



Jersey Care
Commission

Inspection Policy

Updated June 2020

Author	Head of Governance, Policy and Standards
Date revised	June 2020
Next review date	October 2020
Target Audience	All Staff & for Public Information

Inspection Policy

1. Policy Statement

The Jersey Care Commission ('the Commission'), has specific powers to conduct inspections. The purpose of this policy is to provide the framework for the inspections undertaken by the Commission. This includes reference to the legislative framework underpinning the delivery of services and the roles and responsibilities of Care Commission staff.

The Commission will ensure that all inspection activity is undertaken in accordance with this policy and associated procedures, guidance and protocols. This policy should be read alongside other Commission policies, especially the Escalation, Enforcement and Review policy¹.

This policy only relates to activities which are regulated under the Regulation of Care (Jersey) Law 2014 ('the Law'). It is important to note that whilst there are other services which are registered by the Commission, these are outside the scope of this policy.

2. Legislative Context

The Law requires that all regulated services are subject to a minimum of one inspection per annum². The Law is supported by the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 ('the Regulations'). The Regulations are interpreted in the form of a series of Standards ('the Standards'). It is against these Standards that regulated services are inspected.

In combination, the Law, Regulations and Standards require that the Commission undertakes a process of annual inspections as a means of encouraging and monitoring improvement in the quality of health and social care services in Jersey.

¹ This policy is currently under development.

² Individual carers are not subject to any form of inspection by the Commission

3. Values and Principles

The Commission will continue to adopt the Right-touch regulation principles identified by the Better Regulation Executive and the Professional Standards Authority of:

- Proportionality: regulators should only intervene when necessary. Remedies should be appropriate to the risk posed, and costs identified and minimised
- Consistency: rules and standards must be joined up and implemented fairly
- Targeting: regulation should be focused on the problem and minimise side effects
- Transparency: regulators should be open, and keep regulations simple and user friendly
- Accountability: regulators must be able to justify decisions and be subject to public scrutiny
- Agility: regulation must look forward and be able to adapt to anticipate change.

All inspections will be undertaken in a manner which is consistent with the values set out in the Commission's Constitution³ so as to support a culture of promoting and upholding best practice and in encouraging continuous improvement. In order to assure service users and the public of the rigour of the Commission's assessment, inspections shall be planned and undertaken in a manner that is transparent, evidence based and proportionate.

4. Scope

This policy applies to all staff involved in the regulation, inspection and monitoring of regulated services in Jersey.

5. The purpose of inspections

The Commission's core purpose is to provide assurance about the quality of care, challenge poor performance, promote improvement, safeguard the rights of service users and inform the public through the publication of inspection reports and improvement notices. The Commission represents the public interest in making sure

³ The Jersey Care Commission Constitution: <https://carecommission.je/our-constitution/>

that health and social care services are safe, effective and compassionate and take appropriate account of the human rights of people in receipt of care.

6. Regulation Officers: role and powers

6.1 Overview

Inspectors (known as Regulation Officers), are registered professionals and are empowered to undertake an inspection of any premises where it is justifiably believed that a regulated activity is being carried out. Part 5 of the Law sets out the Commission's duty to ensure that Regulation Officers have appropriate qualifications and knowledge.

A Regulation Officer must carry on their person, a warrant of entry which contains a clear photograph of the Regulation Officer; their full name and their job title. The warrant card will record that the holder is authorised, on behalf of the Commission, to enter any premises at any time for the purpose of their official duties in pursuance of the statutory provision of Article 25 (1) of the Law.

A Regulation Officer may be accompanied by a police officer if they consider this to be necessary to facilitate an inspection. A Regulation Officer may also carry any equipment which is necessary for the conducting of an inspection.

A Regulation Officer is entitled to make any examination into the state of the premises; the management arrangements at the facility and the care arrangements relating to anyone in receipt of services within the service.

A Regulation Officer is entitled to inspect and take copies of any documents or other records. They are entitled to have access to any computer systems and to check any electronic documentation relating to care provided by the service. They are entitled to inspect any other item within the service and to seize and remove from the premises, any documents, records or items.

In association with the above paragraph, a Regulation Officer is entitled to require that any person holding such documentation, storage system or other item, produce that which is required.

A Regulation Officer may require any person to afford any assistance necessary in order to enable the Regulation Officer to undertake the inspection provided that such

requirements are reasonable, proportionate and within the powers of the person to provide.

A Regulation Officer may take any measurements or photographs necessary for the purposes of the inspection.

Only in exceptional circumstances would a Regulation Officer enter a private dwelling. In doing so, they will consider the occupier's ability and willingness to consent. In such circumstances, the Commission will engage with other agencies such as the police and the adult safeguarding team.

6.2 The power to interview

As part of the inspection process, a Regulation Officer may interview any of the following in private:

- The provider of the regulated activity or any director, secretary, partner or other similar officer.
- The manager in relation to the regulated activity
- Any worker on the premises
- Any person receiving care on the premises provided that they consent to be interviewed

7. Frequency of inspections

The Law requires that a regulated activity must be subject to one inspection annually. It is acknowledged that some regulated activities will require more than one inspection per annum. The Commission is entitled to inspect any place where a regulated activity is undertaken on as many occasions as it deems necessary.

Whilst in most cases, one inspection per annum will be deemed sufficient, there will be other occasions where the Commission determines the need to inspect more frequently.

On 25 March 2020, the Regulation of Care (Standards and Requirements) (Covid-19 – Temporary Amendments) (Jersey) Regulations 2020 came into force. One of the amendments sets out the arrangements for inspections of regulated activities that could not be carried out as a direct or indirect result of Covid-19. Any inspection

deferred or cancelled as a result of Covid-19 must be undertaken within two years of the Commission's previous inspection.

8. Manner of inspection

8.1 Overview

The Commission will adopt a blended approach in its inspection programme, using a combination of unannounced, announced and announced with short-notice (24 hours or less) inspections.

In undertaking an inspection, the Regulation Officer will refer directly to the published Standards associated with the regulated activity. The Regulation Officer will seek evidence that the regulated activity is operating in accordance with its statement of purpose, the Regulations and the relevant Standards. Regulation Officers reserve the right to deviate from the intended focus of the inspection depending upon their findings.

When preparing to undertake an inspection, the Regulation Officer will take account of the following:

- any relevant enforcement/escalation activity in the service.
- any other relevant information which is brought to its attention by way of contact or communication from other sources e.g. complaints, concerns or whistleblowing disclosures.
- relevant notifiable events/serious adverse incident submissions made by the service and actions taken, where appropriate.
- previous inspection reports

Undertaking inspections during the pandemic presents challenges to the Commission and to care providers where strict infection prevention and control measures have been put in place to ensure the safety and wellbeing of care receivers and staff.

Such measures have also included restrictions upon the numbers of people visiting a regulated activity, and in particular, care homes. The Commission will respect these measures and will seek and take direction from care providers, Environmental

Health/Infection Control and the Government of Jersey when undertaking inspections and other visits.

However, the Commission needs to balance these considerations against the public interest and public expectation that inspections will take place. Therefore, for the duration of the pandemic, the Commission will adjust its methodology relating to inspections. Examples of this may include an increased reliance upon technology in order to facilitate virtual interviews and/or virtual inspections; having limited footfall into buildings and avoiding areas where care receivers are most likely to be; announcing inspection visits. This is not a definitive list. The Commission reserves the right to undertake unannounced inspections where there is a concern relating to the health, safety and welfare of care receivers.

8.2 Commencement

At the beginning of an inspection the Regulation Officer or team of officers will typically meet with the manager of the service or with other senior staff. At this point the Regulation officer/s will introduce themselves and explain the purpose of their visit. The scope and purpose of the inspection will be explained. The manager and/or senior staff will have the opportunity to ask any questions. The Regulation Officer/s will explain how the findings of the inspection will be communicated.

8.3 Communication of findings

During the inspection visit there will be opportunities for the Regulation Officer and staff to discuss the findings.

At the end of the inspection (which will be at the end of the final visit), the Regulation Officer/s will spend time with the manager of the service or other senior staff members. During this meeting, a summary of the inspection findings will be delivered verbally. This will include an overview of any good practice identified and any specific matters which have arisen during the course of the inspection process which give rise to concern.

If there are any immediate actions which the manager or service provider are required to take, this will be explained at this point. If there are any plans for any further visits arising from the inspection process this will also be explained. The

process relating to the drafting and publication of the inspection report will also be communicated by the Regulation Officer/s.

Regulation Officers will provide a brief summary of findings/areas for improvement in the period following the end of the inspection. The Regulation Officers will retain a record in the inspection records that feedback was provided. This will include detail of the content of any discussion or challenge which occurred during the inspection.

8.4 Inspection report

The Commission is required to produce a report following an inspection. The conclusions of the inspection process must be detailed within this report. These conclusions will include:

- Whether there has been any failure to comply with mandatory or discretionary conditions.
- Whether there has been any failure to comply with any of the Commission's requirements.
- Whether any of the Standards pertaining to the service have not been met.

The inspection report will set out areas of identified good practice and will also identify how the service has succeeded in meeting the required Standards.

The Commission will adopt a principle of there being 'no surprises' in respect of inspection reports. There will already have been opportunities for the Commission to provide feedback to the manager/provider of the service prior to completion of the draft report, most notably at the end of the inspection. As such, the main findings relating to the inspection report should have been communicated prior to receipt of the draft copy of the report.

Within 28 days of the inspection visit, a draft report will be forwarded to the registered manager and registered provider. Following receipt of the draft report, both the manager and the provider are entitled to a period of 28 days during which they may submit a response. Any identified factual errors, provided that the author/s of the report accept that they are such, must be corrected prior to the report becoming a finalised document.

Following the period of 28 days and the correcting of any factual errors, a finalised report will be produced by the Commission. A copy of this document is sent to both the manager and the provider. The Commission will then arrange for the report to be published and a copy will be uploaded to the Commission's website. Hard copies of the document can be made available upon request. The Commission will work to ensure that reports are made available in a range of formats and community languages as requested.

In certain circumstances the Commission may decide not to publish an inspection report in full on account of its obligation to protect confidential information.

8.5 Improvement Plans

As the Commission adopts a principle of 'no surprises', the Regulation Officer will discuss any areas for improvement where Standards or Regulations have not been met, with the provider when the findings are identified.

At the back of the inspection report, any such findings will be documented in the form of an Improvement Plan. When the draft report is issued to the registered provider, they will be expected to formulate a response as part of this plan; confirming what action has been taken or what plans are in place to meet the standards or regulations within the specified timescale. This response should be made in writing (on the relevant section of the report) and forwarded to the Commission within 28 days of the draft report being issued to the registered manager and service providers.

On receipt of the completed improvement plan, the inspection report will be considered final and will be available to members of the public. All inspection reports will be considered final following 28 days of the draft report being issued to the registered manager and service provider. Only in exceptional circumstances will there be any delay in making a report available to the public.

Following an inspection, Regulation Officers may need to undertake further inspection visits or otherwise to follow up on whether the necessary improvements have been made.

9. Escalation and Enforcement

The Commission will consider enforcement/escalation action when inspections identify:

- Potential or actual risks to the health, welfare and safety of care receivers
- Specific concerns about the service provided
- Evidence of a failure to improve where improvement has been deemed necessary or a general lack of compliance with Regulations or Standards

The Commission's Escalation, Enforcement and Review policy⁴ should be consulted when escalation and enforcement action is being considered or when it is taking place.

10. Responsibilities

The inspection process will be overseen by the Chief Inspector who is accountable to the Commission Board.

The Board has corporate responsibility for ensuring that the aims and objectives of the Commission are fulfilled.

The Head of Governance, Policy and Standards must ensure that information in relation to ensuring that information pertaining to inspection activity is managed and retained in accordance with relevant legislation and locally agreed protocols. They will ensure that the register of regulated services, maintained by the Commission is accurate and current.

Regulation Officers have a responsibility to adhere to the policy. They are required to ensure that the inspection process is undertaken in a manner which is professional, rigorous and efficient. They have a responsibility for ensuring that the process is undertaken in a way in which the rights, needs and well-being of care receivers is central. Similarly, they must ensure that the views of both care receivers and their families/carers are sourced and recorded as part of the inspection process. Regulation Officers will ensure that the values and principles embedded within the Commission's constitution are thoroughly upheld throughout the inspection process.

⁴ This policy is under development.

11. Training and information

All Commission staff will receive appropriate induction and training pertaining to the inspection process. Staff will be informed of any changes to the policy.

In addition, stakeholders will receive information in a range of formats which ensures that they have the opportunity to understand the inspection process and to ask any questions or raise any concerns in respect of it.

The policy will be made available on the Commission's website.

12. Monitoring/Evaluation

The effectiveness of this policy will be monitored by the Commissioners during scheduled Board meetings. Evidence relating to effectiveness may include feedback from Regulation Officers, regulated service providers and managers, service users and families and members of the public. The implementation of the policy and any deficiencies within the policy will be recorded by the Chair of the Commission and any proposed amendments will require approval by the Board.

13. Review of the Policy

This policy will be reviewed annually or sooner in response to any need for review borne out of regular inspections or feedback from stakeholders.

14. Development and Stakeholder Consultation

This policy has been developed by the Commission in consultation and engagement with all members of staff, the Commission and a range of stakeholders.