



Jersey Care  
Commission

## **INSPECTION REPORT**

**All Care Home Care**

**Home Care Service**

**7 ½ Commercial Buildings  
St Helier  
JE2 3NB**

**5 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 All Care Home Care. The service was registered under the Regulation of Care (Jersey) Law 2014 on 10 February 2020 and its office is in central St Helier. All Care Jersey Limited was founded in 2011 and was previously subject to the Approved Provider Framework. A pre-registration inspection was held on 30 July 2019 with the registered manager and this was satisfactory.

Registered Provider	All Care Jersey Limited
Registered Manager	Claire Stancer
Regulated Activity	Home Care Service
Conditions of Registration	Maximum number of personal care/ personal support hours to be provided per week is 2250 Age range of care receivers is 18 to 99 years Categories of care provided are: Old age; Dementia care; Physical disability; Learning disability; Autism; Mental Health
Date of Inspection	5 November 2020
Time of Inspection	11am – 2.30pm
Type of Inspection	Announced
Number of areas for improvement	0

The home care service is operated by All Care Jersey Limited and the registered manager is Claire Stancer.

At the time of this inspection, there were 26 people receiving care from the service.

## 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 5 November 2020. The registered manager had organised for email feedback to be given from care receivers and their relatives and subsequent to the visit, telephone contact was made with two members of staff. The Standards for home care were referenced throughout the inspection<sup>1</sup>. 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 home care service was registered under the 'Approved Provider' framework on 5 June 2014. This is the first inspection of the service under the Regulation of Care (Jersey) Law 2014.

Overall, the findings from this inspection were positive. A triangulation of various sources of evidence showed that care receivers are being provided with a service that is 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.

Robust procedures are in place for the recruitment of staff. The registered manager ensures that two references are received together with the DBS check prior to introducing any new carers to care receivers. Staff receive supervision quarterly and have yearly appraisals. The registered manager aims to shadow care receivers twice a year. There was evidence that some staff members have been with the service for some years and thus provide stability and consistency of care. A training programme is in place and staff are encouraged to develop through access to courses. This is an area of good practice.

The ethos and values of the organisation contained in the Client Handbook promote individual person-centre care planning, and it was evident that where the manager has had concerns about the attitudes and values of staff members these have been challenged. An initial assessment leads to a holistic care plan where the care

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

receiver, relatives and any professionals are involved. It was evident that the use of a matching process to identify a small team had fostered good relationships and understanding of the complex needs of care receivers. This was appreciated by relatives and is an area of good practice.

Training is available both for mandatory areas and where specific knowledge or skills are needed. Staff were able to identify the process to follow if they needed to raise a safeguarding concern. It was evident that training has continued in this area through e-learning despite the restrictions due to Covid-19. The registered manager is described as approachable by both care workers and family members. The complaints process is available in the client handbook and will be enhanced by including the contact details of the Commission.

Monthly quality reporting is completed and includes seeking the views of care receivers and their family.

No areas for improvement were identified.

## **INSPECTION PROCESS**

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

The Regulation Officer sought the views of representatives of people who use the service and spoke with the registered manager. Due to Covid-19, and to limit face to face contact with care receivers, emails were received from three relatives of care receivers. The Regulation Officer also contacted two members of staff to gain their views of the training and support provided by the agency.

During the inspection, records including policies, care records, staffing rosters, staff folders and training records were examined. Discussions were held with the registered manager about day to day operational issues such as planning processes for care receivers to be admitted into the service, care planning and record keeping as well as ways in which care and support is assessed and provided for. At the conclusion of the inspection, the Regulation Officer provided feedback to the registered manager.

This report sets out our findings and includes areas of good practice identified during the inspection. There were no areas for improvement 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.

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 registered manager fully understood 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	<u>Mandatory</u>  Maximum number of care hours per week – 2250 To provide personal care/personal support Age range of care receivers: 18 to 99 years Category of care: Old age, dementia care, physical disability, learning disability, autism, mental health  <u>Discretionary</u>  None
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A discussion with the manager and an examination of records provided confirmation that these conditions on registration were being fully complied with and will remain unchanged.

The registered manager has a Level 5 Leadership and Management qualification. They are awaiting results of the RQF Level 3 in Health and Social Care and are studying for the RQF Level 5 in Leadership in Health and Social Care which they expect to complete by July 2021.

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.

A safeguarding policy is in place and is available for staff to access online. This is updated on a regular basis and staff receive reminders relating to safeguarding and other training when appropriate. The registered manager was satisfied that staff would be able to recognise safeguarding concerns and know how to report these. Both of the staff members that were consulted confirmed that they felt confident in their knowledge in this area. They were able to describe the organisations to contact about safeguarding issues.

An electronic system is now in place which logs the time when carers arrive at an appointment and will alert the manager on duty if they are not logged in. The timings of visits allow for travel time between appointments. Consideration is given for times when care receivers may not want a visit on a given day or wish to end the visit early. This ensures that the manager is fully aware that a service is being provided while still allowing for the wishes of the care receiver to be considered.

The client handbook provided to all care receivers on commencement of a service demonstrates the values at the heart of this organisation. The core value of the service is, *"building trust and loyalty by providing an exceptionally high standard of personal care while keeping the safety and wellbeing of our clients at the heart of everything we do."*

The Regulation Officer viewed a training spreadsheet which demonstrated that five members of staff are working towards RQF Level 3 in Health and Social Care. Mandatory training is provided and updated, and additional training is given in the areas of dementia awareness and mental health awareness when staff are working with these client groups. During the period of Covid-19 restrictions, training has been provided through e-learning, although face to face sessions had started again at the time of the inspection.

The manager considers the outcomes of serious case reviews and uses these in supervision and training sessions with the care workers. This ensures that knowledge is kept up to date and enables staff to reflect upon the provision of support to care receivers.

At the time of the inspection, two appropriate notifications had been made to the Commission. However, the Regulation Officer found that the agency had not notified the Commission when safeguarding alerts had been made and these were received following the visit. The Regulation Officer discussed this omission with the registered manager and was assured that they understood their responsibilities in this regard.

The timings, length of visits and travel times are carefully planned for to ensure appropriate visits are scheduled. It was positive to note that as far as possible a small team is allocated to each care receiver and preferences of the care receivers are considered.

## 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.

The service has a complaints policy and procedures in place which set out the actions to be taken for 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 does not currently include contact details of the Commission. This would be of benefit particularly if a complainant remains dissatisfied with the response provided by the service. The Registered Manager agreed that this would be added.

All three relatives of care receivers described that they found the registered manager to be approachable and open if they have issues to raise. One relative had raised a concern about a member of staff and reported that this had been quickly resolved. One relative also mentioned that the manager and a director still undertake some care themselves and they feel this reassures them that management understands the complex needs of the care receiver.

The quality assurance process includes seeking the views of care receivers and their representatives. This provides a means of measuring satisfaction with the service and encourages service users to raise issues where they may otherwise not have done so.

### **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 registered manager assures themselves that staff are recruited safely by ensuring that references and DBS checks are received prior to a new member of staff commencing employment. In addition, each new staff member undertakes a period of shadowing of a more experienced staff member before undertaking caring roles independently. Where possible, staff are matched to the preferences and skills of the care receiver and the manager facilitates an introductory visit.

The Regulation Officer viewed two staff recruitment records which were in good order. They demonstrated that a period of induction and the completion of mandatory training were each undertaken to ensure that the care workers could safely meet the needs of care receivers. Care receivers and staff members were consulted as part of the induction period to gain feedback.

The manager is fully aware of their responsibilities regarding supervision. There is a supervision schedule in place, and this has continued during the restrictions of Covid-19 although this had needed to be undertaken by phone. The registered manager aims to shadow care workers at least once a year and completes an assessment on the delivery of care. This assessment includes witnessing practice and verbally asking the carer to demonstrate knowledge in areas such as capacity, abuse and in identifying where specialist training would be needed. Areas of training are identified as part of this assessment and both the registered manager and care worker sign an agreement.

There is a disciplinary policy in place which has been reviewed this year as a result of a tribunal. This event highlighted some deficits in the ability of the organisation to be assured that an employee was carrying out all the tasks which were allocated. However, the registered manager identified some learning from this experience and changes have been made as a result. These were communicated to all staff members at individual meetings.

Staffing rosters were reviewed and evidenced that 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 to whom staff are assigned. The rosters confirmed consistency in staffing when planning visits to care receivers. Visiting times were clearly scheduled with travelling time factored into the time between visits.

There was evidence that the service is committed to ongoing training for care staff which includes mandatory subjects. Staff are given the opportunity to develop by taking vocational training awards in health and social care. Most staff have either completed or are working towards Level 3. Most staff members have completed medication Level 3 training either as a standalone module or as part of their Level 3 Health and Social Care training.

At the pre-registration inspection on 30 July 2019, it was identified that staff would benefit from Capacity and Self-Determination (Law) training. This has been provided and is an area in the yearly assessment for staff.

The Regulation Officer obtained feedback from two carers. Both described the manager as approachable and supportive. They were positive about the standard of training which is provided and felt positive about the good ethos of team working within the organisation.

## **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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Prior to a new service starting, a service agreement letter is sent to the care receiver and followed up with a meeting with the care receiver and possibly family members and professionals to discuss and agree a personalised care plan. The care plan is reviewed four to six weeks after commencement of the service and thereafter at least annually or whenever appropriate. The service agreement letter includes what to expect from the service and informs the care receiver of record keeping, confidentiality and terms and conditions. Information on how to make a complaint is included in this letter and includes the right to refer the complaint to the Commission. However, this could be improved by the inclusion of the Commission's email address and telephone number.

A paper copy of the care plan is provided and is kept in the care receiver's home. It was positive to note that small care teams are assigned to each care receiver and that many staff members have been with the service for some years. It was also positive to note that the care plans were personalised, and that the views of the care receivers were clearly stated. It was evident that the staff have got to know the care receivers well and one example was seen where the knowledge of a care receiver enabled the care worker to know that the person was in pain, even though they were unable to verbally communicate this.

It was evident that reviews of the care plans took place regularly. One relative advised that a review had also considered the needs of the relative and that the service had been able to provide two carers permanently in order to enable them to have some time to relax or attend to other tasks.

Samples of paper records were reviewed which included the initial assessment and care plans. The manager oversees all care plans and produces these with the care receiver, family members and professionals if appropriate. Risk assessments are completed when necessary and plans are put in place to mitigate risk as far as is practicable.

One relative reported the wide range of activities that are provided to the care receiver as part of their care plan. They stated that this had obviously been more difficult during the Covid-19 restrictions but that "the team nevertheless remains committed to keep [our relative] safe and occupied when indoor activities have to take place." They were aware of an activity diary and that this enabled a smooth handover between staff members.

Another relative highlighted that the weekly rota is always clearly presented and shared with the care receiver and their relative in advance to enable them to anticipate which staff will be undertaking visits. They are always informed when the visit will be made and if a change needs to be made.

## 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.

The registered manager has been monitoring performance on a monthly basis since April 2020. In addition to considering data and reviewing care plans, the manager arranges to speak with care receivers or their representatives at least bi-monthly to gain feedback on the quality of care and ensuring that it provides the right level of care and support. A monthly report is produced and is of a good standard. During discussion the manager agreed that independent oversight could be provided by a Director of the service.

Quality assurance processes include providing an opportunity for feedback four to six weeks after the service has commenced. This is further sought on a bi-monthly basis and as part of each member of staff's regular assessments.

All feedback from relatives of care receivers indicated that they were satisfied with the service provided. In particular, one relative described that the team know the care receiver's likes and dislikes, that they are aware when the care receiver is not feeling their best and *"it is plain to see on [my relative's] face how fond she is of her carers."*

## **IMPROVEMENT PLAN**

No areas for improvement were identified.

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.



Jersey Care Commission  
2<sup>nd</sup> Floor  
23 Hill Street, St Helier  
Jersey JE2 4UA

Tel: 01534 445801

Website: [www.carecommission.je/](http://www.carecommission.je/)

Enquiries: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)