



**Jersey Care
Commission**

INSPECTION REPORT

Tranquil Home Care Limited

Home Care

**La Frotique
La Pulente
St Brelades
Jersey
JE3 8HG**

**Inspection Date
12 November 2025**

**Date Published
23 December 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 Tranquil Home Care Limited. The home care service is operated by Tranquil Home 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 and personal support
Categories of care	Adults 60+; Learning disability; Autism; Physical disability and/or sensory impairment and Dementia care
Maximum number of care hours each week	600
Age range of care receivers	18 and above
Discretionary Conditions of Registration	
None	
Additional information	
The Statement of Purpose was reviewed by the Registered Manager in August 2025.	

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 seven days before the inspection. This was to ensure that the Registered Manager would be available during the visit.

Inspection information	Detail
Dates and times of this inspection	12 November 2025, 08:45 – 16:25
Number of areas for improvement from this inspection	One
Number of care hours on the week of inspection	128
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	18 December 2024 None RPT_HC_TQL_Inspection_20241218Final.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 development identified at the last inspection

At the last inspection, no areas for development were identified.

Areas for development will now be referred to as areas for improvement.

4.2 Observations and overall findings from this inspection

The Registered Manager is highly committed to ensuring that the staff team delivers the highest standards of care, to care receivers. A key aim of the service is to provide quality care through person-centred planning, which was clearly evident during the inspection. Care receivers are supported to maintain their independence.

A health care professional shared:

The Registered Manager consistently builds strong, trusting relationships with clients and their families and ensures that agreed actions are followed up promptly. I have only ever received positive feedback regarding Xxx (Registered Manager) and their care team.

The Registered Manager actively provides personal care and support, regularly reviewing care needs to ensure standards are upheld. This includes checking medication administration records (MAR) for accuracy, ensuring diaries are maintained, and gathering feedback from care receivers.

The service operates on a small scale, with care packages managed by a close-knit team consisting of the Registered Manager and seven staff members. The team knows the care receivers well and expressed that they work collaboratively and support one another to provide the best possible care.



Care receiver representative
feedback:

Xxx is very happy. They (staff
team) are marvellous!

The review of medication management practices highlighted that annual competency assessments and regular medication audits are not formally documented, and this has been identified as an area for improvement.

As part of the inspection, a sample of policies was requested, all of which had been reviewed within the past year.

Additionally, a small sample of staff rotas was examined prior to the inspection and found to comply with the Home Care Standards.

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

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

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

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and confirmed the identified area for improvement by email.

This report sets out our findings and includes any areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report, and an improvement plan is attached at the end of the report.

5.2 Sources of evidence.

New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<ul style="list-style-type: none"> Induction Records Policies and procedures Employee handbook Training matrix Staff feedback Care records Risk assessments Rosters Monthly reports Staff competency workbook
Is the service effective and responsive	<ul style="list-style-type: none"> Statement of purpose Staff feedback Care receiver representative feedback Professional feedback Monthly reports
Is the service caring	<ul style="list-style-type: none"> Staff wellbeing Care receiver representative feedback Care receiver feedback Monthly reports Care records
Is the service well-led	<ul style="list-style-type: none"> Organisational chart Care receiver information including a welcome pack Training matrix Policies and procedures

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

During the inspection, the Registered Manager highlighted that the greatest challenge since the previous inspection has been recruiting suitable care staff, which has limited the ability to increase the number of care packages to meet growing demand. Despite this, the service has a good record of staff retention.

A care receiver representative shared:

They are proactive and make suggestions to us. I can't recommend highly enough.

The Registered Manager noted that the service frequently receives self-referrals, often as a result of recommendations from satisfied care receivers. Feedback from care receivers' representatives was unanimously positive, praising the personal care and support provided by the Registered Manager and their team.

Both the feedback received and the care records reviewed demonstrated that care is person-centred and that the team is responsive to the changing needs of care receivers.

A staff file for a recent appointee was examined and showed clear evidence of safe recruitment practices. References and a Disclosure and Barring Service certificate were present and had been obtained prior to the employee commencing work. Additionally, interview records from an unsuccessful recruitment process were reviewed. These included documented questions and candidate responses. There was evidence of a thorough and transparent recruitment approach.

Successful candidates are provided with a staff handbook that outlines the terms and conditions of employment, along with copies of all the service policies.

Each member of the care team is required to sign to confirm they have received, read, and understood the contents of the handbook.

At the start of employment, all care staff are also given a copy of the Code of Conduct for Healthcare Support Workers, which emphasises the importance of maintaining professional boundaries—these are also referenced in the staff handbook. Carers are advised to escalate any boundary concerns, and the Registered Manager has, on occasion, advocated for staff by addressing issues raised.

The reviewed staff file contained a job description, employment contract, and certificates of completed training. The Registered Manager explained that they discuss completed Care Certificate modules with inductees to confirm understanding, and competency is assessed.

New employees undergo a shadowing period to observe the delivery of personal care and support, which also allows them to become familiar with care receivers. Following shadowing, carers are supervised before being assessed as competent to work independently.

An inductee interviewed by the Regulation Officer stated they felt “very supported” and comfortable asking questions. It was evident that the new carer is motivated to learn and was observed to be kind and respectful during a home visit. The carer demonstrated appropriate infection prevention and control measures and sought consent from the care receiver before providing support.

The Registered Manager regularly visits care receivers’ homes during the delivery of care and support to observe practice and provide guidance when needed.

During the inspection, the Regulation Officer observed medication practices, and a discussion took place regarding carers supporting care receivers with their medication. Following this, the Registered Manager shared a medication-specific risk assessment and arranged for the pharmacist to provide blister packs for a care receiver.

A health care professional shared:

Tranquil Care offers evening 30-minute calls for quick tasks such as medication, which is uncommon as most providers require a one hour minimum. This flexibility demonstrates their understanding of client needs and willingness to accommodate reasonable requests.

The Home Care Service's medication administration policy states:

“Only staff who have completed the Medication Training Course at Tranquil Home Care Ltd, or who have been assessed as competent until completion of Level 3 medication training, will be involved in the administration of medication. Tranquil Home Care Ltd will maintain an up-to-date list of all Support Workers who are trained and assessed as competent to administer medicines.”

The Regulation Officer was provided with evidence confirming that a recently appointed carer had completed in-house medication training and had been assessed as competent to assist a care receiver with their medication on multiple occasions. Additionally, Level 3 medication training has been scheduled for the carer in January 2026.

Trained and competent care workers who administer medication require a review of their competency in the management of medicines on at least an annual basis to comply with the Standards. This is an area for improvement.

Full-time carers work on a rolling rota, ensuring care receivers know who will be visiting them while allowing carers to have alternate weekends off. According to feedback, rotas are issued well in advance to the part time carers and care receivers, and the Registered Manager covers staff holidays when necessary.

The team demonstrates flexibility, adapting to rota changes at short notice to meet care receivers' needs. For example, a recent adjustment was made to support a care receiver in attending a health check. It is rare for staff to exceed their contracted hours, and a review of sample rotas confirmed that no staff member works more than 48 hours per week, in line with Standards.

Training is delivered using a blended approach. A review of the training matrix confirmed that all staff have either completed their mandatory training or have sessions scheduled. It is recommended that an additional column be added to the matrix to record the date training was last attended. Currently, the matrix lists training completed in 2025 and future bookings; adding this extra column would make it easier to identify staff requiring updates without checking individual personnel files. However, the Registered Manager feedback that the current system is manageable given the small size of the team.

All staff have completed in-house safeguarding training and also attend face-to-face sessions with an external agency. The Registered Manager confirmed that referrals are made to the adult safeguarding team when concerns arise, and staff are aware of the process for escalating safeguarding issues.

As part of the care records review, a sample of risk assessments was examined. These included falls prevention, infection control, fire safety, and pain management. Each assessment is person-centred and details the nature and severity of the risk, potential triggers, and mitigation strategies. Risk assessments are reviewed regularly to ensure they remain current and effective.

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 Registered Manager and their team take great pride in delivering high standards of care. During home visits, care receivers unanimously expressed that the care they receive meets their needs and that they feel well supported by a compassionate and caring team who treat them with dignity and respect.

At the initial assessment stage, care receivers and their representatives are provided with documented information about fees, service contact details, contract termination procedures, and the required notice period. Written agreements are signed by both the care receiver (or their delegate) and the Registered Manager, clearly outlining arrangements for payments of invoices.

The initial assessment informs the development of care plans, risk assessments, and the 'About Me' section, which helps carers understand the individual preferences and needs of each care receiver. Both carers and care receivers value this personalised approach. The Regulation Officer found the welcome pack for care receivers to be transparent, as it clearly includes the provision of support costs, and considered the staff handbook to be comprehensive and informative.

The service demonstrates exceptional responsiveness to care receivers' needs, often going above and beyond. Before the inspection a care receiver became unwell. Two members of the care team provided an additional unplanned visit, contacted health services, and remained with the individual until appropriate healthcare professionals arrived. This level of responsiveness is considered an area of good practice.

Communication between the service and care receivers, as well as their representatives, is also considered an area of good practice. Care receivers and their representatives are kept well informed about the care being provided.

A diary is maintained in each home and completed at the end of every visit, detailing the care and support given, including any activities attended. One representative commented that the diary is *“really lovely as we can’t be there all the time and it gives us great comfort.”*

Care receiver representative feedback:

He couldn’t be living at home on his own if it wasn’t for them. He is very lucky to have them!

Carers also use an application on their personal phones to upload contemporaneous care records and, when necessary, photographs.

Within the home, a file contains key information such as the MAR and a monthly medication check, which records when medications are ordered from the pharmacy, collected, and by whom. This process ensures that care receivers always have their medication available. Medication is counted daily to mitigate errors. The file also includes a medication record book listing all current medications, their dosages, and the reasons for use, as well as a healthcare appointment record sheet to evidence when a carer accompanies a care receiver to an appointment.

A food plan record sheet demonstrated that care receivers are provided with freshly prepared, balanced, and nutritious meals. Personal care is documented daily on a chart, including attention to oral hygiene. Pressure areas are checked and recorded on the same chart, and the Registered Manager shared an example of working closely with a family to ensure the care receiver was reminded to relieve pressure areas regularly when carers were not present.

Carers also complete a sheet that is in the file noting their arrival and departure times, which is used for payroll purposes.

An annual survey is conducted to gather feedback from service users and their families, and the Regulation Officer was shown examples of positive responses, including:

“I have no concerns as you look after her brilliantly!”

“He is looked after so well, and we the family can see a huge difference, so thank you very much! Even you (the Registered Manager) coming to see my dad to make sure he is settled in his new home says a lot!”

“I have no concerns over the care of my relative and know that if any questions do arise that I will receive an answer and helpful feedback straight away. I would not hesitate to recommend Tranquil Home Care!”

The Registered Manager confirmed that no complaints have been received since the last inspection. Each care receiver and their representative has access to a copy of the complaint’s procedure, which is kept in their home file.

Feedback is also gathered regularly during home visits by the Registered Manager and through family WhatsApp group messages. All three care receiver representatives spoken to during the inspection were positive about the WhatsApp groups, noting that the management team responds promptly to messages and calls. Families also appreciate photographs shared via WhatsApp of care receivers participating in community activities.

Monthly provider reports included positive feedback from care receivers, their representatives, and two external healthcare professionals.

Is the service caring?

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

Care receivers are supported with their daily living activities, which include personal care, laundry, light cleaning, and meal preparation. During the visit, the Regulation Officer met with three care receivers in their homes. Each home was clean and tidy, and the care receivers appeared happy. They are provided with appetising meals prepared in line with their individual preferences.

Social needs form an integral part of the care package. The Regulation Officer was advised that carers frequently engage in activities such as playing cards, completing puzzles, and supporting care receivers to attend community-based events, including charity-run clubs. Care visits are flexible and can be adapted to the care receiver's preference; for example, if a care receiver's package includes grocery shopping but shopping is not required, the visit may instead involve going to garden centre or a café as an alternative.

Since the last inspection, the service has introduced a companionship support worker role to meet the needs of care receivers who enjoy company and conversation in addition to their required personal support and care. This role was created in response to the recognised need. The companionship support worker has completed relevant care certificate modules and training, and it is clearly defined that they do not provide personal care or support. This demonstrates the service's innovative and responsive approach to health and social care needs and represents an area of good practice.

Members of the staff team that engaged with the Regulation Officer shared that the care receivers are their focus and they, "Love talking to and meeting clients."

The carers felt they received the training required for their roles and all staff have attended Capacity and Self Determination training.

There are no care receivers with significant restriction on liberty (SROL) authorisations or best interest decisions in place.

Care plans are dynamic and reviewed on an ongoing basis as the Registered Manager frequently visits the care receivers and maintains consistent communication with them and their representatives. Care plans are inclusive of body maps, weekly weights and states whether care receivers require full support with the activities of daily living or if the care receiver is independent with personal care.

Care receivers are encouraged and motivated to remain independent where possible. One care receiver representative shared that in response to a decline in their relatives' mobility the Registered Manager liaised with the Physiotherapist and Occupational Therapist to organise an assessment of need and as a result additional mobility aids were introduced.

For care receivers with mild cognitive impairment, adaptations are made such as the provision of a carer photo board so that the care receivers can identify their carer and know who to expect for their home visit. It is recorded in care plans that carers are to ensure care receivers are respectfully given time to reply when spoken to.

Advanced care planning conversations are initiated by the Registered Manager when the time feels right, and care receiver's rights are respected should they not wish to discuss their wishes for their last remaining days. There was evidence in some care plans where the conversation had taken place and their wishes documented.

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) status is recorded on the electronic care record platform and on paper in the home with the accompanying DNACPR paperwork. During the inspection the Regulation Officer saw conflicting statuses on the paperwork of one care receiver which was immediately rectified by the Registered Manager. It is recommended the Registered Manager as part of their regular visits to the home ensure the DNACPR status is reviewed and accurately recorded.

There are currently no care packages where end of life and palliative care is required. The remaining staff that have not yet had training in end-of-life care are booked to attend face to face training with a service external to the agency.

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.

Throughout the inspection, both staff members and care receivers expressed positive feedback about the Registered Manager.



Prior to the inspection, notifications submitted to the Commission were reviewed and found to be proportionate to the size of the service, with no areas of concern identified.

The service has a suite of regularly reviewed policies. The Regulation Officer recommended adding the links to the Island-Wide Pressure Ulcer Prevention and Management Framework and the Safeguarding Partnership Jersey policies within the home's policy documents. Following the inspection, the Registered Manager shared the policies had been updated to include the links.

Formal records of audit activity are not routinely completed. The Registered Manager conducts regular informal audits during home visits, which include reviewing care records and MAR, as well as obtaining feedback from care receivers and their representatives on at least a weekly basis. This process provides them with assurance that standards are being upheld.

The Standards require that systems are in place to monitor, audit, and review the quality of care within the service. It is therefore recommended that existing audit practices be strengthened by incorporating structured audit tools that clearly evidence the standards assessed, the findings, and any actions identified. This should include regular audits of medication management.

Since the last inspection, team meetings have been discontinued due to challenges in gathering the small team at one time. Instead, daily communication is maintained through home visits and a team WhatsApp group, which staff reported works effectively.

Supervision meetings are held quarterly, and appraisals annually. Staff indicated during supervision that, given their frequent contact with the Registered Manager, quarterly supervision felt unnecessary. The Registered Manager remains compliant with the Standards.

The absence-of-manager policy was provided prior to the inspection. While it outlines actions required by the Commission, it was recommended that the policy be strengthened to include a contingency plan for maintaining business continuity, which the Registered Manager verbalised during the inspection visit.

The organisational chart provided lacked clarity regarding reporting lines; however, a care team member was able to confirm who their line manager is and recognised that the Registered Manager has overall oversight and accountability.

The conditions of registration and categories of care were reviewed and found to be satisfactory. Autism is listed as a category of care, although the training matrix did not show staff having completed autism-specific training. The Registered Manager confirmed that there are currently no care receivers with autism and that bespoke training would be arranged if required.

The Regulation Officer found the Registered Manager to be professional and the staff team kind and caring. Recently, the Registered Manager organised an afternoon tea and spa treatments as a gesture of appreciation for the team's commitment to maintaining high standards of care.

IMPROVEMENT PLAN

There was one area for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

Area for Improvement 1 Ref: Standard 6.8	Annual competency assessments for staff administering medicines will be implemented.
Regulation 14 To be completed: by 28/02/2026	Response by the Registered Provider: Our carers are observed administering medication on a monthly basis as part of our routine medication checks. We will ensure that these observations are formally documented going forward.

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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