support hours delivered during the week of the inspection	780

No changes to the mandatory conditions or applications to vary the conditions of this service have been made since the last inspection in August 2023.

On 10 July 2024, the Commission received an updated copy of the service's Statement of Purpose, which was submitted to reflect changes in staffing arrangements.

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.

Staffing resources within this service are managed to ensure that care receivers needs are consistently met, without overextending capacity. Mandatory training is prioritised and well-managed, with the majority of care staff having either completed or in the process of completing their Level 2 Diploma in adult social care. The management of medicines was in line with best practice and is supported by a robust policy and staff who had completed the necessary training.

Safer recruitment practice is consistently undertaken, and all existing care staff are subject to regular criminal record checks. Personnel records were comprehensive and demonstrated compliance with the required Standards.

The health and safety of care receivers and care staff are prioritised through a range of risk assessments, for example environmental, moving and handling or behaviour needs. Appropriate infection control measures are in place where necessary and all staff have completed training in food hygiene. Notifiable events to the Commission and resulting safeguarding actions from the service were appropriate.

The engagement process for new care receivers is thorough and includes an initial meeting, a comprehensive welcome pack and contract of engagement. A range of risk assessments and care plans are developed from the initial assessment of need, and these are regularly updated. Care receivers have full access to this documentation, appropriate consents are in place and care receivers' views, wishes and feelings are regularly sought through feedback.

This service has a significant programme of quality assurance activity, which includes audit, feedback surveys and monthly reports to support ongoing monitoring of service delivery and governance to improve outcomes for care receivers.

The delivery of care was observed to be warm, respectful and compassionate reflecting the individual needs of the care receivers. Care plans and risk assessments were person-centred, identified strengths and needs, whilst recognising care receivers' preferences and control over the care provided to them.

The wellbeing of the care staff is a priority in this service. Staff supervision is provided regularly, alongside a wellbeing offer and recognition of the impact and loss that care staff suffer during the course of their work.

Overall, this service is well-managed, has good governance in place, for example, regularly reviewed policies and procedures and feedback from care receivers, their representatives, professionals and care staff were consistently positive about this service.

INSPECTION PROCESS

This inspection was announced and completed on 23 October 2024. Notice of the inspection visit was given to the Registered Manager four weeks before the visit to ensure that they would be available during the visit. Two deputy managers were also present during the inspection.

The Home Care Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection reports.

The Regulation Officer gathered feedback from three care receivers and three of their representatives. 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, were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager and the two deputy managers present.

¹ The Home Care Standards and all other Care Standards can be accessed on the Commission's website at [Adult Standards | Jersey Care Commission](#)

This report sets out our findings and where areas for improvement have been identified, these are described in the report and an action plan attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, no areas for improvement were identified that required any follow-up on this visit.

Is the Service Safe?

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

This service has consistently delivered care within its available staffing resources, ensuring that they do not take on care packages to the detriment of the existing care receivers. Most care staff have the required Level 2 Regulated Quality Framework (RQF) Health and Social Care Diploma. In addition, those care staff who manage and dispense medication have completed the RQF Level 3 Module to administer medication, which includes competency observations. This service has a comprehensive policy regarding the management and learning from medication errors.

The Regulation Officer reviewed medication administration records (historical and current) and found them to be in order. Prescribed medication is transcribed only on rare occasions, and there is an appropriate procedure to ensure this process is undertaken as safely as possible. The Regulation Officer undertook several visits to the homes of care receivers and was satisfied that medicines were stored appropriately and in line with care plans.

The Regulation Officer reviewed the personnel records for three care staff most recently employed in this service. Safer recruitment practice was evidenced in these cases, meaning two references and a criminal record check were in place before the staff members' start date. Personnel files were also noted to be in good order and contained the expected paperwork, such as an employment contract, confirmation of identity or their immigration status.

Notifiable events reported to the Commission were reviewed with the Registered Manager and the deputy managers, with particular attention to medication errors and care receiver falls. Medication errors prompted a recent root cause analysis audit by the service, resulting in improved administration procedures and more regular oversight from the deputy managers. The Regulation Officer examined fall notifications for several care receivers and followed the service response. This was satisfactory, including fall care plans, post-fall protocols, staff training and support, and working alongside multi-agency partners to mitigate risk to reduce future falls in the service and for individuals.

This service has not received formal complaints since the last inspection in August 2023. The Registered Manager provided examples of negative care receiver feedback and how they have responded proactively to it, which has resulted in positive outcomes for care receivers. There have been no safeguarding referrals in respect of this service.

The Regulation Officer reviewed risk assessments in place for care receivers. These were both comprehensive and respectful of the individual needs and rights of care receivers, which balances autonomy versus the risks of people who are having care delivered in their own homes.

The Regulation Officer noted fire risk assessments on all care receiver records that were examined. For those care receivers with mobility needs, these were identified and mitigated to ensure safe evacuation procedures tailored to individual circumstances.

During visits to care receiver's homes, the Regulation Officer was satisfied that all relevant documentation was available to the carer, care receiver or their representatives.

One of the deputy managers shared that if they identify health and safety issues in the homes they visit, they will endeavour to consult with care receivers or their representatives to get these rectified. On occasion, the agency has acted to remedy significant health and safety issues that place unacceptable risks to care staff and care receivers.

Is the Service Effective and Responsive?

Assessing the organisation of the service so that care receiver's needs are respected and met.
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Prospective referrals are generally received from social workers; however, some care packages result from self-referrals or from family members. The Registered Manager reported that if they have carer availability, they look to match the carer's skills and experience to the care receivers needs; however, stressed that they will not apply for packages of care that they cannot meet.

Once a referral is accepted, one of the management team will meet with the care receiver, their family (or representative) and social worker to assess the required needs and offer a care package to meet these needs. If the package of care proceeds, the care receiver will be provided with a comprehensive welcome pack that sets out matters such as service values, confidentiality and data privacy policies, care standards and expectations, and the complaints process. Occasionally, accepting a care package may involve the care staff undertaking additional training to meet a specific need.

An initial assessment is then completed, which may involve additional risk assessments, such as pressure ulcer management or moving and handling needs. The Regulation Officer reviewed the documentation of several care receivers and was satisfied that the initial assessment processes were robust, appropriate care plans were developed, and appropriate consent had been sought.

Care plans followed three main areas: the identified needs, the aim of the care plan and the required support. The Regulation Officer sampled several care plans from different care receivers and found these to be concise and comprehensive and included any specialist-assessed care needs as recommended by an external agency. There was evidence of regular review at least every six months or due to the changing needs of the care receiver. This could be due to a deterioration of health or mobility, a change of behaviour or increased environmental risks. The Regulation Officer noted that oral health care plans were in place for those care receivers who required this additional support.

Where care receivers care needs increase significantly, the service will routinely make a referral to adult social care requesting a need for a reassessment of need. This may involve working closely with other services such as adult social workers, the Long-Term Care (LTC) Fund, Family Nursing and Home Care (FNHC), Occupational Therapy, Speech and Language Therapy (SALT), and the Positive Behaviour Support service (PBS).

The Regulation Officer examined several contracts of engagement and was satisfied that the care receiver or their representative signed off on them and that they contained adequate information regarding service expectations and other matters, such as making a complaint or understanding how much the service would cost. Relevant consents were also obtained at this stage, for example, when the service might share personal information.

The Regulation Officer reviewed invoicing procedures. These were clear and detailed, including the date, the hours of care provided, and how much financial support was provided by the LTC fund. The Regulation Officer was satisfied that the care delivered matched the produced invoices and that invoices were sent out every week. Care receivers are also provided with an electronic app to confirm the arrival and departure of carers so that management can oversee care delivery in line with the agreed terms of the contract.

This service ensures that care receivers view's, wishes and preferences are prioritised through regular feedback opportunities and works closely with My Voice, an advocacy service for adults. The management team provided examples of working with My Voice and multi-agency partners to promote care receiver's best interests. The management of those care receivers requiring a restriction on their liberty aligns with best practices regarding initial applications and renewals.

The service operates a duty system through the two deputy managers, who provide this support bi-weekly. Feedback from care receivers, their representatives and care staff were consistently positive regarding accessibility and positive outcomes when using the duty service. At other times the deputy managers are mentoring new and existing care staff, reviewing care plans, undertaking quality assurance activity or providing supervision to carers. This management activity assured the Regulation Officer that there was appropriate management oversight of care delivery.

The Regulation Officer examined monthly reports for this service. These were informative and represented a snapshot of the month's activity, including quality assurance activity and the management of incidents, accidents and near misses. This service has also been working alongside another home care agency, sharing good practices and learning to prioritise the safety and needs of care receivers. The Regulation Officer was assured that individuals' data privacy and confidentiality were protected.

Quality assurance activity is prioritised in the service to monitor and improve practices and processes, such as staff criminal record checks, staff driving licences, staff training requirements, medication audits, and policy and procedure reviews.

Is the Service Caring?

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

This Regulation Officer was provided with access to the home care management software platform for this service and was able to review staff rotas, invoicing, staff training and supervision and care planning. Staff rotas were clear, which resulted in accurate invoicing of the care delivered. In addition, care receivers have access to an app to confirm the arrival and departure of care staff. The management team can track this to ensure that care staff deliver care at the agreed time and duration.

The Regulation Officer undertook several visits to care receivers during this inspection. Observations of care delivery were positive, as were the carers' understanding of the needs of those they care for. The documentation was comprehensive, including initial assessment information, resulting care plans and risk assessments, daily records, and evidence of appropriate medicines management. There was evidence of regular review of plans and assessments. Care staff, care receivers or their representatives confirmed that they had regular oversight and visits from the management team.

Wishes and preferences for daily activities, such as arts and crafts, social groups, games, or trips out, were actively promoted. Risk assessments were in place where necessary for specific activities, and choice was encouraged. The Regulation Officer noted that in some cases, the home environments reflected the care receivers' likes, preferences and achievements, which were celebrated and promoted. The health and wellbeing of care receivers were also regularly monitored in some cases. These findings assured the Regulation Officer that person-centred care was consistently promoted.

All care staff have been trained in 'End of Life' care through the Jersey Hospice. The management team provided examples of the importance of supporting staff who provide this type of care, for instance, providing additional emotional support and counselling to ensure that care staff are comfortable delivering this care.

The Registered Manager added, *“We are a strengths-based team who share a common goal of delivering person-centred care, focusing on what we can do, rather than a deficit model”*.

This service actively seeks feedback from care receivers and/or their representatives. This is completed face-to-face as part of the management team's quality assurance activity, with most care receivers visited at least quarterly. Findings from this feedback in the vast majority of cases were positive; however, where negative feedback was received, the Regulation Officer was provided with examples of how this was dealt with. This service maintains a register of feedback, compliments and complaints, which aligns with best practice.

The Regulation Officer noted a recent staff survey, which sourced feedback on three main areas: my Job, my Team and my organisation, with the addition of a free text box. The Registered Manager reported that negative or constructive feedback would result in contact from the management team to discuss the feedback or through reflective supervision. Staff appraisals are carried out annually alongside supervision every three months, evidenced by examining personnel files. The Registered Manager emphasised a holistic approach and duty of care to supervision, so that care staff *“don't take work home with them and care staff are able to talk about and receive support about home life”*.

As part of the wellbeing offer to staff, the service recently provided staff with a healthcare scheme which has been well received, alongside other bespoke options such as trauma counselling, meditation, relaxation, mindfulness and cranial treatments. In addition, team bonding opportunities are promoted, alongside a good training offer and access to a pension plan. The Registered Manager reported that their wellbeing offer was designed for *“staff to feel empowered and to represent the service positively”*.

Care staff were spoken to or provided written feedback as part of this inspection; a selection of their comments were:

“The management team are very supportive, there is a high level of training, and I was supported to access the level 2 Diploma.”

“Managers are always contactable and supportive. I had a good induction experience and was provided with shadow shifts until I felt comfortable and confident.”

“I am very happy in my role; the managers are very supportive, and I see them regularly. Recent MAYBO training was beneficial, and a good training offer exists.”

“I have found the service to be very caring and supportive, with a duty of care to both clients and their staff too. They are thorough with their duties: risk assessments, communications, supervisions, record keeping and training.”

“Recently, we were offered additional MAYBO training which, although all the practices would not be needed, visiting the theory and what to do if x, y or z happens gave me the confidence to feel I can deal with situations in a safe way.”

“The service also invests in their staff with a pension scheme and health care insurance plan, which really makes you feel valued.”

“I’m very happy to work with a professional and supportive team in every aspect! Since joining the team, I have felt supported, encouraged and guided by the entire team, especially the management team; even in the most difficult, challenging moments, they are 100% involved. I have never felt judged, and they were there to guide me.”

“Gentle Care looks after staff and, most importantly, cares a lot for our clients and their best interests and wishes. I feel comfortable to say I love working at Gentle Care and love my job.”

“When it comes to my client, I like to make sure Xxx is safe and happy, and we do what Xxx wants, whatever makes Xxx happy, going out, baking and trying out new things. We are there for them as it's their life and the whole point of home care.”

Feedback from care receivers was consistently positive regarding their experience of the care being delivered by this service. The Regulation Officer evidenced this through direct communication or observation of the care being offered and the response from the care receiver. The Regulation Officer spoke directly with three representatives of care receivers, and they provided the following comments:

"I have found them to be excellent. I have no complaints, and we have a regular rota, so know who is attending to provide care."

"The carers are doing a wonderful job, and I have had no problems at all."

"The carers have got to know Xxx well and understand how Xxx communicates. They are doing a good job, and I have no reservations about the care they deliver."

Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.
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The management team expressed their desire for the service to deliver high-quality care and their support of this alongside a strong team ethic and culture. The Regulation Officer noted that the organisational structure in place supported these principles, and management had good oversight of the care being delivered in this service.

The policy and procedures in this service are updated annually or as and when necessary, and care staff are provided with time during their induction to familiarise themselves with these documents. Where changes are made, or new policies are developed, these are emailed to staff, who sign off that they have read and understood any changes. This is monitored through the care management software platform, and the central policy and procedures file is accessible from the office.

The Regulation Officer undertook a review of the last three carers employed in this service and was satisfied that induction procedures were followed, with induction checklists completed and staff provided with opportunities for shadow shifts until they felt and were assessed as confident in their ability to carry out care to required standards.

This service manages its mandatory and supplementary training offer through the care management software platform. This comprises of a mixture of e-learning and face-to-face training where necessary, such as manual handling and first aid. All training is managed through the platform to ensure that as training needs to be refreshed, this is actively managed. The platform allows for supplementary training to be added, such as Makaton (specifically for care receivers with learning disabilities) and MAYBO, which develops skills and techniques for safely managing challenging behaviours. The Registered Manager expressed that they actively promote care staff to access a level 2 RQF in adult social care as soon as possible.

Collaborative working with partner agencies was discussed with the management team, and they provided several examples of positive relationships and interventions that resulted in better outcomes for care receivers. Several professionals provided feedback regarding their involvement with this service during this inspection. This was consistently positive, with a few of the comments below:

"I have worked closely with this service and have no concerns regarding the care they deliver, sometimes in complex situations. They are excellent communicators who have exceeded my expectations when safeguarding clients. I have nothing but praise for them, and they are flexible and creative when necessary."

"Gentle Care Home Service has demonstrated great collaboration every time our professional paths cross. Enquiries I made to Gentle Care were always handled professionally and in a timely manner."

"I have observed that Gentle Care staff has a positive relationship with their clients: elements of trust, good rapport and understanding of their client's needs and wishes were observed on all occasions."

“The deputy managers were available to meet, as were the carers, who together attended multidisciplinary team meetings, welcomed professionals' suggestions around tailoring training, and actively sourced the training. This indicates, in my opinion, that there is good communication between Gentle Care management and the carers supporting Jersey's vulnerable community. I have found the carers to be compassionate, caring and dedicated to their clients.”

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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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