



Jersey Care
Commission

INSPECTION REPORT

Gentle Care

Home Care Service

**Suite 3 (Ground Floor)
Tower House
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La Route Es Nouaux
St Helier
JE2 4ZJ**

**Inspection Dates
28 and 29 May 2026**

**Date Published
30 June 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 Gentle Care. The Home Care Service is operated by Gentle Care Limited and there is a registered manager in place.

| Registration Details | Detail |
|---|--|
| Type of regulated activity | Home Care Service |
| Mandatory Conditions of Registration | |
| Categories of care | Adult 60+, dementia care, physical disability, learning disability, autism |
| Maximum number of care hours each week | 2250 (Medium +) |
| Age range of care receivers | 18 and above |
| Discretionary Conditions of Registration | |
| None | |
| Additional information | |
| An updated Statement of Purpose was provided during the inspection. | |
| An absence of manager notification was received from the service on 1 May 2026, confirming that the Registered Manager would be on planned leave from 1 June to 1 September 2026. During this period, a Deputy Manager will assume the role of Interim Manager. The Registered Manager was in post during the two days of the onsite inspection, and the Deputy Managers also supported and facilitated 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 two days prior to the first inspection visit. This was to ensure that the Registered Manager would be available during the visit.

The service refers to individuals receiving care as “clients”, this terminology will be used throughout the report to remain consistent with the language used by the service.

| Inspection information | Detail |
|--|--|
| Dates and times of this inspection | 28 May 2026 09:00 - 16:45 29 May 2026 09:00 – 14:00 |
| Number of areas for improvement from this inspection | None |
| Number of care hours on the week of inspection | 900 hours |
| Date of previous inspection | 26 September and 15 October 2025 |
| Areas for improvement noted at the last inspection | None |
| Link to the previous inspection report | RPT_GT_Inspection_20251015.pdf |

3.2 Focus for this inspection

This inspection included a focus on these specific lines of enquiry:

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

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

New care staff complete a service-developed Code of Practice workbook and a competency-based induction to ensure they understand their roles and responsibilities. They also confirm they have read key policies, demonstrating awareness of expectations. This approach was identified as good practice.

Training meets required standards, with mandatory induction and provider-led refresher updates. Additional specialist training is provided based on client needs and to maintain specialist categories of registration, ensuring staff remain competent and appropriately skilled.

Staff with experience have their skills developed, while those without are supported through mentoring and training to gain Regulated Qualifications Framework Level 2 or 3 and medication administration Level 3 certification.

Small, consistent staff teams are allocated to each client, enabling effective coordination and helping to build strong, trusting relationships.

The service aims to communicate care arrangements in advance, sharing rotas weekly and accommodating client preferences where possible. Any unavoidable last-minute changes are communicated promptly to maintain transparency.

Client records included up-to-date care plans, risk assessments, and daily records that reflected clients' views and wishes, demonstrating person-centred care. Clear contracts outlining fees were in place, ensuring transparency for clients and their families.

During shadowing, management and senior staff model how to maintain clients' privacy and dignity, demonstrating respectful practices and awareness of individual cues to respond appropriately to client needs.

Staff retention is reported as positive, with a strong focus on staff wellbeing alongside quality care. Flexible rostering, incentives such as shift bonuses, long-service rewards, and social events contribute to staff satisfaction and retention.

The service encourages all forms of feedback and has a complaints system in place. Feedback is gathered through surveys, direct communication, and informal discussions, and is reviewed and managed in line with policy. Incident reporting was consistent with regulatory notifications, demonstrating effective oversight.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Home Care and Support in the Community 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, the Statement of Purpose, notification of incidents, and any correspondence received from or about the service.

The Regulation Officer gathered feedback from three clients and four of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was requested from five professionals external to the service, and two responded.

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

As part of the inspection process, documents including policies, care records, incidents and complaints, training matrix, and monthly governance reports were examined.

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager, and Deputy Manager's, and followed up by email on 13 June 2026.

This report presents our findings from the inspection and outlines the range of observations made. Throughout the report, we may highlight any areas of good practice identified, along with suggestions where practice could be strengthened or further enhanced.

5.2 Sources of evidence.

| Key lines of enquiry | |
|--|---|
| Focus | Evidence Reviewed |
| Is the service safe | Safe recruitment (Employee files) Rotas Feedback Medication management Policies Induction processes Risk assessments |
| Is the service effective and responsive | Annual medication competencies Training matrix Supervision and appraisal matrix Feedback Policies Written agreements Audits and governance procedures Care records |
| Is the service caring | Observations of care delivery Feedback Initial assessments Training Care plans |
| Is the service well-led | Feedback Policies and procedures Monthly governance reports Staff retention and recruitment Staffing rotas Supervision and appraisal matrix |

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The service received two recommendations following a medication inspection in 2025. In response, the service now conducts annual medication administration competency assessments for all staff responsible for administering medication. The Regulation Officer reviewed evidence confirming that these competency checks have been completed. In addition, the management team has implemented regular medication audits, which include reviewing any medication errors and identifying learning opportunities to improve practice.

Staff who are employed without Regulated Qualifications Framework (RQF) Level 3 medication training are immediately nominated to complete this qualification with a local training provider used by the service. If no places are immediately available, they are added to the waiting list. In the interim, the management team implements an internal training plan that incorporates medication competencies, ensuring staff can work safely and effectively until the Level 3 qualification is completed.

The service utilises an electronic system for staff to clock in and out, which is password protected to maintain the security and confidentiality of information. Paper records are used to document client interactions and interventions. Client files, including care plans and risk assessments, are securely stored in locked cupboards within the office, with relevant copies also maintained in clients' homes to ensure accessibility for staff delivering care.

Newly appointed care staff complete a Code of Practice for Healthcare Assistants workbook developed by the service. This is designed to ensure staff understand their professional responsibilities, with learning demonstrated through providing practical examples aligned to the Code of Practice. This was identified as an area of good practice. The induction process also includes a comprehensive competency assessment.

In addition, staff are required to confirm that they have read and understood the service's policies, providing assurance that they are aware of their purpose and how they apply them in practice.

The service demonstrates compliance with safe recruitment standards, ensuring that all necessary pre-employment checks are completed prior to individuals commencing work. This includes verifying identity, obtaining appropriate references, and carrying out relevant background checks. These robust processes help ensure that staff are suitable for their roles and support the delivery of safe, high-quality care to clients.

Training within the service is compliant with required standards. Mandatory training is completed during the induction period to ensure staff are equipped with the essential knowledge and skills to carry out their roles safely. The frequency of refresher training is guided by the training provider's recommendations to ensure ongoing competence. Specialist training needs are identified based on the specific requirements of clients, as well as to support the maintenance of any specialist categories of registration held by the service. This ensures that staff are appropriately skilled to meet the diverse and complex needs of those they support.

Is the service effective and responsive?

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| Care, treatment, and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. |
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Some staff members join the organisation with existing care skills, experience, and relevant qualifications, which are further developed through ongoing training and support. Staff who do not have prior experience are provided with mentorship and structured opportunities to complete essential learning. This includes working towards their Level 2 and Level 3 RQF, as well as achieving a Level 3 certification in medication administration.

Staff teams are allocated to each client and are kept as small as possible to promote consistency for both clients and staff. Smaller, dedicated teams are better able to coordinate effectively, build strong working relationships with one another, and develop meaningful, trusting relationships with the client.

Audit programmes are in place to monitor a range of operational activities within the service, including clinical, governance, and health and safety areas. These include audits of medication practices, staff training, hand hygiene, and policy reviews. The outcomes of these audits are regularly reviewed to inform learning, support continuous improvement, and ensure the ongoing quality and safety of care delivery and working practices within the service.

The service does not currently undertake delegated tasks for any of its clients. The management team demonstrated a clear understanding of which clinical tasks would require additional training and formal delegation under the direction of a suitably qualified health or social care professional. They recognise their responsibility to work in partnership with appropriate clinical services should they support a client requiring delegated tasks as part of their care. Alternatively, they would ensure that a suitable referral is made to a relevant healthcare professional to deliver these aspects of care.

The service aims to communicate all aspects of care delivery in advance wherever possible. Staff rotas are shared with clients one week ahead to promote consistency and allow for planning. Clients are able to request changes to their care arrangements, including preferences for specific carers or gender-specific care teams, and these requests are accommodated wherever possible. The Registered Manager explained that, on occasion, unavoidable last-minute changes to the care team may occur due to unforeseen staff absence. In such circumstances, the management team ensures that clients are informed as soon as possible to minimise any disruption and maintain transparency.

Is the service caring?


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

Clients are often referred to the service through word of mouth and personal recommendations, and the Registered Manager confirmed that the service does not actively advertise. This reflects the strong reputation the service has established within the community, demonstrating a high level of satisfaction and trust among clients and their families.

All new staff members will undertake a three-month probation period. For those supporting clients with more complex needs, additional shadowing opportunities will be provided. This approach allows clients time to become familiar with their new carers and supports the development of positive, trusting relationships.

If a client with additional sensitivities expresses uncertainty about a member of staff and the relationship does not show signs of progressing, the management team will review the situation and consider reallocating the staff member to ensure the client's comfort and wellbeing. The service has explained that this is a rare occurrence.

The Registered Manager explained that the service is not currently utilising all of the hours permitted within its registration. One of the reasons for this is a deliberate focus on delivering care with sufficient time, attention, and quality, rather than maximising capacity. This approach reflects the service's commitment to providing person-centred care that prioritises the needs and wellbeing of clients.



A relative said: I could not have asked for a better care agency, the standard of care is consistently high.

Client records reviewed included comprehensive and regularly updated care plans, risk assessments, and daily care recordings. Detailed within the assessments were the views of the clients, their wishes, and what they want from the service, demonstrating a person-centred approach to care planning. A written contract was also in place, clearly outlining a structured table of fees for care delivery. This demonstrated transparency in relation to costs, ensuring that clients and their family members are fully informed and able to understand the service's charging arrangements.

The management team and senior staff demonstrate to new carers, during shadowing opportunities, how to uphold clients' privacy and dignity. This includes modelling respectful practices such as knocking on doors before entering, and being attentive to clients' body language, mood, verbal cues, and behaviours in order to understand and respond to their individual needs during each interaction.

Reflective practice is actively encouraged, particularly where an episode of care may not have gone as planned, to support learning and continuous improvement. The senior team place strong emphasis on building meaningful relationships with clients, ensuring staff know them well and are able to recognise and respond to individual preferences, needs, and potential triggers.

Is the service well led?

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| 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. |
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The management team consists of a Registered Manager and two Deputy Managers. They were observed by the Regulation Officer to work effectively together, complementing each other's strengths and demonstrating a cohesive approach to leadership. Feedback from staff, clients, and relatives consistently highlighted that the management team is approachable, reliable, and responsive. They are recognised for their consistency and for having a strong understanding of both the service and the individual clients they support.

The service provides an on-call facility to support both staff and clients outside of normal working hours. The management team covers the on-call rota on a rotational basis. During working hours, the management team maintains regular contact with clients to support staff, remain familiar with each individual's needs, and ensure they are available to receive feedback from both clients and staff. This ongoing involvement helps ensure that when on-call matters arise, the management team has a good understanding of the client and their circumstances, enabling a more informed and effective response.

The management team reported that staff retention is positive. They emphasised that staff wellbeing is just as important as delivering a high-quality service to clients. They highlighted several benefits of working for the service, which they believe contribute to strong staff retention. These include a flexible approach to rostering, where efforts are made to accommodate staff availability and support a healthy work-life balance. While staff may be asked to work additional hours where possible, this is recognised through incentives such as extra shift bonuses. Staff feedback indicated that this is a valued and appreciated gesture. In addition, the service offers long-service incentives and organises festive social events, further contributing to staff satisfaction and engagement.

Staff supervision is conducted at a minimum of every three months, with informal supervision taking place in between as required. Team leaders are responsible for

supervising staff within their teams, while senior staff receive supervision from the Deputy Managers. Feedback from staff confirmed that they receive regular supervision and feel supported in their roles.




Feedback from a staff member: I receive minimum three-monthly supervision, sometimes it is more if requested, the managers are always available if there is a situation that I or the team need to talk through with them.


The Regulation Officer reviewed a selection of the service's policies. These are designed to be concise and user-friendly while still providing the necessary information to guide and support both staff and clients. There was evidence that policies are reviewed regularly, with reviews currently taking place on an annual basis to ensure they remain up to date and relevant.

The service actively encourages feedback from clients and their representatives, whether this is complimentary or in the form of a complaint. A formal complaints procedure is in place to ensure clients have the opportunity to raise any concerns. In addition, feedback is gathered through a range of methods, including annual surveys, informal discussions with staff, and direct communication with the management team. All feedback and complaints are reviewed by the management team and responded to in line with the service's policies and procedures. Internal incident reports reviewed by the Regulation Officer were consistent with the notifiable events submitted to the Commission, where it was appropriate to do so, demonstrating effective governance and oversight.

What care receivers said:



I am happy with the care I receive. I have four carers that support me. They are good listeners. The carers are always respectful and ask me how I want things doing. Managers are easy to get hold of; they are always just a phone call away.



They are the best care agency; the care I am receiving is excellent.
Clients always come first with the service.

What relatives said:

The staff are very helpful and take great care of my Xxx.

Staff are respectful, maintain my Xxx dignity, and respect Xxx privacy at all times.

Efforts are made to provide continuity of care, usually through a small, consistent team of four to five carers, although there has recently been some increase in staff due to leave.


The small staff team treat my Xxx like their own family.

Xxx has improved significantly since the service became involved. Xxx team ensures he regularly accesses the community, which has had a positive impact on his wellbeing and happiness.


I and the rest of the family are 150% happy with the care that my Xxx received from the service.

Carers couldn't have been kinder; they are truly wonderful.

What professionals who work with the service said:



I could not speak highly enough of the service. They always advocate for the clients and think outside of the box to accommodate their specific needs.



The team have done extremely well in matching appropriate carers to suit my client. I am very grateful for their kindness, and care which is excellent.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection, therefore; 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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