



**Jersey Care
Commission**

INSPECTION REPORT

**Independent Living Consultants
Home Care Service**

**Suite 12, 1st Floor, Bourne House,
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16 September 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

Independent Living Consultants are a home care provider established in 2006 to provide fully managed companionship, in-home care and support worker services. There are a variety of referral pathways to access the service, but which primarily will be privately funded. The provider was first registered with the Commission on 15 July 2019.

Registered Provider	Independent Living Consultants
Registered Manager	Verity Boak
Regulated Activity	Home Care Service
Conditions of Registration	Maximum number of personal care/ support care hours that can be provided is 600 per week Age range of care receivers is: any Category of care is: Old Age, Dementia Care, Physical Disability, Learning Disability, Children, Brain Injury
Date of Inspection	16 September 2020
Time of Inspection	10.30 am – 1.30 pm
Type of Inspection	Announced
Number of areas for improvement	One

The home care provider is operated by Independent Living Consultants and the registered manager is Verity Boak. At the time of this inspection, there were twelve people receiving care/support from the provider.

SUMMARY OF INSPECTION FINDINGS

This inspection was undertaken over the course of three hours by one Regulation Officer and took place in the provider's office and was announced one week in

advance. The Standards¹ were referenced throughout the inspection and the Regulation Officer focussed on the following areas:

- 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.

Due to the Covid-19 situation, this inspection was announced and undertaken with no opportunity for meeting face to face with any care receivers in accordance with infection prevention and control measures. However, this did not prevent direct contact being made by telephone calls with some care receivers, relatives, and other agencies. This provided useful feedback about the service.

Noted from the feedback received were numerous examples of professionalism and proactive engagement in support of care receivers. Alongside this, the additional support provided to relatives not located locally during this challenging period reflected a holistic approach to family which was much appreciated by the recipients. This was stated consistently by those contacted who expressed their very positive regard and praise for the manager and whole team.

The opportunity was taken to review all aspects of how the service operates from discussion with the registered manager and office manager alongside a review of the systems which are overseen and administered from the office. Overall, the findings from this inspection were positive and provided good evidence and explanations of the provision and function of support packages. These were reflective of the provider's Statement of Purpose, aims and objectives alongside their underlying ethos and philosophy of care.

The Regulation Officer was satisfied that the care provided is consistent with the statement of purpose and mandatory conditions of registration and that the standards of care were being appropriately met.

The provider utilises an electronic recording system. In the event of any untoward incident, such as missed visits or a care receiver requiring an increased level of support, this system enables review and action to be initiated in real time.

The registered manager has previous experience as a safeguarding trainer so will take a primary role in delivering safeguarding training with their team. This can be face to face which allows for case studies and advice to be given about best practice.

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

The provider maintains a complaints policy and procedure. Staff are required to follow this to ensure that any complaints (which may be received from care receivers, relatives or other agencies), are responded to in a timely manner.

Safe recruitment and staffing arrangements were reviewed and there was good evidence of the principles and best practice which is followed for new employees. The records evidenced that all necessary checks are on file before the staff member commences their duties and new staff are provided with a supportive package of induction. There is only a small team to provide the care packages and which promotes a good level of communication when coordinating all care packages.

The electronic care recording system facilitates the provision of a high standard in the monitoring and reviewing the care which is delivered. The system also promotes openness and transparency in that care receivers and their relatives can refer to care documentation (within the confines of data protection principles). This system also promotes a very efficient and proactive approach to review, evaluation and care planning.

Although the provider was able to demonstrate numerous audit methodologies and data recorded for all activities this information had not been collated into a monthly report which would provide assurance that the service is operating in accordance with the Standards and regulations. This is an area for improvement. This is necessary to map such information over the course of a year aligned with the Care Standards. This was agreed as an area for improvement. However, the existing systems are likely to ensure that this is relatively easy to implement

INSPECTION PROCESS

Prior to the 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, for example changes to operational capacity.

Due to the Covid-19 situation, this inspection was announced and undertaken in accordance with infection prevention and control measures. This meant no requests to meet with any care receivers were initiated on this occasion. However, contact details were obtained from the provider to enable some direct contact and enquiries to be made.

Two care receivers, one relative and a court appointed delegate for one care receiver were all contacted following the office visit to gather some feedback about their different perspectives of how the provider operates.

The visit commenced at 10.30 with some discussion with the registered manager and the office manager about the staffing arrangements and the allocation of roles and responsibilities. This discussion also referenced the contact maintained with the Commission during the Covid-19 situation, some of which had been initiated by the provider on a few occasions about some challenging practice issues.

The ways of working which the provider uses to meet individual care packages were explored and with particular reference to nominated roles and responsibilities of different members of the team. This helped to establish the process followed and implemented for how care receivers' needs will be assessed, planned and reviewed. It also established which key personnel would be identifiable and accountable in respect of these roles.

An overview of current care receivers' general needs, care packages and how these are delivered in practice was identified from discussion, case summaries and reference to some sample care records. Times allocated to episodes of care were discussed relating to the Statement of Purpose and the flexible approach the provider uses to best support the needs and requirements of care receivers.

Areas of challenging work were also explored with the managers and specifically with engagement with other agencies or referral sources to evidence best practice that is followed where care needs may be more complex.

Examples of how care is monitored and recorded were established from an overview of the electronic care recording system and the alignment of systems that also incorporate work planning for individual staff. This provided an opportunity to gather some good evidence of what quality assurance principles are in place to safeguard and monitor care delivery.

An audit of three care records was undertaken from review of the electronic system. It was also clarified at this time what protocols are followed by staff utilising this model when carrying out their work in the community. This review of care records was supplemented by follow up discussions with two care receivers, one relative and one court appointed Delegate administering one client's care package.

A review of the staff personnel file of the most recently recruited member was undertaken and it was noted the team is otherwise relatively long established in their different posts. The Regulation Officer was provided with sight of background checks including references and routine Disclosure and Barring Service (DBS) criminal records checks which had been undertaken in respect of one member of staff.

A review of audit processes in place that address quality assurance principles was discussed in general terms with some examples of data collection and logs also made available.

At the conclusion of the inspection visit (which was approximately three hours in duration), feedback was provided about the initial findings and one area for improvement confirmed at that time. Contact information as requested was provided for follow up and that would further inform the inspection process, this was completed within two weeks of the office inspection.

INSPECTION FINDINGS

The service's Statement of Purpose and conditions on registration

The Care Home'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'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.

Independent Living Consultants is, as part of the registration process, subject to the following mandatory conditions:

Conditions of Registration	<u>Mandatory</u> Type of Care: personal care/personal support Category of care is: Old Age, Dementia Care, Physical Disability, Learning Disability, Children, Brain Injury Maximum number of personal care/ support care hours that can be provided is 600 per week Age range of care receivers is: any
	<u>Discretionary</u> The Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 27 June 2022.

Through discussion with the registered manager, the areas of practice overseen by them, the office manager and a senior member of the team were identified and demonstrated clear lines of accountability and responsibility. This was also evident from the systems included in the operational policy and procedures which allow for information sharing between the manager and staff.

Information packs will be made available to prospective care receivers and their families and with sensitivity to what amount of information will be necessary, helpful and less onerous to review. Where practical, information may be conveyed in other languages also. This provided evidence of good application of the care standards relating to ensuring that information shared with care receivers about care to be provided is understandable

The essence of how the provider may support care receivers to maintain activities and independence was well demonstrated from the packages of care being provided. The variety of approaches and times apportioned to clients with minimum two hours' contact being the main period of engagement were reflective of the statement of purpose and conditions of registration.

One example referred to by the management team and then reviewed from the care record of an individual demonstrated the flexible but consistent approach to

maintaining adequate contact and support. A care receiver whose presentation may vary on a day to day basis was sometimes limiting the engagement opportunities for care staff. There was nonetheless completed records of the various approaches and time spent to promote an adequate and helpful level of support and review.

It was noted from the review of the service's electronic record systems (Yammer and Nurse Buddy), that the real time feedback facilitates timely information sharing between care staff and the management team. This system thereby promoting a very good level of review and adjustment to care if so indicated and with a supportive managerial oversight therefore also in place for all care packages.

Reference was made to the Covid-19 lockdown situation and to the contact initiated by the provider with the Commission on a few occasions during a very challenging time when working to support care receivers in the community. From this, it was noted that the advice requested had been implemented and a range of positive actions had been taken by the provider to ensure all care receivers would be adequately supported when other resources were severely restricted. This for example where accessibility for care receivers to services as nursing care or medical review was more limited during this period.

Complaints and responses were discussed. A recent example was given which demonstrated a good system of governance in place that should lead to responding to such matters in a proportionate and timely manner. This example also provided evidence of the provider utilising forums such as Facetime to facilitate the inclusion of the family and care receiver when resolving the issue brought to their attention.

It was clarified that the systematic approach which is taken to check and review care which is as a minimum three monthly. However, often this will be of a shorter duration in accordance with any changes to individual presentations or need. These reviews are undertaken by the senior management team and with information sharing and records easily accessible to generate all such reviews.

Testimony received directly by the Regulation Officer, as highlighted later in this report, provided further confirmation of the findings established from the discussion and review of records that took place during the inspection.

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

Safeguarding (adults and children)

The Standards for care homes 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 Regulation Officer discussed the safeguarding arrangements with the management during the inspection. Reference was made to good practice and specifically about the provider's approach to training around this subject and for

which the registered manager is an accredited trainer. This allows for face to face training to be delivered at least annually to all the team and where case studies or real practice issues can be used to enhance learning over the course of the year.

New employees receive this training as part of their induction. There is regular supervision to provide opportunity for discussion about any concerns that may arise from contacts with care receivers. This may be about their presentation or from any information that may come to the attention of staff also.

The team also benefits from being small in number which promotes a good standard of communication and where all can reference up to date care records and updates. This promotes the most relevant care delivery if needs change. Where concerns become apparent these will be highlighted within the electronic system that can be addressed promptly.

There have been no safeguarding referrals or investigations recently undertaken relating to the provider's service or requiring any review at this inspection. Systems in place nonetheless evidenced a good level of transparency and oversight for any such issues if occurring.

Complaints

The Standards for care homes 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.

From engagement with care receivers, relatives and other agency as part of this inspection process there were no complaints raised and the Regulation Officer was satisfied that all parties were aware of how to make a complaint.

It was nonetheless confirmed from discussion with the management team that there are appropriate channels of communication in place to identify any complaints or concerns from relevant parties. One recent example was discussed, and which highlighted the expected systems in place to field, investigate and respond to complainants in a timely manner.

The complaints policy was examined, and the Regulation Officer noted that the service had addressed a recent complaint in accordance with the timescale set out in the policy. It was noted from the discussion with the manager that a measured response to complaints is taken and is based on context and circumstances; where necessary this may require more detailed investigation

There is a systematic approach to recording and filing of complaints. Relevant parties as care receivers, relatives and/or other agencies will be advised of the process and any conclusions or actions that may arise from this. This was clearly and satisfactorily demonstrated from the recent complaint reviewed.

There were no active complaints noted during this inspection from any care receiver and the feedback received from those spoken with was of the most positive experience of care received. A sample of feedback as received during this inspection process is provided below.

“The care is very good indeed, the staff are most efficient and I have some staff that look after me, two or four regular ones”

“There is good communication and I have no complaints but would speak with Xxx if I did”

“They are absolutely fantastic, extremely professional and they are proactive with helping me. Very personal, warm and professional, I think they are the tops”

“I can’t praise them enough; they are like a replacement family for us and without ILC Xxx would not have been able to live on Xxx own”

“We receive updates regularly, xxx accompanies Xxx to all appointments and they are very reactive to what we might need”

“ILC's conduct has been extremely professional and their care has been faultless. Not only do they do everything possible to make our client as comfortable and content as possible, they are also proactive in looking for solutions to stimulate and occupy.....ILC are quick to inform us if they have any concerns for our client or of any changes in our client's requirements”.

“our client is living as comfortably as possible thanks to ILC's superb level of care and overall professionalism”

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>

The Regulation Officer reviewed one Human Resources (HR) records and clarified the approach to safe recruitment that is taken when employing new staff. However, at this time it was acknowledged the very well established and relatively small staff team and with limited recruitment of new staff necessary.

Best practice was demonstrated from review of references obtained alongside DBS and with an appropriate induction period provided for a new member of the team. Supplementary phone contacts had also been made to substantiate and clarify suitability for employment.

The training plans and attendance records were viewed for seven members of the team and it was noted that the subjects covered were in accordance with mandatory training requirements.

It was noted from a review of the qualifications of the team that the registered manager remains subject to a discretionary condition that requires Level 5 Diploma in Leadership in Health and Social Care to be obtained by June 2022. The Regulation Officer was advised that with recent restrictions, progress towards obtaining this qualification has been limited however it is expected that the qualification will be obtained in due course.

The composition of the team incorporates a number of experienced Healthcare Professionals as former nurses for example which provides for a well-balanced and skilled team to support care receivers. In addition, some of the care staff are noted to have range of care certificates from level 2 to CMI Award in Management and Leadership.

The training and development of staff has been maintained throughout the Covid-19 albeit some reliance or use of online forums has been necessary to cover a range of topics where physical distancing has been required.

The provider also promotes up to date learning by prompting staff to refer to a reading list. This is signed off on completion through the online system used. This encourages learning and the development of skills applicable to meeting the range of needs of care receivers.

The Regulation Officer examined samples of the staff roster and was satisfied that there are adequate staff employed to support the categories of care that may be provided. There is a comprehensive and flexible on-call system for duty which will address any untoward events (such as unexpected sickness), in a timely and safe way with systems clearly identified for this purpose.

Staff have access to supervision they require which is also provided routinely. Observation of practice and feedback from care receivers is also part of ongoing quality assurance for staff performance.

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.

A sample of three care folders was reviewed by the Regulation Officer. The care records reflected a range of assessed needs and care planning in relation to the Statement of Purpose. They also demonstrated the levels of support which are provided that aim to promote and maintain maximum independence of care receivers.

It was noted from this review that a person-centred approach is taken and that care packages which are provided have a clearly defined visit schedule which was outlined in the duty planner/staff rosters.

For one care receiver, their activity and a typical day was recorded, and this was seen to be helpful for reference, measurable and auditable. Assessment dates and review dates to be met thereafter were clearly recorded but which will be brought forward if altered presentation of care receiver is noted and evidence of this was seen in the records.

One care receiver's risk assessment records were examined. The Regulation Officer noted that these are uploaded on the Yammer system for all staff to sign off when read and that the system prompts staff to complete this.

The presentation of a care receiver was discussed in detail with reference to their complex needs and inconsistent engagement with carers on a day to day basis. Noted from the records was the effort, time and consistent approach that is taken by all care staff to nonetheless ensure that a level of support is provided. This is accurately recorded by timeline which is monitored by the management team.

One care receiver has a court-appointed delegate who oversees administration of the care package. There are very clear auditable records kept on file which are accessible to relevant parties, evidence a transparent approach to care delivery and review.

Monthly quality reports

<p>The quality of care provision 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>

The provider has procedures in place that relate to quality assurance checks and review, this for example with staffing levels and rosters, call log and times spent with care receivers and complaints log.

However, it was highlighted that the provider's systems of audit do not include the compilation of a monthly report that would provide regular assurance as to the quality of services provided.

The Regulation Officer discussed the principles and process that should be followed to incorporate a relatively independent review system that addresses the Home Care Standards. The Regulation Officer advised this should be prioritised and for identified personnel other than the manager to be given this responsibility. The manager should remain accountable in addressing any actions that may arise from the monthly audit, the records of which will be retained for reference and inspection.

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>To be completed by: 2 months from the date of inspection (16 November 2020).</p>	<p>The quality of services provided should be kept under regular review. 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. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.</p>
	<p>Response by registered provider: We have finalised the format for our monthly report and identified the person who will do this for us. We have discussed how these will be evaluated during monthly management meetings to help focus on care quality and compliance, standards and regulations to ensure that we are continually reviewing our methods and practice and providing excellent client care.</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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