



**Jersey Care
Commission**

INSPECTION REPORT

New Horizons Support Services

Home Care Service

**16/17 Burlington House
St Saviours Road
St Helier JE2 4LA**

12 March 2020

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 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.

ABOUT THE SERVICE

This is a report of the inspection of New Horizons Support Services which is a registered home care service. The inspection took place at the service's registered office, 16/17 Burlington House, St Saviours Road, St Helier. Two Regulation Officers undertook the inspection.

Between 2014 and 2019 the service had 'approved provider' status under the States of Jersey Approved Provider Framework. The Framework's standards and service specification were used as an interim measure prior to the introduction of the Regulation of Care (Jersey) 2014 Law and the establishment of the Jersey Care Commission.

The service was founded in 2013 and became registered with the Commission on 10 February 2020.

Registered Provider	New Horizons Support Services Limited
Registered Manager	Victoria Soar
Regulated Activity	Home Care Service
Conditions of Registration	Maximum number of personal care/personal support care hours between 600 and 2250 to be provided each week (Medium Plus). Age range: 18+ Categories of care provided: Adult 60+ Dementia Care Physical Disability and/or Sensory Impairment Learning Disability Mental Health Autism Substance Misuse (drug and/or alcohol)
Date of Inspection	12 March 2020
Times of Inspection	9.30am to 4.30pm
Type of Inspection	Announced
Number of areas for improvement	One

At the time of this inspection, there were 40 people receiving care from the service.

SUMMARY OF INSPECTION FINDINGS

This inspection was announced, and the visit was completed on the 12 March 2020. In addition, contact was made with the representatives of care receivers on 11 and 13 March.

The Home Care Standards were referenced throughout the inspection.¹

The Regulation Officers focussed on the following areas during the inspection:

- the service's Statement of Purpose and Conditions on registration
- safeguarding (adults and children)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

Overall, the findings from this inspection were positive and there was evidence of care receivers being provided with a service that is safe and takes their wishes and preferences into account.

The Statement of Purpose sets out the aims and objectives of New Horizons Support Services and the inspection provided evidence of services being provided in accordance with the Statement of Purpose.

Comprehensive Safeguarding policy and procedures were in place and accessible to staff and care receivers, and staff have received up to date safeguarding training.

Adequate Complaints policy and procedures were in place and accessible to care receivers and understood by support workers and managers.

The service's arrangements for recruiting staff were satisfactory and staff could describe the checks that were undertaken prior to their employment being confirmed.

Conversations with care receivers and their representatives (family members), and the records reviewed, supported the appropriate supply and deployment of staff in the service.

¹ The Home Care Standards and all other Care Standards can also be accessed on the Commission's website at <https://carecommission.ie/standards/>

Care receivers have clear plans of the care to be provided to them. These are based on an assessment of their needs, wishes and preferences. Staff who met with the Regulation Officers advised that the service aims to enable people to participate in their communities, and to enable each individual to have their own unique experience in life.

The service sets out to offer a choice of services to fit individual requirements. This inspection provided numerous examples of New Horizons Support Services are meeting these aims and being able to provide tailor-made services that promote independence is an area of good practice. This inspection found evidence of care receivers experiencing improvements in their quality of life.

The only area for improvement identified during the inspection was the absence of suitable monthly quality reports and it was good to note that the directors and the manager have already started to address this. A timescale of six months from the date of this inspection was agreed with the directors and manager to make the necessary improvements.

INSPECTION PROCESS

Prior to the inspection visit, information submitted to the Commission by the service at the time of their registration under the 2014 Regulation of Care Law was reviewed. This included any notifications and any changes to the service's Statement of Purpose.

The Regulation Officers sought the views of the people who use the service, and/or their representatives and spoke with managerial and other staff. Two care receivers and six representatives were spoken with during or as part of the inspection. The views of a social worker familiar with the work of New Horizons Support Services were also obtained as part of the inspection process.

During the inspection, records including policies, care records, support plans, incidents and complaints were examined.

At the conclusion of the inspection, one Regulation Officer provided feedback to a Director, the registered manager, and the office manager.

This report sets out the inspection findings and includes areas of good practice identified during the inspection. The area for improvement identified is described in the report and an action plan attached at the end of the report.

INSPECTION FINDINGS

The service's Statement of Purpose and Conditions on registration

The Statement of Purpose was reviewed prior to the inspection visit. The standards outline the provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The Home Care service is, as part of the registration process, subject to the following mandatory conditions:

Conditions of Registration	<p><u>Mandatory</u></p> <p>Maximum number of personal care/personal support care hours between 600 and 2250 to be provided each week (Medium Plus). Age range: 18+ Categories of care provided: Adults 60+ Dementia Care Physical Disability and/or Sensory Impairment Learning Disability Mental Health Autism Substance Misuse (drug and/or alcohol)</p> <p><u>Discretionary</u></p> <p>Victoria Soar registered as manager of New Horizons Support Services must complete a Level 5 Diploma in Leadership and Management in Health and Social Care by 10 February 2023.</p>
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Discussion with the manager and examination of records provided confirmation that these conditions on registration were being fully complied with and will remain unchanged.

The discretionary conditions were applied to the service on the 10th February 2020:

The manager advised the Regulation Officer that she has enrolled on a suitable training course and is planning to complete this within the coming twelve months.

The Regulation Officers were satisfied that all conditions are currently being met.

New Horizons Support Services' Statement of Purpose continues to reflect the range and nature of services provided to care receivers.

The Regulation Officers were satisfied that the providers and manager fully understand their responsibilities in this regard.

The Statement of Purpose has information about the provider and the services provided. The categories of care provided, and the size of the home care service is well explained. There are sections on the vision, aims, mission, core values, and the range of care needs supported. There is also information on how care and support are provided, about communication and involvement, rights and responsibilities, staffing arrangements, quality assurance and governance.

An Employee Handbook is updated every 12 months, emphasizing the service's aim to provide individualised support services for people with physical, developmental or social impairments, enabling them to live independent and productive lives.

The vision is to provide services that enable people to live the life they choose. This inspection provided evidence from staff and from service users that New Horizons Support Services are achieving what they set out to do.

Safeguarding (adults and children)

The Home Care Standards set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.

The service's Safeguarding Children and Vulnerable Adults Policy has an introduction that sets out the purpose and aims of safeguarding policy and refers to the Jersey Safeguarding Board procedures. The document explains the guiding principles and the meaning of significant harm. There is a section on the types of abuse, including domestic abuse. The policy also includes information about children at risk of harm and the use of risk assessments.

The Registered Manager is the designated safeguarding lead, and the service's safeguarding procedures set out who to contact, how to deal with disclosures, how to respect confidentiality, and how to respond to an allegation.

The policy has guidance on responding appropriately to an allegation of abuse, and some Do's and Don'ts about confidentiality, decision-making and consent issues. There are very helpful sections on: Mental capacity; ill-treatment and wilful neglect; deciding when not to use the Safeguarding Adults procedure; supporting an adult at risk who makes repeated allegations.

There is also guidance on what makes a safe organisation – safe staff and the use of the whistle-blowing procedure. Also, what will happen if there are complaints against employees, what training and support is available, what records are kept and how monitoring procedures and outcomes is carried out by managers.

There is an expectation that all staff will read the Safeguarding policy and procedure documents, and that they will sign to say they have read them. It was noted that the service has made few safeguarding referrals to other agencies.

The Regulation Officers were satisfied that staff and care receivers are familiar with the safeguarding arrangements. These arrangements are satisfactory and support best practice to keep care receivers and staff safe and protected. The policy and procedure documents are well written and comprehensive.

Complaints

<p>The Home Care Standards set out the provider's responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service's staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.</p>

One Director told a Regulation Officer that all care receivers and their representatives are given the service's 'terms and conditions' of service information at an initial meeting to help identify any gaps in provision. Once an agreement for service provision is in place, information about how to complain is discussed, together with other opportunities to secure feedback. There are six monthly reviews, weekly contact from a Senior Support Worker, monthly family contact, and an annual survey.

The introduction to the service's complaints procedure sets out how to make a complaint and who can complain. There is a time limit of six months but there is discretion to extend this if it is still possible to investigate the complaint.

The Directors encourage informal resolution whenever possible. If for any reason care receivers or their families are unhappy with any aspect of the service they are receiving, they are encouraged to speak to a member of senior staff. The Regulation Officers were able to find evidence to support this.

Care receivers and their representatives talked a lot about being able to talk to the Directors and/or their Senior Support Workers if they had any concerns.

"I (relative) know how to make a complaint and C would say if he doesn't like something. I know New Horizons would take any complaint seriously. I have seen the complaints procedure."

"I would get in touch with Anthony's management team."

"I would contact Debbie if had a concern. But no complaints."

(Relative) "If C has a concern, he would talk to me, and I would talk to M (Office Manager), or to Anthony. I haven't had cause to complain but I expect that Anthony would respond quickly if there was a complaint."

“I know how to complain. I would talk to Debbie and she would respond. I would talk to the Care Commission if it was a complaint about Debbie.”

The relative of one care receiver described their experience of making a complaint and having her concerns resolved. This relative also indicated that they would not hesitate to raise any further concerns.

The first stage of the New Horizons complaints procedure is local resolution. Any complaint made directly to any member of staff must be copied to the registered manager or to a Director who will attempt to answer and resolve the complaint. These senior managers are responsible for delegating any necessary investigations to an appropriate staff member. Wherever possible, the aim is to complete the investigation and provide a formal response within 28 days.

The second stage of the service’s complaints procedure is an external review. However, it was unclear from the procedures how this would be undertaken. A reference is made in the procedures to the Commission’s role in reviewing all complaints and this should be corrected to ensure that New Horizons Support Services have their own arrangements in place for implementing the second stage of their complaints procedure independently of the Commission. The Commission will continue to sample and review the records of complaints during inspections; this is separate from the service’s own complaints management arrangements.

While the procedures require some updating, the Regulation Officers were satisfied with the evidence that staff are familiar with the complaints procedure and that care receivers and their representatives know how to complain, and that managers will respond to complaints. A further measure to improve these procedures would be to include a reference to the Commission’s role and complaints policy.

Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)

<p>The safe recruitment of staff is an important element in contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider’s responsibility in ensuring that there are, at all times suitably recruited, trained and experienced staff available to meet the needs of care receivers.</p>
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A Regulation Officer was advised that the children’s outreach service ceased in the past year and that there had been a doubling of adult home care and outreach services. That has resulted in the recruitment of approximately 20 new support workers with more full-time permanent staff and less ‘bank’ and/or part time staff.

The Director and office manager demonstrated their commitment to implementing safe recruitment practices and the Regulation Officers saw evidence that staff are not supplied to work with care receivers until all recruitment checks have been undertaken and are satisfactory.

A sample of three enhanced DBS certificates were examined by a Regulation Officer and these had been retained in accordance with the Standards. The Regulation

Officer was satisfied that there are suitable arrangements in place to make these and other recruitment records suitable for inspection.

Safe recruitment is reviewed as part of the service's quality monitoring activity. Conversations with the Director, office manager, and two support workers confirmed that the service's staffing arrangements are in accordance with its policy and procedures.

There is an induction and early training programme, and clear records are kept of any new employee's progress. Staff records evidence that staff are not supplied to work unless under direct supervision with care receivers until they have completed their induction and are deemed competent.

Both the registered manager and the Director demonstrated that they are familiar with the areas of mandatory training set out in the Standards. A Regulation Officer saw evidence that arrangements are in place to meet these Standards.

Some observations on the competence of support workers from care receivers or their representatives:

"Carers are good. Tony always picks people who are good and who care – good working with Tony."

"Anthony inducts new carers – goes with them. Provides training. C is very satisfied with all carers."

"Positive approach from the carers. They understand M."

"New Horizons is the only agency that can deliver quality care for C – other agencies don't seem to understand. I assume that they do the necessary training, I haven't asked to see certificates, but the carers seem to be very able – they provide safe care."

"Carers are competent. Anthony has improved a lot in being able to supply good carers. Had to request changes once or twice if not suitable. Carers have to be medicines trained as C may need her medicine immediately. Expect Food Hygiene and Safe Handling training etc. Wonderful team at the moment."

"Support staff are competent. Always demonstrate that they want to do the job. Always keen to understand J."

"Staff are trained. They know their job. I know this because I used to be a carer in a care home."

Some observations from a staff member:

"I am not involved in recruitment, but I have some familiarity with the process. There is mandatory training and a minimum requirement is the Care Certificate. There are shadow sessions, and new staff are given time to read the policies and procedures. New staff read the care plans of the people they will support."

The Director said that previous experience of care tasks is helpful, but some applicants have transferable skills.

Two things that were offered as good practice examples, and evidenced to Regulation Officers in interviews with staff and care receivers, were the use of safeguarding scenarios in interviews for support workers, and the use of staff profiles that are sent out to care receivers and their representatives to introduce support staff before they start work.

Care planning

The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility in ensuring that care plans are person-centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.

The service has a referral policy and arrangements for securing written information (including assessments), about prospective care receivers prior to confirming a service start date. Referrals often come directly from a social worker working with a potential service user/care receiver and his/her family.

Often the care receiver is eligible for Long Term Funding support (when the fees are paid directly from the Government of Jersey to the service), but sometimes the service is a private arrangement.

In all cases, a Director or senior support worker makes an initial visit and discusses a service agreement and an initial support plan. This process results in each care receiver having a detailed personal care plan which clearly outlines the care receiver's needs and reflects their wishes and preferences. Staff advised the Regulation Officers that until recently these personal plans tended to be long and perhaps hard to make use of because of the recording system and the complex needs of many care receivers. A recent innovation has been the use of support plans or "customer care plans" which have a format that is easy to understand and use.

Each support plan starts with a statement of need and the aims of the support. The plan of support includes a lot about the wishes and preferences of the care receiver and spells out what staff should do to meet the aims.

The service aims to enable people to participate in their communities, and to ensure that each care receiver continues to enjoy a life which is as full and active as possible.

This inspection provided numerous examples of New Horizons Support Services meeting their aims and being able to provide tailor-made services that promote independence is an area of good practice. New Horizons Support Services have been able to improve the quality of life for many of its care receivers.

Observations of a social worker:

“I currently have a 24/7 care package with a complex individual with learning disability. The staff team are experienced and motivated. Looking for resolutions and really taking the time to build a relationship. In my opinion New Horizons is providing an invaluable and highly skilled support service. My work with Debbie and Antony in discussing new referrals is always welcomed with a positive approach and a real understanding and knowledge of work with adults with learning disability, complex needs and ASD”.

A relative advised a Regulation Officer that in their view, the service was the best thing to happen to their relative and had enabled their relative to live more independently and in their own accommodation.

The service uses a software programme for staffing information and for care records. Staff can access support plans on their mobile phones and are always therefore familiar with care plans and have access to the care records. Using their phones, staff can keep records up to date and legible after each visit/session.

The inspection confirmed that care receivers can access their care plans and can describe how they were involved in the development of the care plan and the process for keeping it under review. The Regulation Officers were satisfied with the evidence that the registered manager and the Directors are aware of their responsibility to keep the needs of care receivers under review and to make referrals, as appropriate, to other agencies when the needs of a care receiver change.

Monthly quality reports

The quality of services provided by this service should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, standards and regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.

The Regulation Officers reviewed two reports that had been completed since the service was registered in February 2020. As a result of this review and from a discussion with a Director it was evident that there is a commitment to putting in place a robust system for monitoring the quality of services provided. It was encouraging to note that the format and methodology being used was under review.

It was good to note that there are already systems in place to monitor, audit and review the quality of care within the service and there is evidence that the findings of such activities are acted upon and disseminated across the service. There are feedback mechanisms in place which integrate the views of care receivers, their representatives, and support workers into the evaluation and review of the quality of care.

However, there need to be regular (monthly) independent reports on the governance arrangements, together with an evaluation of the performance of the service against its Statement of Purpose and of ongoing continuous improvement within the service.

Following consultation with providers in 2019, the Commission produced a template as guidance for the provider's monthly report. Providers do not need to use this template and may use their own format, and providers need to determine areas to be reviewed each month. A Regulation Officer reminded the Director that the representative of the provider who completes the report should not be someone involved in the day to day management of the service.

IMPROVEMENT PLAN

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

<p>Area for Improvement 1</p> <p>Ref: Standard 9</p> <p>The care service will be checked and reviewed regularly to sort out any issues and make things better for you and others.</p> <p>To be completed by: 3 months from the date of inspection (20 May 2020).</p>	<p>There needs to be regular (monthly) more independent reports on the governance arrangements, together with an evaluation of the performance of the service against its Statement of Purpose and of ongoing continuous improvement within the service.</p> <hr/> <p>Response by registered provider:</p> <p>The Director Anthony Evans will be producing this report in order that this can be completed, he has moved away from delivering support and managing the day to day services. This will enable him to produce more Independent reports in relation to governance.</p> <p>Anthony will also look to use the template provided by the JCC and will be liaising with The JCC to ensure all the relevant areas of evaluation in the monthly reports are covered including evaluation of the service against the statement of purpose and continuous improvement within the service. As part of this work Anthony is currently developing an Audit tool to be used as part of an internal Audit system.</p>
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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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