



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Able Community Care Limited**

**Home Care Service**

**Aquarelle  
23 Le Clos Orange  
St Brelade  
JE3 8GU**

**2 July 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 Able Community Care Limited. The service provides live in care workers to look after people in their own homes as an alternative to moving into a care home. Able Community Care Limited does not directly employ care workers; they introduce care workers to care receivers. The service became registered with the Commission on 2 August 2019.

Registered Provider	Able Community Care Limited
Registered Manager	Marie Louise Davis
Regulated Activity	Home Care Service
Conditions of Registration	<p>Maximum number of personal care/ support care hours that can be provided is 2,250 per week.</p> <p>Age range of care receivers is 18 years and above.</p> <p>Category of care is: Adult 60+, Dementia Care, Physical Disability and/or Sensory Impairment, Mental Health, Learning Disability.</p> <p>The Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 2<sup>nd</sup> August 2022.</p> <p>The registered manager must lead and manage the regulated activity in a way that is consistent with the Statement of Purpose.</p> <p>The registered manager will oversee initial assessments and care planning for all future care receivers.</p> <p>The registered manager will review care plans for existing (14) care receivers in Jersey within 3 months of this registration.</p> <p>The registered manager will oversee performance of all staff deployed to Jersey.</p>
Date of Inspection	2 July 2020
Time of Inspection	9.30am – 12 midday
Type of Inspection	Announced

Number of areas for improvement	Three
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The home care service is operated by Able Community Care Limited and the registered manager is Marie Louise Davis.

At the time of this inspection, there were seventeen people receiving care from the service with some referrals for care and support from Social Services pending.

## **SUMMARY OF INSPECTION FINDINGS**

This inspection was announced and was completed on 2 July 2020. The Standards for home care were referenced throughout the inspection.<sup>1</sup> Due to the physical distancing requirements in place due to the Covid-19 pandemic, some slight adjustments were made to the inspection process to minimise face to face contact. The inspection took place at the Commission's offices in St Helier.

The Regulation Officer focussed 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.

Overall, the findings from this inspection were positive, and discussions with care receivers' representatives indicated that their relatives are provided with a quality service which meets their needs. One of the strengths of the service as described by representatives, was consistency in terms of the small numbers of care workers assigned to provide care to their relatives. Care is specifically tailored to meet the needs of care receivers, and provision is made to access other health professionals as and when necessary.

There are governance arrangements in place to ensure the quality of the service is maintained and defined management arrangements in place to ensure care workers arriving from the UK mainland have access to a locally based manager. There are systems in place to allow feedback from care receivers and their representatives about their care experiences.

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

There are safe recruitment procedures in place although no care workers have been recruited to work in Jersey since the service was registered last year. All care workers currently live off island and arrive to provide care and support to allocated individuals for defined periods.

There are three areas for improvement identified from this inspection, one of which relates to strengthening and expanding upon the training programme already in place for care workers. The other is in relation to enhancing opportunities for ongoing discussion between the registered manager and care worker which will allow the registered manager to provide support and review care workers' roles and offer opportunities to reflect on their practice. The third area for improvement relates to strengthening and enhancing the quality assurance processes that are already in place.

The registered manager and care manager who are based in England, acknowledged and responded positively to these areas for improvement. It is encouraging to note that subsequent to the inspection they had already started to address these matters. A timescale of six months from the date of this inspection was agreed to make the necessary improvements.

## **INSPECTION PROCESS**

Prior to our inspection visit, information submitted to the Commission by the service since registration was reviewed. This included any notifications and any changes to the service's Statement of Purpose. The inspection which had originally been scheduled to take place in April 2020, had to be postponed due to Covid-19 restrictions. However, the Regulation Officer spoke with the registered manager on 21 May 2020 to complete a structured interview which examined a range of areas including those addressed during this inspection.

The Regulation Officer sought the views of representatives of people who use the service and spoke with the registered manager. Following the inspection, a discussion was also held with the care manager based in England. Three representatives provided their consent to receive a telephone call and two were spoken with as part of the inspection. No care workers were spoken with as part of this inspection due to Covid-19 restrictions, and the Regulation Officer considered it inappropriate to contact them by telephone outside of their rostered working hours.

During the inspection, records including policies, care records, client handbook, incidents and complaints procedures were examined. At the conclusion of the inspection, the Regulation Officer provided feedback to the registered manager and discussed the findings with the care manager thereafter.

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 attached at the end of the report.

## INSPECTION FINDINGS

### The service's Statement of Purpose and Conditions on registration

The home care service's 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's Statement of Purpose continues to reflect the range and nature of services provided to care receivers. The Regulation Officer was satisfied that the provider / manager 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>Maximum number of personal care/ personal support hours that can be provided is 2,250 per week            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, mental health and learning disability</p> <p><u>Discretionary</u></p> <p>Marie Louise Davis registered as manager of Able Community Care Ltd must complete a Level 5 Diploma in Leadership in Health and Social Care by 2 August 2022.</p> <p>The registered manager must lead and manage the regulated activity in a way which is consistent with the Statement of Purpose.</p> <p>The registered manager will oversee initial assessments and care planning for all future care receivers.</p> <p>The registered manager will review care plans for existing (14) care receivers in Jersey within 3 months of this registration.</p> <p>The registered manager will oversee performance of all staff deployed to Jersey.</p>
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Subsequent to the inspection visit, and following a further review of the conditions applied on registration, the Regulation Officer contacted the provider to discuss removing four of the conditions as above on the basis they have been met. As such the discretionary condition to remain is in relation to the registered manager having to complete a Level 5 Diploma in Health and Social Care. The manager advised they have enrolled on a suitable training course and has made some progress

towards its completion; however, the course has been put on hold slightly due to the impact of Covid-19.

The service's Statement of Purpose is clear in setting out the aims and objectives of the service. It highlights that the service is flexible and adaptable to clients' needs in a caring, efficient and professional manner. Discussion with two care receivers' representatives evidenced the response they had received from the service and from the carers assigned to their relative during the height of Covid-19 lockdown. They described situations where carer workers went above and beyond what may ordinarily be expected of them and that they remained in Jersey beyond their expected timeframe to continue to care and support their relatives.

The representatives explained that, throughout the period of lockdown, care workers provided reassurances and precise information relating to how the service would operate in this period. This was reported to the Regulation Officer as being very positive and that the representative's anxiety was lessened as a result of this proactive response.

Other positive feedback included that a carer remained in Jersey for three months following the commencement of the lockdown and that this was, 'absolutely terrific' and, 'marvellous', in ensuring that a care receiver benefitted from continuity of care.

The registered manager declined to assess prospective new care receivers that had been referred to the service during the height of Covid-19 lockdown in recognition that there may not have been enough care workers available to provide live in care, as set out in the Statement of Purpose.

The Regulation Officer was satisfied that all conditions are currently being met.

### **Safeguarding (adults)**

<p>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.</p>
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The Regulation Officer noticed that the care workers were expected to complete initial training and refresh their knowledge in relation to safeguarding on an annual basis. It is seen as a key requirement to maintain their role in being able to provide care to vulnerable groups of care receivers. All care workers currently complete their training which is predominantly based on protocols and procedures in other parts of the British Isles and not in line with local foundation level training. Further to the telephone discussion on 21 May 2020, the registered manager reviewed the existing training provided to care workers and was looking to address ways in which they can access local safeguarding training. It is encouraging to note, that since that time some care workers have already been provided with this type of training.

The care manager advised the Regulation Officer that the service's safeguarding policy is to be revisited to include reference to Jersey-based safeguarding protocols which will be made available to all care workers who are supplied to work in Jersey. Care workers are expected to follow the service's procedure by reporting any concerns to the registered manager, care manager or on call manager who will then report through the appropriate channels.

There have been no safeguarding alerts raised since the service was registered in August 2019. The registered manager is fully aware of safeguarding responsibilities and part of her role is to meet regularly with care receivers to discuss how their safety is maintained. This allows them an opportunity to disclose anything of concern. In addition, the client handbook contains the service's policy and procedures around safeguarding, and clients are made aware of what constitutes abusive practices.

The registered manager is confident that care workers are aware that any allegations of poor practice or untoward events will be fully investigated. Feedback from care receivers or their representatives is sought by the registered manager to allow opportunities to discuss aspects of care they may not be happy with.

Responses from two care receiver's representatives confirmed confidence in care workers being able to recognise changes and reporting any concerns to them at the earliest opportunity. They reported that carers keep them up to date and are vigilant in noticing seemingly small changes in a care receiver's presentation. In reporting such changes to care receivers' family members/representatives, this enables medical attention to be sought promptly. The overall effect of this way of working is that there is confidence in the service, with care receivers' representatives feeling assured that any concerns will be reported and acted upon.

## **Complaints**

<p>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.</p>
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Care receivers are informed of the service's complaints procedure by referring to the handbook that they are provided with once the service commences. Contact details of both the registered manager and care manager are provided to care receivers and their representatives. There have been no complaints made to the service since registration in 2019 that have warranted formal investigation.

The registered manager routinely seeks feedback from care receivers about their experiences of care workers and how their personal care and home has been cared for. If a care receiver provides a negative overview of the care worker and their expectations have not been met, then the care worker is removed from the placement and not scheduled to return.

Comments from representatives confirmed having confidence that any concerns or complaints would be dealt with appropriately. Comments included that representatives feel assured that any deficit in the standard of care are dealt with quickly and thoroughly. One person commented that the staff are, 'proactive on health and safety', and that they always provide an immediate response whenever an issue is raised.

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

<p>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.</p>
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The service has a robust recruitment process in place which requires all background checks to be completed before care workers are introduced to care receivers. As a minimum, a completed and detailed employment history is required which must demonstrate the care worker has had a minimum of one years' care experience. Applicants are invited for a face to face interview and no interviews are held over the telephone or through remote technology, however due to Covid-19 some adjustments to usual procedures have been necessary. References are taken up by the service from the applicant's previous employers and enhanced criminal records checks obtained in advance of having contact with care receivers.

In order for care workers to remain on the register and be eligible to work for the service, they must agree to regular criminal records checks, provide ongoing confirmation of their valid driving licence and demonstrate they have their own public liability and personal accident insurance in place. No care workers have been recruited to work in Jersey since the service was registered last year. The registered manager issues care workers with a copy of the Government of Jersey Code of Practice for health support workers.

Typically, one care worker will be allocated to each care receiver although when necessary, two workers may be deployed at any one time. They are matched with care receivers based upon their skill set and personal interests and feedback is always sought by the registered manager about care receivers' experiences of their allocated carer.

Care workers always have access to on-call systems and in addition to the registered manager, they can contact other managers for advice any time outside of everyday working hours.

Care workers are expected to take responsibility to complete and update their own training and they can access verified and accredited training courses in various subjects such as first aid, health and safety, manual handling and so on. Discussion with the registered manager highlighted that care workers will be prevented from work opportunities if they cannot demonstrate they have maintained and updated their skills and knowledge in mandatory subjects.



Discussions relating to a recent episode where end of life care was provided to one care receiver found the approach to end of life care involved a range of professional agencies working together to provide the best possible care before death. The discussion around this experience found that care workers are not normally provided with training in relation to end of life care. The Standards suggest end of life care training should be provided based upon the needs of individuals being cared for.

The registered manager and care manager agreed it would be of great benefit for care workers to increase their awareness and understanding of end of life care provision. It is positive to note that after the inspection the registered manager has contacted the nurse champion from Hospice to discuss training options.

Through discussions regarding staff training, it was also noted the registered manager, since taking up their position, has implemented a safer system for care workers to record the administration of medicines to care receivers. Additional processes for the storage of and recording of controlled medicines are also to be implemented where care workers provide such support to care receivers. The registered manager has identified that this is an important aspect of medicine management.

Care workers are not routinely provided with formal training in medication administration nor is their competence to administer medications assessed. This is an area for improvement as the Standards require that the administration of medicines is undertaken by trained and competent care staff and the registered manager must ensure appropriate training will be provided. Both the registered manager and care manager have responded positively to ensuring care workers are provided with formal medication training and will start to address this area for improvement.

It was also identified that care workers have an awareness and understanding of mental capacity and of Deprivation of Liberty Safeguards (DOLS). However, though this is relevant to procedures in England and Wales, the law and processes in Jersey relating to this area, are different. Care workers working in Jersey should have an awareness and understanding of capacity and the application of Significant Restrictions upon Liberty (SRoL), in a local context. The provider's review of training for care workers working in Jersey should consider local legislation and protocols.

The provision of opportunities for care workers to reflect on their practice is outlined in the Standards, and care workers should have regular opportunities to discuss their roles and be provided with support to share any issues or concerns. It was noted that the registered manager, when holding regular reviews with care receivers, obtains feedback about their care workers and will address any issues that may arise from such discussions accordingly. The process of the registered manager providing support to care workers and allowing opportunities to reflect upon their roles was discussed during the inspection and recognised by the registered and care manager as an area for improvement.

The Statement of Purpose refers to limitations of the service in terms of being unable to provide nursing care to care receivers. In the event of any care receiver requiring specialist support or care, referrals to allied health professionals would be initiated. Care workers do not ordinarily undertake any delegated nursing tasks and interventions such as the administration of insulin medication and such responsibilities would lie with the community nursing team.

Feedback from representatives of care receivers was complimentary about care staff's understanding and knowledge of their relatives and one relative commented that carers keep them up to date and both notice and report seemingly small changes in a care receiver's presentation. This enables medical input to be sourced promptly.

### **Care planning**

<p>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.</p>
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The registered manager carries out an initial assessment of need for all prospective care receivers which includes a face to face meeting to establish and identify what level and type of support is required. Thereafter, the registered manager develops baseline personal plans based on daily activities within a framework of individualised support plans.

Care receivers and their representatives are involved in the initial assessment and care planning and review process thereafter. Samples of personal plans showed them to be very detailed to include information about their health, social situation and environmental provisions. One plan referred to type of handling equipment in use, the arrangements for servicing and the safe working load of the equipment.

The Statement of Purpose makes reference to ongoing review of care needs through discussion with care receivers / their representatives to involve them in the process of review. Feedback from representatives confirmed that they are involved in developing and reviewing care plans. Comments included that, the manager in Jersey provides input in ensuring that care plans are of a good quality; that families and carers jointly produce the care plans and that records and carer diaries are kept up to date.

Records remain in the care receivers' home and are stored safely. Records relating to fundamental aspects of care and support such as nutrition and hydration, personal hygiene, elimination and general wellbeing are maintained each day by care staff.

## 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 assurance of on-going quality and care receiver satisfaction is identified through regular review and discussion with the registered manager and care receivers/ their representatives. Additionally, the registered manager ensures that the standards of hygiene and cleanliness, food supplies and storage in care receivers' own homes, and staff dress code is subject to review on an ongoing basis. The outcome of manager review visits, which can sometimes be unannounced, are shared with family members.

Whilst the provider already has some governance arrangements in place, the registered manager and care manager are keen to further strengthen the approach to quality assurance. This is an area for improvement which was discussed with the registered manager and care manager and reference made to the Commission's template that may be used to support a systematic and structured review of key areas. The care manager highlighted ways in which the service aims to continue to assess their standards which will include gathering information from many sources and developing a feedback system that allows for improvements to occur.

## IMPROVEMENT PLAN

There were three areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 3.11</p> <p><b>To be completed by:</b> 6 months from the date of inspection (2 January 2021).</p>	<p>The provider must ensure care workers are provided with training and knowledge based upon the needs of care receivers and be relevant to local legislation and procedures.</p> <hr/> <p><b>Response by registered provider:</b>  All care workers have certificated knowledge and a minimum of 1 year's care experience when registered with ACC. They are required to refresh their skills on an annual basis in line with our carer registration policy. In order to meet identified improvement carers taking placements on Jersey will be required to have formal training in the administration of medication within 12 months.</p> <p>Our Registered Manager will facilitate support to all care workers in respect to local legislation and procedures to include end of life care.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 3.14</p> <p><b>To be completed by:</b> 3 months from the date of inspection (2 October 2020).</p>	<p>The provider must arrange for ways to monitor, review, and obtain feedback of care workers performance and allow opportunities for them to discuss their roles.</p> <hr/> <p><b>Response by registered provider:</b>  We will be introducing by 30/09/20 a new document supporting and recording a full review of our client's needs and requirements and will be completed every three months. This will include discussions with all parties including feedback to the carer on area of positivity and areas of concern which need to be addressed.</p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 9.2</p> <p><b>To be completed by:</b> 3 months from the date of inspection (2 October 2020).</p>	<p>The provider must arrange for quality assurance processes to be strengthened to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations.</p> <hr/> <p><b>Response by registered provider:</b>  Introduction of a new document by 30/09/20 recording the monthly overview of the clients care plan management, identifying area of immediate concern and action or feedback to be shared at the 3 monthly 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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