



**Jersey Care
Commission**

INSPECTION REPORT

Kingsley Home Care

Home care service

**Ground Floor
13 Royal Square
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**Inspection Dates
15 and 17 December 2025**

**Date Published
27 January 2026**

1. THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014 ('the Law'), all services carrying out any regulated activity must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

2. ABOUT THE SERVICE

This is a report of the inspection of Kingsley Home Care. This home care service is operated by Kingsley Home Care Services (Jersey) 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+; Physical disability and/or sensory impairment
Maximum number of care hours each week	2250 hrs
Age range of care receivers	18 years and above
Discretionary Conditions of Registration:	
	The Registered Manager must complete a Level 5 Diploma in Leadership and in Health and Social Care by 11 December 2026
Additional information:	
	None.

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory conditions of registration and any additional discretionary conditions required under the Law.

The Regulation Officer reviewed the discretionary condition with the Registered Manager regarding completion of their Level 5 Diploma. Issues with the original training provider required the portfolio to be resubmitted to an alternative provider; however, this is not expected to delay completion of the qualification. The service's mandatory conditions remain appropriate and aligned with the Statement of Purpose.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager 14 days prior to the initial inspection visit. This was to ensure that the Registered Manager would be available during the visit and that a pre-inspection information request could be provided to the Commission.

Inspection information	Detail
Dates and times of this inspection	15/12/2025 – 8.30 am to 4.30 pm 17/12/2025 – 9.45 am to 11.15 am
Number of areas for improvement from this inspection	None
Number of care hours on the week of inspection	1439 hours
Date of previous inspection	This is the first inspection

3.2 Focus for this inspection

This inspection focused 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**

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for improvement identified at the last inspection

The service was registered on the 30 July 2025; this is the first inspection of this service.

4.2 Observations and overall findings from this inspection

The inspection found that Kingsley Home Care provides a safe, effective, caring and well-led service with evidence of good practice across all regulatory areas.

Recruitment processes, including those for overseas staff, were robust and largely compliant, with minor Jersey-specific documentation issues corrected during the inspection. Safe recruitment procedures required some minor changes and now fully meet the Standards. Staffing levels were sufficient to meet the needs of care receivers, and staff reported feeling well supported. The service had appropriate systems for incident reporting, notifiable events, and safeguarding, although the incident process has not yet been tested. No complaints or safeguarding concerns had been raised since registration.

Care delivery was found to be effective and responsive. Referrals were appropriately assessed to ensure the service could meet individuals' needs, and contracts were clear and transparent. Care plans were person-centred and supported by risk assessments, and review processes met internal timeframes. Minor issues regarding missing creation and review dates of care plans were promptly addressed. Documentation in care receivers' homes met expectations and was up to date. Quality assurance activity was well evidenced, however could be improved with the development of a more structured annual plan. Monthly reports were reflective of service performance but will now be completed by the Office Manager in line with Standards.

The service demonstrated compassionate and respectful care. Interactions observed by the Regulation Officer were positive, and care receivers reported high satisfaction. Staff, including those recruited from overseas, received appropriate support, supervision, and wellbeing was a priority for this service.

Leadership and governance were effective. The Statement of Purpose remained appropriate, and the service development plan demonstrates a values-based, growth focused direction. Policies were aligned with best practice, with local legislative references updated during the inspection. Training compliance was being resolved, with plans for staff to repeat training where necessary. A structured induction and competency-based shadowing process ensured staff were well prepared for their roles, with care staff reporting a positive experience of induction.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Home Care Standards were referenced throughout the inspection.¹

Prior to the inspection visit, all information held by the Commission about the service was reviewed, including reviews of the Statement of Purpose and notification of incidents.

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

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

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and Office Manager and followed with written feedback on 6 January 2026. 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	Staffing and safe recruitment Review of notifiable events and internal incident reporting Review of complaints Review of health and safety measures during service delivery Safeguarding care receivers Medications management
Is the service effective and responsive	Initial assessment process Care plans, risk assessments and care records Quality assurance and audit Access to information Listening to care receivers and representatives Advance care planning Communication mechanisms Written agreements Management of care receivers subject to a Restriction on their liberty
Is the service caring	Observation of care delivery Feedback from care receivers, their representatives, staff and professionals Person-centred care planning Workforce wellbeing and supervision
Is the service well-led	Review of the Statement of Purpose and categories of registration Service development plan Contingency planning Governance and organisational structure Sample of policies and procedures The training and induction of care staff

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The Regulation Officer reviewed the provider's recruitment procedures for care staff, including those recruited from overseas, and found the overarching processes to be robust, thorough, and generally compliant with regulatory expectations. A small number of minor deficits were identified, primarily relating to ensuring that certain documents fully reflect Jersey-specific legislative requirements. Appropriate advice was provided, and the provider implemented the necessary changes during the inspection period.

Safe recruitment practices were found to mostly align with best practice. During the inspection period, two minor shortfalls were identified; however, these were promptly addressed by the provider, and this area now meets the Standards. Updated procedures ensure that new criminal record checks are routinely completed for all prospective employees. In addition, an issue relating to a "date-only" reference from another regulated service has been resolved.

A review of staffing confirmed that the contracted packages of care were supported by sufficient staffing levels to meet the required demand and ensured continuity and reliability of care delivery. Care staff confirmed that they felt there was adequate staffing in place.

The Regulation Officer conducted a review of notifiable events made to the Commission and discussed these with the Registered Manager. The Regulation Officer was satisfied that the Registered Manager was aware of their responsibilities in this regard and the event notified was appropriate. The service has an incident and accident reporting procedure in place, although this has not yet been used and tested.

The Commission has not received any complaints regarding this service. Similarly, no formal complaints had been made directly to the provider.

In one spot check audit, which are conducted as part of quality assurance measures, the Regulation Officer noted some negative feedback from a care receiver; however, following discussion with the Registered Manager, the context and service response provided were considered appropriate and did not constitute a formal complaint.

One care receiver commented:

Yes, I would know how to complain if necessary.

No adult safeguarding referrals have been made since the service was registered on 30 July 2025. This was verified during discussion with the Registered Manager, who confirmed that the information was accurate. Through this conversation, the Regulation Officer was assured that the Registered Manager has a clear understanding of their responsibilities regarding the protection of vulnerable adults.

Care staff receive appropriate training in key areas of health and safety, including moving and handling, infection control, and food hygiene. This ensures that staff are equipped with the necessary skills and knowledge to safeguard care receivers and protect them from harm.

The Regulation Officer was satisfied that medication management is undertaken only by care staff who hold the Level 3 Diploma or an accredited standalone medication administration qualification. The Registered Manager had completed a medication audit to confirm adherence to best practice. The Regulation Officer also reviewed the medication administration record for one care receiver and found it to be completed appropriately.

The Regulation Officer noted that care receivers who use oxygen, staff had completed the necessary training in relation to health and safety, and the correct maintenance and operation of the equipment was in place.

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.

Most referrals to the service are received from adult social care, with additional referrals made privately by people who use this service. When considering a new referral, the service assesses whether it has the capacity, skills, and experience within the team to meet the individual's needs safely and effectively. The Registered Manager, alongside a senior carer, undertakes an initial assessment which considers the person's needs, wishes and preferences.

Before a package of care begins, care receivers are given sufficient time to read and understand the contract with the service. The Regulation Officer reviewed several contracts and found that they had been appropriately signed by the person receiving care or their representative, and that the fee structure was clearly presented.

Each care receiver has an overarching care plan which includes person-centred information covering a range of assessed needs. Risk assessments are completed where required to support safe and effective care. The Registered Manager confirmed that care plans and risk assessments are reviewed as needed or at least every six months and provided evidence that this had happened in one case, where a care receiver's needs had increased.

The Regulation Officer noted that the care plans sampled did not include a creation date or a planned review date; however, this was addressed and corrected during the inspection. The Registered Manager gave assurance that copies of up-to-date care plans are available in care receivers' homes. During visits to two care receivers, the Regulation Officer confirmed that care plans were in place, along with other required documentation, for example incident and accident reporting forms and the service's emergency contact details.

The service also has plans to implement a fully electronic care-record system in the first quarter of 2026, which is expected to enhance oversight of care planning and support more consistent review processes.

The service demonstrated that it had completed a range of quality assurance activities since its registration with the Commission. This included audits of hand-hygiene practice, reviews of the quality of daily care records, and spot checks to ensure that care being delivered aligned with care receivers' care plans. Records of these audits were easily accessible and provided evidence of management oversight, including where improvements were required. The Regulation Officer recommended that the service develop an annual quality assurance plan to ensure a more holistic and structured approach. This recommendation was welcomed by the Registered Manager.

In addition to routine quality assurance activity, the service had produced monthly reports evaluating the quality of care delivered and compliance with the Regulations and Standards. The content and transparency of these reports reflected the findings of this inspection. However, it was noted that the reports had been completed by the Registered Manager, which is not in accordance with the Standards. The service confirmed that responsibility for completing this report will now transfer to the Office Manager.

The Registered Manager confirmed that recorded care receiver falls did not meet the criteria for reporting to the Commission. The Regulation Officer reviewed the policy and risk assessment in respect of falls prevention and management and provided some advice to strengthen this response. This Registered Manager was receptive to this feedback, and the required improvements were made to the documentation during the inspection period.

The Regulation Officer reviewed advance care planning arrangements, and the care of people subject to restrictions on their liberty and found that these practices were in line with best-practice guidance.

The service had effective systems in place to support clear and consistent communication across the staff team, which contribute to safe and well-co-ordinated care delivery. Weekly team meetings are held to share organisational updates, discuss any concerns, and reinforce expectations around good practice. Staff also received information through WhatsApp and email, which ensured timely notification of any changes to care plans, rota amendments, or other operational matters.

The service demonstrated effective partnership working with specialist agencies in relation to continence care and the prevention and management of pressure trauma. Guidance provided by these professionals was incorporated into people's care plans, supporting safe and evidence-based care delivery.

Professional comments:

"I have nothing but positive comments and feedback from families about the care from Kingsley Home Care. They have been great at working together with complex packages of care."

Is the service caring?

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

The Regulation Officer visited two care receivers using the service as part of this inspection. Interactions observed between staff and the individuals were positive, with carers demonstrating kindness, compassion and respect. Both care receivers gave favourable feedback and reported feeling well cared for and said that staff understood their needs well.

Care plans sampled by the Regulation Officer demonstrated person-centred approaches that respected each care receivers' views, wishes and feelings, while promoting dignity and respect.

Examples included the use of communication boards to support self-expression, clear instructions on preferred food preparation and presentation, and the inclusion of social activities according to individual preferences.

One care receiver commented:

My carer knows me well and meets all my needs.

One care receiver commented:

I would not want to live without my carers, I love them, they are so caring, wonderful and always dependable.

Overseas care staff were recruited through a robust process and were appropriately supported on arrival to the island, which included sourcing accommodation where necessary and other assistance designed to facilitate to aid a smooth and positive transition.

Staff supervision was completed in line with the Standards, and appraisals were planned within the first year of employment. The service demonstrated a strong focus on staff wellbeing, recognising the potential for isolation, particularly for those providing live-in care. Line managers maintain regular check-ins with staff to ensure they felt supported. The service also acknowledged the importance of structured wellbeing activities and the development of a formal wellbeing plan in 2026.

Care staff reported that they felt well supported, had access to senior staff when needed, and received sufficient supervision.

Additional care receiver comments:

“I am very happy with the service, and the care is absolutely excellent, and I could not ask for anything better.”

“If I needed to raise a concern, I feel I would be able to communicate this and have all the contact details I need.”

Relatives' comments:

“I have good communication with the service and have no reasons to suggest that my Xxx is not receiving good care.”

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 Regulation Officer reviewed the service's Statement of Purpose and the categories of care for which it is registered with the Commission, together with the Registered Manager. This confirmed that the Statement of Purpose and the service's registration conditions remain appropriate and fit for purpose.

The service development plan is clear about what Kingsley Home Care wants to achieve and shows strong commitment to good staff training, high-quality care, and growing its presence in Jersey. It outlines sensible ideas for marketing and recruitment, and it demonstrates a caring, values-based approach.

The Regulation Officer reviewed the business continuity plan and found it to be clear, practical, and well-structured, using an effective system to prioritise clients and maintain safe care during service disruptions. The plan outlines realistic activation triggers, provides clear actions for each risk level. Overall, it offers a solid and workable framework for ensuring continuity of care.

The service's organisational structure demonstrates careful consideration to ensure appropriate oversight and effective governance of the care delivered. Clear lines of accountability are in place, and management responsibilities are well defined. The disciplinary procedure has been used appropriately where necessary, providing assurance that the service takes prompt and proportionate action to safeguard people using the service.

One professional commented:
My experience of this service is that it is efficient, helpful, supportive and dedicated.

The Regulation Officer reviewed several policies and procedures and found that they were aligned with current best practice. However, some documents did not include a creation date or a planned review date, and a number of policies referenced UK legislation rather than the relevant local laws and procedures. These issues were addressed and corrected during the inspection period.

The Regulation Officer reviewed the service's training matrix with the Office Manager, as several mandatory training modules appeared incomplete. The Office Manager explained that staff had completed the required training; however, some certificates were still being processed by the Human Resources department to update the electronic system, and in other cases previous employers had delayed or refused to release historical training records. The Office Manager is actively seeking a resolution, but confirmed that if these records cannot be obtained, staff will be required to repeat the relevant training modules.

The service has a structured induction programme for new care staff. On the first day, staff are office-based and focus on reviewing core policies and procedures, familiarising themselves with their role, and reading care plans for care receivers they will be supporting. On the second day, staff complete moving and handling training or any specialist training required for their role.

Shadowing an experienced carer begins on day three, with the length of the shadowing period determined by the complexity of the care receivers' needs and the competency and experience of the new staff member. A formal sign-off is completed by both the staff member and their line manager to confirm that the individual is competent and confident to carry out required care tasks. Line managers remain available to provide support and guidance as needed.

Care staff consulted reported a positive experience of their induction, with comments such as:

“Brilliant.”

“Everything was covered and I was happy with the outcome.”

“It was very informative.”

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection, so 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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