



**Jersey Care
Commission**

INSPECTION REPORT

The Care Hub Jersey Limited

Home Care Service

**First Floor Office Suite
50 Don Street
St Helier
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23 June 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 The Care Hub Jersey Limited. The service was registered under the Regulation of Care (Jersey) Law 2014 on 28 February 2020 and its office is in central St Helier. A pre-registration meeting was held on 24 January 2020 with the registered manager and care manager and a visit to the registered office undertaken on 5 February 2020 also.

Registered Provider	The Care Hub Jersey Limited
Registered Manager	Kirstie Greig
Regulated Activity	Home Care Service
Conditions of Registration	Maximum number of personal care/ personal support hours to be provided per week is 112 Maximum number of nursing care hours per week is 20 Age range of care receivers is 18 years and above Category of care provided is Adult 60+ Dementia Care Physical Disability and/or Sensory Impairment Learning Disability Autism Mental Health Substance Misuse (drug and/or alcohol) Homelessness Domestic Violence The registered manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 28 February 2023.
Date of Inspection	23 June 2020
Time of Inspection	09.30 – 12.30 hours
Type of Inspection	Announced
Number of areas for improvement	2

The Home Care Service is operated by The Care Hub Jersey Limited and the registered manager is Kirstie Greig.

At the time of this inspection, there were 16 people receiving care from the service. Prior to and during the inspection, the registered manager discussed their plans to vary the conditions on registration to increase the maximum number of personal care/ personal support hours to be provided. As of 26 June 2020, the provider submitted their request to vary the conditions of registration which have been approved which means the service can now provide a maximum of 599.5 care hours per week.

SUMMARY OF INSPECTION FINDINGS

This was the first inspection carried out since the service was registered and the inspection was announced. The inspection visit took place at the registered offices on 23 June 2020. After the visit, telephone contact was made with representatives of care receivers to obtain their views of the service. The Standards for Home Care were referenced throughout the inspection¹. Due to physical distancing requirements of Covid-19, some slight adjustments were made to the inspection process to minimise face to face contact.

The Regulation Officer focused on the following areas during the inspection:

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

The service had only been operational for less than four months at the time of inspection and overall, the findings were positive with evidence to show compliance with Regulations and Standards. Sources of evidence were cross-referenced and evidenced that care receivers are being provided with a service that delivered in accordance with their assessed care needs and personal preferences. The representatives of care receivers shared positive experiences of the management and care staff.

The service's arrangements for recruiting staff needs to be improved upon to ensure that care receivers are supported by staff who have been safely recruited.

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

During the inspection an inconsistent approach towards staff recruitment was noted, which meant that some staff had started work before all background checks had been completed. As the service is increasing, staff recruitment is on-going, and this is an area for improvement that must be made straight away. The care manager agreed to address this following the inspection visit. Records showed there are enough staff employed and deployed to meet the needs of care receivers and that there is a consistent staff team.

Safeguarding is an area that is given much emphasis from interview through to employment; the service has policies and procedures in place to address any safeguarding matters that may arise. Care staff receive training in adult safeguarding and are informed of the ways in which to recognise and report any concerns.

Care staff benefit from an induction programme which includes working alongside the registered manager and care manager and there is a programme for ongoing training and development. The care manager is aware of the Standards in relation to staff supervision and has identified a schedule to commence staff supervisions.

The service has processes in place to receive feedback from care receivers, their representatives and staff which can be used to measure performance and where necessary, drive improvements within the service. The processes in place demonstrate that quality assurance plays a significant role in helping to develop and enforce quality assurance standards, however this needs to be expanded upon to report on quality of care, compliance with registration requirements, Standards and Regulations. This is an area for improvement and of which the registered manager indicated they would address straight away.

The two areas for improvement will be kept under review by the Commission.

INSPECTION PROCESS

Prior to our inspection visit, information submitted to the Commission by the service since registration was reviewed. This includes any notifications and any changes to the service's Statement of Purpose.

The Regulation Officer sought the views of representatives of people who use the service and spoke with managerial staff. Due to Covid-19 and to limit face to face contact with care receivers, telephone contact was made with three representatives following the inspection visit. Three people provided feedback by telephone and two provided written feedback.

No care staff were spoken with as part of this inspection due to Covid-19 restrictions and the Regulation Officer considered it inappropriate to contact staff by telephone outside of their rostered working hours.

During the inspection, records including policies, care records, staffing rosters, staff folders, training records were examined.

Discussions were held with the registered manager, the care manager and the director about day to day operational issues such as, planning processes for care receivers to be admitted into the service; care planning; record keeping as well as the ways in which care and support is assessed and delivered. At the conclusion of the inspection, the Regulation Officer provided feedback to the care manager.

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an action plan is attached at the end of the report.

INSPECTION FINDINGS

The service’s Statement of Purpose and Conditions on registration

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’s Statement of Purpose was reviewed prior to the inspection visit. The home care service’s Statement of Purpose continues to reflect the range and nature of services provided to care receivers. The Regulation Officer was satisfied that the management team fully understands their responsibilities in this regard.

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>Upon registration the service was initially registered to provide a maximum of 112 care hours per week. With effect from 26 June 2020, the service is now registered to provide a maximum of 599.5 hours per week to provide personal care and 20 hours per week for nursing care.</p> <p>The age range of care receivers is 18 years and above.</p> <p>The categories of care provided is; Adult 60+, Dementia Care, Physical Disability and/or Sensory Impairment, Learning Disability, Autism, Mental Health, Substance Misuse (drug and/or alcohol), Homelessness and Domestic Violence.</p> <p><u>Discretionary</u></p> <p>Kirstie Greig registered as manager of The Care Hub Jersey Limited must complete a Level 5 Diploma in</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 condition was applied to the Home Care Service on 28 February 2020. The manager advised the Regulation Officer that they will achieve this qualification within the specified timeframe. The Regulation Officer was satisfied that all conditions are currently being met.

Safeguarding (adults)

The Standards for home care 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.
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When interviewing care staff for a role within the service, the care manager and registered manager will explore the person's understanding of safeguarding knowledge and understanding which is one of the key indicators in determining the applicant's suitability to work with vulnerable people.

All staff are provided with safeguarding training and the service has two staff who deliver foundation level training relevant to local procedures. A review of staff files confirmed that safeguarding training had been provided during initial induction and thereafter. Safeguarding training has predominantly been by way of e-learning of late, due to Covid-19 restrictions which the care manager considers to be an interim measure only. The care manager expects to develop safeguarding learning to that of a participatory style, interactive and which will include face to face training where group discussions can revolve around local policy and outcomes from serious case reviews, for example.

The service has a safeguarding policy which is accessible to staff through the staff intranet. The policy provides a clear framework for all staff to refer to in the event of identifying safeguarding concerns and alerting the safeguarding team and police if necessary. The care manager reported having full confidence in staff to be able to recognise and report any concerns or allegations of abuse.

At the time of inspection, the service had not provided any notifications to the Commission although they are fully aware of their responsibility to do so. The service has a system in place to reduce the occurrence of late or missed visits to care receivers. The timings, length of visits and travel times are carefully planned for to ensure appropriate visits are scheduled. It was good to note that as far as possible a small team of care staff are allocated to each care receiver to reduce the risk of them having a visit from someone that they are unfamiliar with.

Complaints

The Standards for home care 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.

There have been no complaints made against the service since it was registered. The service has a complaints policy and procedures in place which set out the actions to be taken about receiving, handling and responding to complaints. At the commencement of each care package, care receivers are provided with a client handbook which identifies how they can raise concerns and complaints. The complaints policy includes contact details of the Commission if a complainant is not satisfied the complaint has been suitably addressed by the service.

Discussion with one representative indicated they had no complaints about the provider although they were confident that any concerns would be addressed appropriately. Part of the quality assurance processes in place include seeking client and representative feedback; the service is focused on listening to care receivers and their representatives. Surveys at routine intervals of care delivery are carried out to seek feedback from care receivers, their representatives and staff as a means of measuring satisfaction with the service.

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

The safe recruitment of staff is an important element of contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider's responsibility to ensure that there are always suitably recruited, trained and experienced staff available to meet the needs of care receivers.

The service has a safe recruitment policy in place which was reviewed during the visit on 5 February 2020 which identifies recruitment and selection procedures and pre-employment checks to be carried out. Six newly recruited staff files were examined during the inspection which showed some inconsistencies in recruitment practices. This was evidenced by cross reference to staffing rosters which showed some staff were rostered to work in advance of all background checks being carried out.

There was one instance in which a criminal record check and previous employer reference was received after the care worker's start date and in another instance, references had not been obtained prior to the worker being supplied. The care manager and registered manager explained there had been difficulties in obtaining references at times, although acknowledged that the approach to safe recruitment cannot be compromised. This is an area for improvement and the care manager provided assurances that this would be addressed straight away as recruitment for additional care staff is ongoing.

The care manager is fully aware of the Standards around staff supervision and explained the plan and schedule in place to ensure all staff receive appropriate supervision. There was evidence of the registered manager and care manager working alongside care staff as part of their induction to assess competency in their role.

The Regulation Officer examined records of the assessment of care staff competencies in fundamental aspects of care; these records were clear and demonstrated that some were completed in response to the care workers' identified learning need. There is also a competency framework relating to safeguarding procedures which assesses staff's understanding of safeguarding concerns and ways of raising concerns.

There was evidence that the service is committed to ongoing training for care staff which includes mandatory subjects and some staff are registered to start vocational training awards in health and social care. The care manager has identified medication administration training as a key area of training and has put plans in place to ensure all staff who are involved in supporting care receivers with their medicines are suitably trained.

All care staff are provided with a portfolio which was reviewed during the visit. It contains information about their role and required Standards, key responsibilities, job description, mandatory training requirements and induction programme. All care staff can access the staff intranet to review policies and procedures although the care manager has recognised that this is an area to be further developed and captured as part of staff supervision arrangements.

Staffing rosters were reviewed and showed care staff are not rostered to work more than 48 hours per week; the rosters were clear in setting out start times of visits and the name of care receivers' staff are assigned to. The rosters confirmed consistency in staffing when planning visits to care receivers and visiting times scheduled with travelling time in between visits.

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 to ensure 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.

At the time of inspection, work was underway to change the system for care planning from a paper format to a digital system. It is intended the digital system will allow care staff to access and update care records which can be printed out and shared with care receivers as necessary. The digital system is fully auditable and will always be accessible to the care manager to review the quality of records and care delivery.

Samples of paper records were reviewed which included assessments and care plans. All care assessments are completed by the care manager which includes an initial holistic assessment which captures an overview of the person's health, social and psychological needs. Evidence based assessment tools are also used to assess risks of skin damage and malnutrition, for example. Where risks were identified there were corresponding care plans to show how risks were minimised.

Personal plans contained appropriate information relating to care receivers' assessed needs and personal preferences of how they want to be supported. It was good to note that the care plans were personalised and that the preferences, choices and views of the care receivers were clearly stated. The plans had very clear, specific information for staff to follow to ensure a consistent standard of care is provided.

Feedback from one care receiver's representative confirmed they see staff completing records during their visit, keep records of food intake and provide nutritional supplements which they explained is part of the care receiver's plan of care following a period of ill health. Other representatives made the following comments:

"I've never had any experience of a service like this before, but I've found them to be very flexible, helpful and responsive to [my relative's] changing needs. They hit the ground running and the carers I've met have been very personable, friendly and they seem to genuinely care for [my relative]. I find the carers skill set is well suited to meet [my relative's] needs and he responds very well to the carers. Anne is very approachable and responsive to my queries".

"They're very good. They've changed the [visit] times to suit me now, the visit at first was too early and they've now made it later which is much better. The staff are lovely they will get you anything you want. I couldn't fault any of them".

"My relative has improved 100% since they started to look after him, he's changed enormously. He couldn't sit up before, now he can and it's lovely to see. I couldn't fault them at all, the majority of time we have the same carers. They are all kind, caring, friendly and they do whatever you ask for".

Monthly quality reports

<p>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.</p>
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The provider monitors the performance of the service by arranging feedback from care receivers, representatives, staff and other health professionals. Arrangements are also made for reviewing the quality of care and level of support provided to people. The care manager described the benefit of having regular oversight of care receivers' needs to ensure they are provided with the right level of care and support.

An example was provided whereby the care manager liaised with other health professionals on the care receiver's behalf to ensure their needs could be fully met.

Quality assurance processes include providing an opportunity for feedback four weeks after the service has commenced. Testimonies provided by two relatives of care receivers confirmed their experiences of collaboration with staff and their involvement in care and support has been very positive.

The quality assurance processes that have been put in need to be improved upon to including reporting on matters to include quality of care and compliance with registration requirements, Standards and Regulations. This is an area for improvement which was discussed during the inspection and the registered manager agreed to start addressing.

IMPROVEMENT PLAN

There were two areas 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 3</p> <p>To be completed by: With immediate effect</p>	<p>The registered provider must ensure that all staff are safely recruited and be able to demonstrate all safer recruitment checks are completed prior to workers commencing employment.</p> <hr/> <p>Response by registered provider:</p> <p>We have strengthened our recruitment processes to ensure all due diligence checks are received in paper format prior to any carer commencing work. This will include carers working in a 'shadowing' role without contact with the client. We will work with other providers to promote inter-agency working and streamline the reference request procedures.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 9</p> <p>To be completed by: 2 months from the date of inspection (23rd August 2020)</p>	<p>The provider has a responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations.</p> <hr/> <p>Response by registered provider:</p> <p>We are working on a quality assurance document which will be populated monthly and submitted as requested for review.</p>

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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