INSPECTION REPORT

Gentle Care Limited

Home Care Service

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St Helier
JE2 4ZJ

Inspection Dates
26 September and 15 October 2025

Date Published
26 November 2025

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 Gentle Care. The service is operated by Gentle Care Limited and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Home Care Service
Mandatory Conditions of Registration	
Type of care	Personal care, personal support
Categories of care	Adult 60+, dementia care, physical disability, learning disability, autism
Maximum number of care hours each week	2250
Age range of care receivers	18 and above
Discretionary Conditions of Registration	
None	
Additional information	
The Commission received an updated Statement of Purpose prior to the inspection.	

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 notice of the inspection visit was given to the Registered Manager on 1 September 2025. This was to ensure that the Registered Manager would be available during the visit along with the two deputy managers who are engaged in an internal development programme.

During the morning of the first day of the inspection the Regulation Officer was accompanied by the Pharmacist Inspector. References to who gathered the information during the inspection may change between 'the Regulation Officer' and 'Pharmacist Inspector'.

Inspection information	Detail
Dates and times of this inspection	26 September 2025. 09:00 – 15:00 15 October 2025. 13:00 – 15:30
Number of areas for improvement from this inspection	None
Number of care hours on the week of inspection	850
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	23, 29 and 31 October 2024 None IRGentleCare2024.10.31Final.pdf

3.2 Focus for this inspection

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

4.2 Observations and overall findings from this inspection

The inspection found that Gentle Care provides a safe, effective, caring, and well-led service.

Safe recruitment practices are rigorously followed, including comprehensive background checks and thorough reference verification prior to employment. New staff complete a structured induction and shadowing period to ensure competence and continuity of care. Over 85 per cent of staff hold a Level 2 or higher qualification in Health and Social Care, and specialist training is delivered according to the needs of each care receiver.

Medication management was reviewed in detail and found to be well organised, with medication administration records (MAR) accurately maintained and good practices such as “dot and pop” procedures and running balances in place. Two areas led to recommendations being made: implementing structured annual medication competency assessments and improving documentation of actions taken in response to medication incidents.

No safeguarding concerns or reviews have been reported since the previous inspection, and the management team has demonstrated a strong understanding of local safeguarding procedures.

The service is effective and responsive, supported by clear governance and supervision structures. Communication between management and care teams is strong, and care receivers and their families are actively involved in care planning. Care plans are comprehensive and regularly reviewed.

Activities and care plans are person-centred, promoting independence and quality of life.

Gentle Care demonstrates a compassionate and supportive culture, both toward care receivers and staff. Employees benefit from wellbeing support, pensions, and access to counselling services. Leadership and governance are strong, with monthly audits, policy reviews, and quality monitoring ensuring high standards are maintained.

Staff feedback highlighted a positive and supportive workplace culture.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Home Care 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, reviews of the Statement of Purpose and notification of incidents.

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

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

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and followed up with an email on 24 October 2025.

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

[1] All Care Standards can be accessed on the Commission's website at https://carecommission.je/

5.2 Sources of evidence.

New key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Staff recruitment Recruitment policy Rotas Staff feedback Professional feedback Management of medicines
Is the service effective and responsive	Statement of purpose Staff feedback Observation of care Policies Professional feedback
Is the service caring	Care plans and risk assessments Observation of care Care receiver's representative's feedback Professional feedback Care receiver's feedback Observation
Is the service well-led	Written agreements Notifications Employee handbook Staff feedback Care receiver's representative's feedback

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The Registered Manager was joined by the two deputy managers during the first day of the inspection as part of their career development.

The Regulation Officer was informed that one new member of staff had joined the service since the previous inspection. Staff files were reviewed, and it was noted that the organisation maintains two staff files for each employee: one covering recruitment and human resource information, and the other containing training and development documentation. The files were in good order, and the system made navigating the staff records straightforward.

The safe recruitment policy was followed, ensuring that an appropriate application and interview process had been completed, and that the criminal records check and references had been received prior to staff commencing employment.

When an offer of employment is made and accepted, the new staff member commences an induction process that includes a period of shadowing with an experienced member of the team for up to ten days to ensure they have the appropriate awareness of the needs of the care receiver and have been able to develop a positive working relationship. The services induction process covers several required fields that need to have been verified as completed. These include being aware of security issues, terms and conditions of employment, health and safety, and risk assessment and management. The service has a number of small teams who work with the same care receivers to ensure continuity of care.

The training matrix identifies that over 85 per cent of the staff team have obtained level two or above of the Regulated Qualifications Framework (RQF) in health and social care (or equivalent training). The required statutory or mandatory training requirements are met, and specialist training has been undertaken on a team-by-team basis, dependent on the needs of the care receivers they are supporting.

During the inspection, the Pharmacist Inspector focused on medication management, as well as conducting a comprehensive review of current medication practices and policies. Part of this process included shadowing a carer during the administration of medication, which highlighted that the MAR) charts were in good order, with no missing entries. The service operates a ‘dot and pop’ process: caregivers place a dot on the MAR chart when a medicine is taken from its packaging and return to sign the chart once administration has been witnessed. This is considered good practice and has been found to work well within the service. A further example of good practice is the inclusion of running medication balances on MAR charts. This enables stock levels to be monitored at a glance, allowing for prompt action to be taken if medicines run low.

The Pharmacist Inspector identified two areas which required recommendations for action to be taken. Whilst all carers involved in medication administration have completed the RQF Level 3 medicines management module, and there are annual observations of practice, they were not structured or detailed. It is therefore a recommended action that the service implements full medication competency assessments during induction and on an annual basis, carried out by an individual who has themselves been assessed as competent.

The second recommended action for the service concerns the process for reporting any concerns about medication or adverse drug reactions, which includes notifying both the Care Manager and the General Practitioner (GP). Any incidents, including medication errors, must be recorded on an incident reporting form. These forms are reviewed and actioned by a deputy manager. Upon reviewing the incident reporting forms, the Pharmacist Inspector noted that they did not consistently include details of the actions taken, follow-up actions, or the carers involved. It is recommended that the service ensure all actions taken in response to medication errors are clearly documented, including evidence of root cause analysis.

The service has not been involved in any safeguarding reviews since the last inspection. In conversation with the Registered Manager and the two deputies, the Regulation Officer was satisfied that there was a good understanding of the local safeguarding process and referrals to the adult safeguarding team would be made if required.

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 senior management team of the service hold monthly meetings to review the business management and governance. Four times a year each care team meets to ensure ongoing communication regarding the care receivers and work together to review risks and update care plans. In discussions with care staff, the Regulation Officer was informed that there are good communication channels between the senior team and carers.

The organisational structure includes the Registered Manager, who is supported by two deputies, currently completing RQF Level 5 training in health and social care as part of a succession planning process. The deputy managers supervise the team leaders who, in turn, have supervisory responsibility for a small team of carers.

The supervision matrix records the date of the previous supervision and the proposed date of the next supervision, with the details of each session and any outcomes recorded and held in the staff file. The senior team also have peer supervision. Annual appraisals are completed, which review previous objectives and set the employees agreed-upon future objectives and development plans.

The service periodically conducts a staff survey to identify areas of strength and where improvement is required. The survey follows the Commission's key lines of enquiry, including asking staff if the service is safe, effective, caring, responsive and well-led.

Professional Feedback:

They have very good relationships with care receivers, and I have seen significant improvements. I get regular updates from the team. They are caring and provide safe care.

The organisation has contracts with their care receivers, or their representatives, which clearly outline the terms and conditions of the service provided, including:

- Assessment of care needs
- Fees
- Staff
- Gifts and Payments
- Your home as a workplace
- Complaints and service monitoring
- Confidentiality
- Records
- Insurance and liability
- Withdrawal of service
- Cancellations and termination
- Notice of the right to cancel

The care receivers' families and people important to them are included in the care planning process and are actively involved in their lives. The Regulation Officer was invited to visit two care receivers in their own homes, where they receive 24 hour a day care packages. The activity schedules of each care receiver varied and included activities such as swimming, cycling, helping at a horse riding stables, shopping, and regular family contact. The care receivers who met with the Regulation Officer, take an active part in planning menus and shopping for the ingredients and supporting, where appropriate, the carers in the preparation of meals.

Business records are kept at the organisation's head office. During staff induction to the service, they are shown how to access policies and procedures and confirm they are aware of and have read the policies.

Is the service caring?

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

The organisation has introduced a staff pension scheme into which they contribute a percentage of the employee's salary. The staff also have access to wellbeing support from a specialist provider who is commissioned by Gentle Care. The service is available 24 hours a day. The Registered Manager described the importance of such a service for the staff team who provide care and support to people and, in turn, need to be supported in their own wellbeing. In a discussion with a team member, the Regulation Officer was informed about how the service had been accessed and found the confidential counselling service to be beneficial.

Care plans are held within the care receivers' homes and are updated as required based on risk assessments and monthly reviews of the plans. Each care plan is tailored to meet the individual's specific needs. The Regulation Officer viewed the care plans when meeting care receivers in their homes.

The care plans were of a good quality, and there was evidence of the care receiver involvement and family and external professional input as required.

The need for care staff to update their skills and knowledge is recognised by the service, and the Regulation Officer was informed that staff have been booked on training in end-of-life care and dementia awareness provided by external services. Both training packages have links to recently adopted local strategies.

Professionals from health and social care services were approached to share their views on the standard of care provided by Gentle Care. The feedback was an endorsement of the quality of care provided, with one professional stating,

"I have worked with Gentle Care with clients with complex needs due to their dementia for over 2 years. Gentle Care were exceptional in providing a very holistic, person-centred approach".

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 service's management structure provides clarity on roles and responsibilities. Following referrals to the service, one of the deputy managers will complete a comprehensive needs assessment. If Gentle Care is able to meet the needs of the care receiver, a package of care will be offered and allocated to the team that has the appropriate skills.

The Regulation Officer reviewed a number of detailed policies, including, for example, the disciplinary policy, grievance policy, complaints policy, medicines management policy, safe recruitment policy, and homely remedies policy. The policies are reviewed and updated annually by the management team, which comprises the Registered Manager and the two deputy managers. Following the review, they sign a declaration to that effect.

Each month, the service is reviewed using a rolling theme of audit, which includes:

- Hand hygiene
- Staff training
- Medication administration (audited twice a year)
- Home visits
- Personal Protective Equipment
- Care plan audits
- Policy and procedures audit

The monthly reports indicate that the service is actively engaged in a robust governance and quality monitoring process, continually improving its performance and ensuring compliance with the relevant Regulations and Standards.

Staff Feedback:

From my point of view the service is very well-led. The management team listens to staff, encourages feedback, and genuinely cares about both employees and clients.

Notifications were submitted appropriately and discussed during the inspection. A small number of care receivers are safeguarded by a significant restriction on liberty authorisation as required by the Capacity and Self-Determination (Jersey) Law 2016. Furthermore, it was positive to note that care receivers who lacked the capacity to manage their property and affairs had been appointed a delegate by the Royal Court.

Staffing levels for the service are appropriate, with good retention rates. The service has been celebrating staff's length of service, and the Registered Manager stated, "*Our assets are our staff and the team"*. The Regulation Officer was informed that Gentle Care offer flexible, friendly hours to staff.

The Regulation Officer reviewed the job descriptions of the carers, team leaders and deputy managers. Each job description gives clarity to the role and function of the post holder.

The service provides an on-call rota, ensuring access to senior staff day and night. Feedback from staff regarding the management of the service was positive. One carer stated, "*The management is very professional, caring and compassionate. Gentle Care not only cares for the well-being and safety of the clients but also for the staff. I feel 100% supported by the management team"*.

During the inspection, the conditions of registration and categories of care were reviewed and found to be satisfactory.

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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