Jersey Care Commission

INSPECTION REPORT

Kingsley Home Care

Home care service

Ground Floor
13 Royal Square
St Helier
JE2 4WA

Inspection Dates
8, 13, 14 and 17 July 2026

Date Published
2 September 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	
Categories of care	Adult 60+; Physical disability and/or sensory impairment
Maximum number of care hours each week	2250 hrs (Medium Plus)
Age range of care receivers	18 years and above
Discretionary Conditions of Registration:	
The Registered Manager must complete a Level 5 Diploma in Leadership 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 the additional discretionary conditions required under the Law. At the time of inspection, the service was providing approximately 2,403 hours of care per week, which exceeded the registered condition limiting the service to 2,250 hours of care per week. The Registered Manager and Branch Manager acknowledged this and demonstrated an understanding of the requirement to operate within the conditions of registration.

The Regulation Officer noted that an application to vary the condition of registration had been submitted to the Commission prior to the publication of this inspection report. This application reflected the growth of the service and sought to align the registered condition with the level of care being provided. The Commission will consider the application separately through its registration processes.

While the service had operated beyond the registered capacity, there was no evidence that this had adversely impacted the quality or safety of care provided to care receivers.

The Registered Manager provided evidence that they were progressing with their Level 5 RQF Diploma in Leadership and Management for Adult Social Care and remained on course to complete the qualification within the required timeframe.

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 prior to the first inspection visit. This was to ensure that the Registered Manager would be available during the visit.

Inspection information	Detail
Dates and times of this inspection	8/07/2026 – 8.30 am to 12.30 pm 13/07/2026 – 2.30 pm to 5 pm 14/07/2026 – 9 am to 12.15 pm 14/07/2026 – 1.15 pm to 1.55pm 17/07/2026 – 10 am to 11 am
Number of areas for improvement from this inspection	None
Number of care hours on the week of inspection	2403
Date of previous inspection	15/12/2025 and 17/12/2025
Areas for improvement noted at the last inspection	None
Link to the previous inspection report	RPT_KHC_Inspection_20251217.pdf

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

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

4.2 Observations and overall findings from this inspection

The Regulation Officer found that the service was delivering safe, effective, responsive, caring and well-led care, with evidence of strong management oversight, robust recruitment practices and a commitment to continuous improvement.

Staffing arrangements were sufficient to meet care needs consistently, with contingency arrangements in place to provide cover during periods of absence. Recruitment processes were thorough, particularly in relation to overseas workers, and included verification of qualifications, references and suitability. New staff completed a structured induction, shadowing period and six-month probation, supported by regular supervision and oversight.

Systems for managing incidents, accidents and near misses were comprehensive, enabling learning and service improvement. Health and safety arrangements were well established, with appropriate risk assessments, personal emergency evacuation plans and staff training in place. Notification requirements were generally met, although one notifiable event had not been reported correctly; the Registered Manager demonstrated and appropriate response and implemented measures to reduce the risk of recurrence.

Care planning and assessment processes were comprehensive and person-centred, ensuring care reflected individual risks, preferences and outcomes. The service demonstrated awareness of Jersey-wide strategies and guidance, including dementia, palliative care and pressure ulcer prevention. Participation in a Government of Jersey Discharge to Assess pilot further demonstrated the service's ability to respond flexibly to changing needs and work collaboratively with partner agencies.

Feedback from care receivers, relatives, professionals and care staff was consistently positive. Care receivers reported warm, respectful relationships with care staff and were supported to make choices and maintain independence. The service had also strengthened opportunities for feedback through new engagement mechanisms and regular spot checks.

Medicines management arrangements were subject to a specialist inspection by the Commission's Pharmacist Inspector in March 2026. While appropriate policies, storage arrangements and improvement initiatives were evident, further work remained necessary to strengthen record keeping, competency processes and audit activity. Progress was already being made through enhanced training, competency assessments and improved medication recording systems.

Leadership was found to be effective and supportive, with a clear vision for service development, strong governance arrangements, a positive workplace culture and a collaborative management team with clearly defined responsibilities.

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 were reviewed, including the previous inspection report, the Statement of Purpose, notification of incidents, and adult safeguarding referrals.

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

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

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and the Branch Manager and followed up with the findings of the inspection by email on the 16 July 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.

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

5.2 Sources of evidence.

Key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Review of staffing Review of experience and competence of staff Safe recruitment practice and induction of new staff Health and safety practice (including incidents and accidents) Review of notifiable events Review of complaints and compliments Safeguarding policy and practice Staff training matrix Medications Management Risk assessments (staff safety, working environment)
Is the service effective and responsive	Statement of Purpose Initial assessment process Care receiver information packs Person-centred care (communication and nutritional needs) Promotion of social well-being Collaborative working Review of island-wide frameworks/strategies in practice Feedback from professionals
Is the service caring	Delivery of care Care receiver care plans and risk assessments Care receiver consent, choice and control Care receiver engagement and feedback Feedback from care receivers and relatives Staff skills to meet need
Is the service well-led	Service development plan Service continuity plan Quality assurance activity and monthly reports Approaches to discrimination Policies Supervision and appraisal Well-being and workplace culture Leadership

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The Regulation Officer reviewed staffing arrangements to ensure that care packages could be delivered consistently and was satisfied that appropriate measures were in place. This included regular reviews of staffing levels to ensure recruitment remains responsive to demand. In addition, Care Co-ordinators are not allocated care packages and are therefore available at short notice to provide cover during periods of sickness absence or annual leave.

One issue identified during the Regulation Officer's visits to care receivers in their homes was that individuals were not always aware of which care worker would be attending to provide their care, albeit they were regular members of the care team and known to them. The management team responded positively to this feedback and confirmed that measures have now been introduced to improve communication and ensure care receivers are informed in advance of staff attendance.

Most care staff employed by the service hold a Regulated Qualifications Framework (RQF) Level 2 Diploma in Adult Social Care, or an equivalent qualification. The Regulation Officer noted that additional immigration requirements for overseas care staff provide further assurance of their competence and suitability to meet the needs of care receivers. These requirements also place greater responsibility on providers to verify the authenticity of qualifications, training certificates and employment references submitted by overseas applicants. Evidence reviewed during the inspection demonstrated that the provider had effective recruitment processes in place to independently verify this information and ensure that overseas recruits were appropriately qualified, experienced and fit for their roles.

The service has a structured induction process for all new staff. On their first day, new care staff receive an introduction to the service, including key policies, procedures and essential knowledge required for their role. The second day focuses on the delivery of mandatory training, after which new staff undertake a period of shadowing more experienced colleagues. This shadowing period normally consists of a minimum of two shifts but may be extended where staff will be supporting individuals with more complex care needs. Care staff reported a positive experience of their induction.

All newly appointed staff complete a six-month probationary period, during which they receive regular supervision and management oversight. This enables the management team to monitor performance, identify any development needs at an early stage, and provide appropriate support and training. The Regulation Officer was satisfied that these arrangements help ensure staff become competent and confident in delivering safe and effective care.

The Regulation Officer reviewed the service's management of incidents, accidents, and near misses. Records of these events were maintained in both electronic and paper formats and provided a comprehensive account of each incident, including management oversight of any resulting action plans. The Registered Manager reported that all incidents, accidents, and near misses are subject to objective analysis, enabling the identification of trends, lessons learned, and opportunities for continuous improvement.

Other aspects of health and safety management were effectively maintained, with care staff routinely completing essential training, including infection prevention and control and food hygiene. During home visits, the Regulation Officer noted that Personal Emergency Evacuation Plans were present within all care receiver records sampled. In addition, the Regulation Officer reviewed a sample of care records and found that appropriate risk assessments were in place where risks to care staff had been identified or where environmental factors presented a potential hazard. These assessments included measures to mitigate risks and support the safe delivery of care.

A review of notifiable events submitted found that notifications had generally been made appropriately and within the required timescales. However, one notifiable event had not been reported in accordance with regulatory requirements. The Regulation Officer was satisfied that the Registered Manager had provided a clear explanation of the circumstances surrounding this omission and had demonstrated insight into the factors that contributed to it. The Registered Manager had also implemented several measures to strengthen oversight of notifiable events and reduce the likelihood of a similar occurrence arising in the future.

The Registered Manager reported that concerns and complaints raised by care receivers or their relatives are addressed proactively, with the aim of resolving issues at an early stage and preventing them from escalating into formal complaints. This was actively demonstrated during the Regulation Officer's visits to care receivers' homes, where some negative feedback was dealt with promptly and to the care receivers' satisfaction.

The Regulation Officer reviewed complaints that had been made directly to the Commission and discussed these with the Registered Manager and Branch Manager to obtain additional context. The Regulation Officer was satisfied that appropriate reflection had taken place and that learning arising from complaints had been used to inform service improvements. During these discussions, it was reiterated that only employees or directors of Kingsley Home Care Services Jersey Limited may manage complaints directly or otherwise act on behalf of the service. The management team demonstrated an understanding of this requirement and recognised its importance in promoting accountability, transparency and effective governance. The Regulation Officer also noted several compliments from care receivers and their representatives within the records reviewed.

The Regulation Officer paid particular attention to the service's processes for reporting expected and unexpected deaths, holding detailed discussions with both the Registered Manager and Branch Manager. These discussions demonstrated that the management team had responded positively to previous multi-agency recommendations and had taken proactive steps to strengthen frontline practice in this area.

Emphasis had been placed on ensuring that staff understood their safeguarding responsibilities and were able to recognise, respond to and appropriately escalate any concerns arising before, during or following end-of-life care and bereavement processes.

The Registered Manager was able to provide evidence of how learning had been embedded across the service through improved application of best practice guidance, staff awareness, training and management oversight. These actions will help to promote a more consistent, compassionate and well-coordinated response for care receivers and their families during what can often be highly emotional and sensitive circumstances.

The staff training matrix demonstrated strong compliance with the service's mandatory training requirements. A system is in place to automatically notify care staff when training is due for renewal, while the management team maintains oversight of training completion and forthcoming expiry dates. The management team reported challenges in sourcing one Island-specific training course; however, this was addressed during the inspection period, and the relevant training has now been scheduled.

One staff member commented:

I have supervision on a regular basis, and I feel supported by the management team. I feel I have the right training for my role.

The Commission's Pharmacist Inspector undertook a comprehensive inspection of medicines management arrangements in March 2026, resulting in the following summary:

The service has policies and processes in place to support safe medication management, with a medication policy that broadly aligns with National Institute for Health and Care Excellence (NICE) guidance and has been recently reviewed. Additional policies are in place for oxygen management and when required (PRN) medication.

Medication storage and disposal arrangements were appropriate, including the use of lock boxes, PRN stock retention to reduce waste, and a documented disposal process.

Concerns were identified in medication record keeping, including incomplete medication administration records (MARs), missing PRN items, lack of allergy documentation and unexplained refusals. There were also weaknesses in managing time-sensitive medication and individualised PRN protocols.

Training and competency systems are in place but are not yet fully compliant with required standards. Risk-based allocation of trained staff, strengthened competency assessments, and assessor competency checks are required.

Incident reporting processes exist, but audit activity should be expanded to cover all aspects of medication management.

The Regulation Officer discussed progress with the Registered Manager and Branch Manager, noting that a follow-up review will be undertaken later in 2026 to assess the extent to which the recommendations and required actions have been fully embedded within the service.

The management team evidenced a commitment to developing staff competence in medicines management. At the time of inspection, five staff members had successfully completed the Level 3 RQF Module in the Administration of Medication and were awaiting final competency assessments and further ten staff members were enrolled on courses scheduled for August and September 2026.

There have been several improvements to medicines management systems and processes. These included the introduction of a process requiring staff to seek guidance from a care receiver's General Practitioner before supporting the use of over-the-counter medicines, thereby promoting safe practice and appropriate clinical oversight. In addition, the Registered Manager had implemented dedicated electronic recording forms for transdermal patches, topical creams and eye drops to improve the accuracy, consistency and oversight of medicines administration records.

Further assurance was provided through improvements to the management of 'when required' medicines. The Regulation Officer found that appropriate protocols were now in place to guide staff on the administration of these medicines, which were also signed by the relevant General Practitioner. These measures helped ensure that medicines were administered safely, consistently and in accordance with the individual needs of care receivers.

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 Statement of Purpose was reviewed and found to remain fit for purpose in relation to the service's aims, objectives, scope of service provision and target client group. The Regulation Officer was satisfied that the Statement of Purpose continued to reflect the day-to-day operation of the service and provided a suitable framework for informing care receivers, their representatives and stakeholders about how care would be delivered.

The Regulation Officer found that the service's initial assessment process was comprehensive and informed the development of person-centred care plans and risk assessments. The records reviewed demonstrated that individual communication, nutritional, psychological, medical and environmental needs had been clearly identified and reflected within care planning.

One professional Commented:

They provide person centred care and assessments and have often worked with complex cases where putting care in place to meet that individuals' needs has worked well.

For example, one care receiver living with hearing loss had communication boards and an electronic communication application in place to support effective engagement and involvement in decisions relating to their care. Another care receiver was receiving Dietitian input in relation to fluid management, with professional guidance incorporated into the care plan and associated risk assessments.

It was also noted that a range of assessments and risk management tools had been completed where required, including assessments relating to nutrition and hydration, choking risks, mobility, medication management and environmental safety.

These assessments were clearly linked to person-centred care plans, ensuring that staff were aware of identified risks and the measures required to safely meet the individual needs, preferences and outcomes of care receivers.

The promotion of social wellbeing was embedded within care planning arrangements. Activities, social engagement and opportunities to maintain community connections were reflected within individual care plans, while psychological and emotional wellbeing formed one of the core assessment and care planning domains within care receiver records. This helped to ensure that care delivery supported not only physical health needs, but also the emotional, social and mental wellbeing of care receivers.

The provider had recently reviewed and enhanced the information provided to care receivers at the commencement of their service. The revised welcome pack included a confirmation letter setting out the agreed care and support arrangements, applicable fees, review arrangements and key contact details for the service. It also contained information regarding the complaints policy and procedure, together with a more detailed service user guide explaining the nature of the service, what care receivers can expect from the provider and their rights whilst receiving care and support.

The Regulation Officer reviewed several Island-wide strategies, policies and guidance documents with the Registered Manager, which demonstrated an understanding of the service's responsibilities and current best practice, these were:

- **Dementia Strategy and Palliative and End of Life Care Strategy:** Discussion evidenced learning and the implementation of best practice in relation to palliative and end-of-life care, including arrangements surrounding anticipatory prescribing. This has supported the service to develop a more consistent approach to the delivery of care, while ensuring responses remain tailored to individual needs.
- **Pressure Ulcer Framework:** The Registered Manager provided assurance of their understanding of the Island-wide Pressure Ulcer Framework and the service's responsibilities in relation to prevention, risk identification and escalation of concerns.
- **Personal Care and Clinical Tasks Guidance:** The Registered Manager confirmed that no delegated tasks, as defined within the Personal Care and Clinical Tasks Guidance, were currently being undertaken by the service. However, they demonstrated awareness of the service's responsibilities should delegated tasks be required, including the need for task-specific training delivered by an appropriately qualified professional and ongoing competency assessments, to be reviewed at least annually.

The Regulation Officer noted that the service had recently participated in a Government of Jersey Discharge to Assess pilot initiative. Through this work, the service successfully supported 28 care receivers to transition from Jersey General Hospital back to their own homes. This demonstrated the service's ability to work collaboratively with health and care partners, respond flexibly to changing needs and support timely hospital discharge, helping individuals to regain independence.

One professional commented:

Their support in getting patients home the same day or the following day was key to the success of the project.

Additional feedback from professionals:

“So far, my experience of working with Kingsley Home Care has been nothing but positive. They have a ‘can do’ attitude, will work flexibly and put their clients at the heart of their care; they are easily contactable / responsive, implement care plans and take on board professional recommendations and they welcome feedback for service improvement purposes. I had set up packages of care with different clients, who have varying needs, and have found Kingsley to be reliable and professional.”

“I have been very impressed with how well they have matched carers to the clients and how caring the care team have been. I have found the managers to be very professional and reassuring in their approach, problem solving in a proactive way and ensuring that their care plans and assessments are up to date.”

“I can say they have been very professional and extremely responsive, returning calls and answering emails quickly. The feedback received from clients has been very good and positive where family have also stated how happy they are with the care being given to their loved ones which has had a positive effect on their lives. The carers have been caring and very kind. When there have been concerns or issues that need addressing, this has been dealt with professionally by Kingsley and I would happily recommend them as a care agency.”

“They were very professional and efficient in their approach, and nothing was too much trouble. The Health Care Jersey staff who worked alongside Kingsley staff found them helpful and kind. They worked with the team to help solve issues with patients, that prevented re-admission into hospital. A pleasure to work with.”

Is the service caring?

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

While the Regulation Officer was unable to directly observe the delivery of care, four visits were undertaken to care receivers in their own homes as part of this inspection. During these visits, the Regulation Officer spoke with care receivers, their representatives and the care staff present. Feedback was consistently positive, with care receivers expressing satisfaction with the care and support they received and demonstrating a genuine warmth and rapport with the carers supporting them.

One care receiver commented:

I have to say that the carers do a great job and they are respectful and kind.

Care staff also spoke positively about their experience of working for the service and described feeling well supported by the management team. They were able to discuss the supervision, training and guidance available to them and demonstrated an understanding of their roles and responsibilities in meeting the needs of care receivers.

The Regulation Officer found that care receivers were supported to make choices and exercise control over their daily lives. Consent was sought before care and support were provided, and care staff demonstrated an understanding of the importance of respecting individual preferences and promoting independence. Care receivers were offered tailored choices regarding aspects of their care and support, including clothing, meals and activities, helping to ensure that care remained person-centred and responsive to their wishes. During one visit, a care receiver expressed a preference regarding the care staff who visited them. These views were listened to by the Registered Manager and acted upon, with changes made to the care arrangements as a result.

The Regulation Officer found that the service had taken steps to strengthen opportunities for care receiver engagement and feedback. In addition to existing arrangements, two new feedback mechanisms had recently been introduced, enabling care receivers and their representatives to provide comments through a QR code system or via a freepost response option.

The service also undertook monthly spot checks, completed by members of the management team, during which staff suitability and competency were assessed. These visits provided a further opportunity to seek feedback from care receivers regarding the quality of care provided, their satisfaction with the service and any areas where improvements could be made. These arrangements demonstrated a commitment to listening to the views of care receivers and using feedback to support continuous service improvement.

Additional feedback from care receivers:

"I have fantastic group of carers; however, I do not always know who my carer will be, albeit they are part of a team of carers. They make sure I have everything I need and keep the home clean and tidy. They also support me to get to important health appointments."

"My carer is my guardian angel; they are amazing and know my needs well."

"Sometimes I am not always aware of which carer is coming, however it is always a carer known to me. All my carers are wonderful and look after me well."

"They are excellent and couldn't be better."

Additional feedback from relatives:

"The carers are great, they are always on time and if they have time after supporting Xxx, they do some housework, which is welcomed."

"If I have any issues, I will call the office, and they are always very helpful."

"The service is absolutely great, and I am so glad they were recommended to us."

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.

This service's Business Plan for 2026–2027 set out a clear vision for the continued development and expansion of the service. The plan demonstrated a commitment to achieving sustainable growth while maintaining safe, effective and person-centred care. It outlined intentions to increase staffing levels, expand both domiciliary and live-in care provision, strengthen management and office support arrangements, and continue investing in staff training and development. The Regulation Officer noted that the provider had recognised the importance of balancing growth with quality assurance, governance and oversight to ensure that standards of care are maintained as the service expands.

The Regulation Officer reviewed the provider's Business Continuity and Service Interruption Plan and found that appropriate arrangements were in place to support the continued delivery of safe care during emergencies or service disruptions. The plan identified key risks, prioritised essential care activities, and set out clear responsibilities and contingency measures to minimise disruption to care receivers. Regular review arrangements were also in place to ensure the plan remained effective and up to date.

This service has strengthened its quality assurance arrangements through the implementation of an audit programme. This included regular audits of medication administration records, hand hygiene and infection prevention and control practices, as well as monthly spot check visits to all care receivers, where the competency of care delivery is assessed. Monthly management reports were also routinely completed and used effectively to maintain oversight of service performance, identify areas for improvement and support a culture of continuous improvement.

The Regulation Officer found a positive, zero-tolerance approach to discrimination throughout the service. The protection of care staff from discrimination was taken seriously, with management demonstrating a willingness to intervene promptly and appropriately when concerns arose. Examples discussed during the inspection evidenced a proactive culture in which discriminatory behaviour was challenged, staff were supported, and steps were taken to promote an inclusive and respectful working environment.

Several of the Service's policies and procedures were reviewed and found to be fit for purpose and reflective of the service's day-to-day practice. While the policies provided a sound framework for the delivery of care, several minor amendments were identified which would further strengthen alignment with the Jersey Care Commission Standards and current best practice guidance. These areas were discussed with the management team, who demonstrated a willingness to review and update documentation where required.

The supervision of care staff was undertaken routinely and in accordance with the Commission's Standards, which included identifying any developmental needs. Annual appraisals were scheduled to take place in August 2026, providing a further opportunity to review performance, development needs and career aspirations. Care staff spoke positively about the support they received from the management team and described managers as approachable and responsive. Staff also have access to an out-of-hours duty support system, helping to ensure they felt supported in their roles.

The Regulation Officer found the service had implemented a range of measures to support the well-being and integration of overseas care staff. New recruits were met on arrival in Jersey and assisted with transport to their accommodation, which also included support with initial set-up costs.

One staff member commented:

My manager is very supportive and helped me settle when arriving in the Island. I have regular supervision and feel that the training I receive is more than adequate.

To promote social inclusion and reduce the risk of isolation, the service organised regular social gatherings, providing opportunities for staff to build friendships and develop support networks. Furthermore, prospective overseas applicants were provided with realistic information during the recruitment process about life in Jersey, including the higher cost of living, enabling them to make informed decisions before accepting employment. These arrangements demonstrated a proactive approach to supporting staff well-being, retention and recruitment.

As part of this inspection, the Regulation Officer also gathered feedback from care staff through an online questionnaire and received 11 responses. Overall, feedback was overwhelmingly positive, with staff describing the service as supportive, well managed and committed to enabling them to provide good outcomes for care receivers. Staff consistently reported that they felt supported by management, had access to supervision, and were able to raise concerns which were acted upon appropriately.

However, the Regulation Officer noted two instances of negative feedback within the staff responses. These matters were discussed in detail with the Registered Manager and Branch Manager during the inspection. The management team was able to provide additional context regarding the concerns raised and evidence of actions already taken to address matters where appropriate.

The Regulation Officer was satisfied that the service had either resolved the issues identified or was actively working to address them through ongoing discussion with staff and additional support.

Taking account of the wider inspection findings, including positive feedback from the majority of staff, care receivers, their representatives and professionals, the Regulation Officer was satisfied that the some care staff concerns raised did not indicate any widespread or systemic issues within the service.

The Registered Manager and Branch Manager reported benefiting from significant support from the wider organisation, providing access to additional expertise and resources when required. Through discussions and inspection findings, the Regulation Officer was assured that the leadership team worked collaboratively, maintained clear lines of accountability, and operated with well-defined roles and responsibilities.

Additional feedback from care staff:

“I am supported by my managers, and they are approachable for advice. I am currently undertaking my medications training and have other regular training opportunities. My experience of working in this service is very positive so far.”

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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