



**Jersey Care
Commission**

INSPECTION REPORT

**Complete Individual (CI)
Home Care Service**

**Suite 3 Longueville Business Centre,
Longueville Road, St Saviour JE2 7SA**

20 November 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 Complete Individual Home Care which is also known as 'CI Home Care'. The service's office is in St Saviour and the care is provided island-wide.

The service became registered with the Commission on 2 October 2019.

Registered Provider	Evergreen Home Care Services Limited (also known as Complete Individual (CI) Home Care)
Registered Manager	Nicola Heath
Regulated Activity	Home Care Service
Conditions of Registration	<u>Mandatory</u> Medium Plus (660 to 2250 care hours per week) Categories of care: Old Age; Dementia Care; Physical Disability; Mental Health. Age range: 18 and over but predominantly elderly. No discretionary conditions.
Dates of Inspection	20 November 2020
Times of Inspection	9.30am to 1.30pm
Type of Inspection	Announced
Number of areas for improvement	None

The Home Care Service is operated by Helen O'Meara, Director of Evergreen Home Care Ltd, also known as Complete Individual Home Care or 'CI Home Care'. The registered manager is Nicola Heath.

At the time of this inspection, there were 66 people receiving care from the service.

SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was completed on 20 November 2020. The Home Care Standards were referenced throughout the inspection.¹

The Regulation Officer 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 which takes their wishes and preferences into account.

The Regulation Officer's discussions with the manager, a social worker and a relative as well a review of records, each provided evidence that CI Home Care provide bespoke packages of care and that care receivers are matched appropriately with care staff. This is an area of good practice.

The records document that the effectiveness of safeguarding training is regularly reviewed in team meeting discussions, through supervision and through the undertaking of practice observations (spot checks). A robust system of incident reporting to senior carers and managers is in place. This resulted in three notifications to the Commission in the past 12 months. These have been dealt with appropriately and the learning from two of the incidents has resulted in actions to improve the service. The Regulation Officer was satisfied that the Standard is met.

There is a written complaints procedure and complaint form for care receivers and their families which is made available and discussed at the start of care provision and is kept as part of the care record at each care receiver's homes. The Regulation Officer was satisfied that the Standard is met.

The service's arrangements for recruiting staff were satisfactory, and managers were able to evidence the checks which are undertaken before new staff commence work with care receivers on their own. Care records which were reviewed demonstrated that staffing numbers were adequate, and that staff were appropriately deployed within the service.

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

The files also contained records of all the necessary training with copies of training award certificates.

Some training is delivered in-house and other training is provided by external organisations. For new staff, the organisation has an induction programme which must be completed prior to new staff members being able to work independently. This involves a process of shadowing of a senior staff member and supervision/competency review meetings prior to final sign off by the manager. The Regulation Officer was satisfied that the Standard was well met, and that staffing and safe recruitment was an area of good practice.

The records also document the specific details of individual care needs, and of the support which is provided. Documentation includes the outcome of mental health risk assessments, nutrition assessments, continence assessments, activity assessments, and moving and handling assessments. For each care receiver there is a signed Service User Agreement. The care plans examined were detailed and evidenced the regular review of their implementation. The Regulation Officer was satisfied that the Standard is met.

There are systems in place to monitor the quality of service provision and the Regulation Officer reviewed monthly reports which had been completed throughout 2020.

It was evident that there is a commitment to putting in place a robust system for monitoring the quality of services which are provided.

INSPECTION PROCESS

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

During the inspection, records including policies, care records, incidents and complaints were examined. The Regulation Officer visited the service office to talk to the registered manager and another senior manager from within the organisation.

As a result of the Covid-19 concerns, the office was closed and it was not possible to speak to other staff members during the inspection. However, two relatives of care receiver were spoken with on the telephone, and the views of professionals (social workers) were also obtained.

At the conclusion of the inspection, the Regulation Officer provided feedback to the registered manager.

This report sets out the findings of the inspection and includes areas of good practice which were identified.

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.

CI Home Care's Statement of Purpose continues to reflect the range and nature of services which are provided to care receivers. The Regulation Officer was satisfied that the provider and manager fully understood their responsibilities in this regard.

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

Conditions of Registration	<u>Mandatory</u> The registered manager is Nicola Heath The maximum number of care hours to be provided each week is: Medium Plus (600 – 2250 care hours per week) Categories of care: Old age; Dementia care; Physical disability; Learning disability; Mental health.
	<u>Discretionary</u> None

A discussion with the managers and an examination of records each provided confirmation that these conditions on registration were being fully complied with and will remain unchanged.

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

The registered manager informed the Regulation Officer that during the week immediately prior to the inspection, the service had provided 907 hours of care, and that the average number is 800 - 900 hours per week, including up to six live-in care packages.

During the Covid-19 lockdown period (March to June 2020), there was some variation in the hours of support which were provided. For example, some care receivers and their families requested less hours, whereas others requested additional support. However, the number of care receivers and the number of hours did not change throughout this period.

The provider advised the Regulation Officer of plans to increase the home care service to 1000 hours, including up to 10 live-in care packages however the Covid-19 pandemic has impacted on this development.

Most of the care packages (approximately 60%), are private arrangements, some of which have been arranged following recommendations. For example, one care receiver informed the Regulation Officer that he had recommended the service to a friend. The remaining care packages are commissioned by Adult Social Services following a formal assessment of need.

The Regulation Officer's discussions with the manager, a social worker and a relative as well a review of records, each provided evidence that CI Home Care provide bespoke packages of care. These packages of care are arranged following an assessment of the needs and preferences of care receivers and include matching care staff with individual care receivers. This is an area of good practice.

Safeguarding (adults and children)

The Standards for Home Care Services 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 was provided with evidence of up-to-date safeguarding policies and procedures. The managers were familiar with the content of the service's safeguarding arrangements and could describe these.

Additionally, the managers were able to describe possible signs of self-neglect and abuse. The Regulation Officer was confident that, although no safeguarding alerts had been necessary over the course of the previous 12 months, such alerts would be made if necessary.

CI Home Care use an electronic recording and scheduling system called 'CarelineLive' which uses Google maps to support care staff to find addresses, and to enable managers to track care staff between visits. CarelineLive supports the effective monitoring of missed or late visits and alerts management to these in a timely manner.

It was also acknowledged that older adults are at higher risk of developing pressure injuries due to skin integrity deteriorating over time. In this regard, CI Home Care demonstrated that they work closely with District Nursing.

The Regulation Officer reviewed various staff recruitment files and training files. These provided evidence that CI Home Care's induction programme includes enrolment on the Care Academy's Care Certificate and Level 2 and 3 QCF award courses when this is appropriate. The records documented that the effectiveness of safeguarding training is reviewed during team meeting discussions, in staff supervision and through practice observations (spot checks).

A robust system of incident reporting to senior carers and managers is in place. This resulted in three notifications being made to the Commission over the course of the

past 12 months. These have been dealt with appropriately and the learning from two of the incidents has resulted in actions to improve the service.

The Regulation Officer was satisfied that the Standard is met.

Complaints

The Standards for Home Care Services set out 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.

The staff handbook states that complaints and compliments are the basic means that a service user has of expressing satisfaction or dissatisfaction with the services provided. CI Home Care staff have daily contact with care receivers. As such, CI Home Care managers expect that care staff will feed back any written or verbal concerns or complaints to managers in order that these can be reviewed and acted on accordingly.

There is a written complaints procedure and complaint form for care receivers and their families to refer to and use. These are made available and discussed when a package of care commences and is maintained as part of the care record at each care receiver's homes.

A complaints and compliments register is kept at the service's office. The Regulation Officer examined the records relating to six complaints (four from 2019 and two from 2020). In each case, it was evident that appropriate investigations had taken place and that the outcomes were communicated to the care receiver and their family members accordingly. Each complainant received a formal acknowledgement letter when their complaint was received and a final response letter once the investigation was concluded.

The Regulation Officer was satisfied that the Standard is met.

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

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 to ensure that there are always suitably recruited, trained and experienced staff available to meet the needs of care receivers.

The service has a policy and a set of procedures for safe recruitment which is in accordance with the Standards and Regulations.

The managers who were interviewed during the inspection process, demonstrated a commitment to safe recruitment and were able to describe practice and outcomes to evidence this. The Regulation Officer reviewed three staff files.

Each file included a recruitment checklist. There was a formal application form and a record of the interview questions and responses. Applicants provide the details of two referees and fill out a pre-employment medical questionnaire. The offer letter is not sent until screening checks are completed. A contract of employment is issued thereafter.

The files also contained records of all necessary training with copies of training award certificates. Some training is delivered in-house and other training is provided by external organisations. For new staff, the organisation has an induction programme which must be completed prior to them being able to work independently. This involves a process of shadowing a senior staff member and monthly supervision/competency review meetings to review the necessary training areas, before final sign off by a manager.

The staff files also contain the continuing supervision/competency reviews undertaken every three months, together with the results of four unannounced audits (spot checks) each year.

The managers advised the Regulation Officer that any applicants that were unable to demonstrate appropriate values and skills are declined after interview. It was also explained that any episodes of poor performance, though rare, could and have resulted in disciplinary action.

The Regulation Officer was satisfied that the Standard was well met, and that staffing and safe recruitment was an area of good practice.

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 service has a referral policy and arrangements for obtaining information (including assessments of need and preference), relating to prospective care receivers.

Referrals for new private care packages mostly arise from recommendations from other care receivers and their families. In relation to referrals from Adult Social Care, CI Home Care discusses the care needs of potential care receivers with the referring social worker in order to determine whether a care package can be provided.

CI Home Care specialises in providing bespoke care packages. It endeavours to match care receivers appropriately with care staff and to provide continuity of care, ensuring as far as possible that care receivers receive support from the same care staff. The Regulation Officer saw evidence of this in the care records and this was further confirmed in a discussion with two representatives of care receivers.

The CarelineLive system is used to record the timing and duration of visits and enables managers to track care staff between visits.

CI Home Care also use a “paper” system to store records. In order to protect care receivers’ privacy, an unlabelled folder is discreetly maintained at each care receiver’s home, in a place of the care receiver’s or their family’s choosing. Care records are returned to the office at the end of each month using a secure box for travel.

Other folders at the office are used to store daily care monitoring sheets and the enquiry, initial assessment, and the identified support needs.

The Regulation Officer read all the folders relating to three care receivers. Typically, the agreed care/support plan is to maintain a care receiver’s privacy and dignity in their own home, and to promote the person’s independence as much as possible and for as long as possible whilst also ensuring that their safety is paramount.

The records also include the specific details of care and support provision including the outcomes of assessments relating to areas of need such as, mental health, nutrition, continence, activity and moving and handling. Risk assessments associated with these and other areas are also included.

For each care receiver there is a signed Service User Agreement.

The managers who were interviewed as part of the inspection, reported good relationships with the social workers allocated to care receivers. The Regulation Officer contacted one social worker who confirmed that CI Home Care communicated well with professionals and with care receivers and their families, and that the service provides good levels of care.

The care plans which were reviewed, provided clear descriptions of care provision to staff in relation to a variety of personal care and support needs. Each care plan had been reviewed within appropriate time scales.

The Regulation Officer was satisfied that the Standard is met.

Monthly quality reports

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.

It was positive to note that there are already systems in place for the registered manager to monitor, audit and review the quality of care which is provided. There is evidence that the findings of such activities are acted upon and disseminated across the service. In addition, 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.

The Regulation Officer was shown monthly reports using the Commission's template, for the period of January to July 2020, that were completed by the registered manager. The reports relating to each of August, September and October, were completed by the registered provider.

It was evident that there is a commitment to putting in place a robust system for monitoring the quality of services provided.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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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