



**Jersey Care
Commission**

INSPECTION REPORT

Personal Touch Care Services Limited

Home Care Service

**The Studio
La Chasse
La Rue De La Vallee
St Mary
JE3 3DL**

21 January 2021

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 Personal Touch Care Services Limited. The service was registered under the Regulation of Care (Jersey) Law 2014 on 15 August 2019 and its office is in St Mary.

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| Registered Provider | Personal Touch Care Services Limited |
| Registered Manager | Lynda Cotillard |
| Regulated Activity | Home Care Service |
| Conditions of Registration | Maximum number of personal care/ personal support hours to be provided per week is 600 Age range of care receivers is 18 years and above Category of care provided is Old Age Dementia Care Physical Disability Mental Health Learning Disability The registered manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 8 August 2022 |
| Date of Inspection | 21 January 2021 |
| Time of Inspection | 1.00pm – 4.30pm |
| Type of Inspection | Announced |
| Number of areas for improvement | Two |

The Home Care Service is operated by Personal Touch Care Services Limited and the registered manager is Lynda Cotillard.

At the time of this inspection, there were 32 people receiving care from the service.

SUMMARY OF INSPECTION FINDINGS

This was the first inspection undertaken since the service was registered and the inspection was announced. The inspection visit took place at the registered offices on 21 January 2021. After the visit, telephone contact was made with two care receivers and one person's representative to obtain their views of the service. The Standards for Home Care were referenced throughout the inspection¹. Due to physical distancing requirements of Covid-19, some slight adjustments were made to the inspection process to minimise face-to-face contact.

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

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

The findings from this inspection confirmed that the service's quality of care and support was of a good standard. This was evidenced by discussions with care receivers who were of the view that they were very happy with the service they receive and felt confident and safe with all staff coming into their homes. Care receivers referred to a reliable staff team and consistency in the timings of visits, which they described as making a positive contribution to their care experiences.

Staff are recruited safely and complete an induction programme that includes working alongside an experienced staff member and gradually introduced to care receivers. They have opportunities to complete vocational training in health and social care and are expected to complete mandatory training in a range of subjects. Staff supervision and appraisals are provided, where staff meet with the manager to discuss their role and development goals. There are also arrangements in place to evaluate how staff apply training into their day to day practice when supporting care receivers.

Staff spoke positively of the open and supportive culture within the service and described confidence with the leadership and management arrangements in place. All staff consulted had an awareness of how to keep people safe and were aware of their safeguarding responsibilities. The service is compliant in communicating notifiable events to the Commission.

Care staff have access to care receivers' care records through handheld devices and care plans are developed to inform and guide care and support that is provided to

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

care receivers. Care receivers spoke of their involvement in the development and review of the plans which focus on meeting personal preferences.

There are two areas for improvement resulting from this inspection. One relates to enhancing and developing the provider's safe recruitment policy to reflect the robust practices undertaken when recruiting new staff. The other is in relation to the provider's quality monitoring arrangements.

INSPECTION PROCESS

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

The Regulation Officer sought the views of care receivers and their representatives and spoke with managerial, office personnel and care staff. Due to Covid-19 and to limit face-to-face contact with care receivers, telephone contact was made with two care receivers and one person's representative. Three care staff were contacted by the Regulation Officer and contact was made with two health professionals who were known to have had recent contact with some care receivers to seek their views. One professional provided a response.

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

A discussion was held with the registered manager about their managerial responsibilities and the ways in which they establish oversight of the day-to-day occurrences with staff and people receiving care. The discussions also established the processes that are in place for care receivers to be admitted into the service, arrangements for care planning, and monitoring and auditing processes to maintain the quality of the service. 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. Where areas for improvement have been identified, these are described in the report and an action plan is attached at the end of the report.

INSPECTION FINDINGS

The service's Statement of Purpose and Conditions on registration

The Standards outline the provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The home care service's Statement of Purpose had been revised and updated in preparation for the inspection visit. The registered manager confirmed that the

Director and care staff had been involved in revising the Statement of Purpose. The inspection findings confirmed that the mandatory conditions on registration are being complied with. This was evidenced through discussion with the registered manager who provided examples and discussion of assessment processes undertaken to ensure care receivers referred into the service are within the conditions of registration. The Regulation Officer was satisfied that the manager fully understands their responsibilities in this regard.

The home care service's Statement of Purpose continues to reflect the range and nature of services provided to care receivers.

The home care service is, as part of the registration process, subject to the following mandatory conditions:

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| Conditions of Registration | <p><u>Mandatory</u> Maximum number of personal care/ personal support hours that can be provided is 600 per week Age range of care receivers is 18 years and above Category of care provided is: Old age, dementia care, physical disability, mental health, learning disability</p> <p><u>Discretionary</u> Lynda Cotillard registered as manager of Personal Touch Services Limited must complete a Level 5 Diploma in Leadership in Health and Social Care by 8 August 2022.</p> |
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Following the inspection visit and review of information submitted to the Commission since the service was registered, the registered manager has provided confirmation that she has completed a Level 5 Diploma. As such, the Commission is satisfied the discretionary condition applied at the time of registration has now been met and has since been removed from the registration.

Discussion with the manager and examination of records provided confirmation that these conditions on registration were being fully complied with and are intended to remain unchanged.

A discussion with the registered manager confirmed that they are aware of their responsibilities and limitations in the type of services that can be offered. The manager explained that all potential care receivers are assessed once they are referred to the service and relevant information from health professionals obtained where possible. The manager described the circumstances where they had been providing a service to a care receiver whose health needs had increased, to the extent that the support provided could no longer meet the needs of the individual. This resulted in the service being withdrawn in discussion with health professionals.

The manager described situations where care staff have identified changes in circumstances for some care receivers, which have resulted in referral to health professionals to provide support to the individual. The majority of care receivers are

in need of support with personal care needs, domiciliary support, housekeeping, meal preparation, companionship and support with recreational activities. Discussions with care receivers and their representatives confirmed they were very happy with the quality of care and support they receive, and one health professional was complimentary of the service also. They confirmed 'I have had very few concerns, difficulties or issues in regard to the care that they provide, I have always found them very approachable, accommodating and always willing to go the extra mile to assist those in the community'.

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.

There are many systems in place to support the safety of care receivers which includes a range of policies and procedures which are accessible to staff. These policies include safeguarding, receipt of gifts, accident reporting and medication management, which make clear what actions to take in a variety of circumstances.

A review of staff personnel files confirmed that staff receive safeguarding during initial induction and thereafter. Discussion with two members of staff confirmed they had received training, had access to the policy and demonstrated an understanding and awareness of how to escalate safeguarding concerns. Both staff members described to the Regulation Officer situations that had caused them concern which related to potential exploitation and financial abuse of vulnerable care receivers. The registered manager informed the Commission of an instance where they had reported a safeguarding concern to Health and Community Services.

The service has a gift policy in place which was examined during the visit. It recognises staff may be offered gifts from care receivers on occasions and sets out the procedure for staff to follow if gifts are offered. Discussion with care staff confirmed their awareness of the policy and one member of staff explained the actions they took when they became aware one care receiver was noted to be offering their personal possessions to an unknown person in the community and was able to recognise this as a vulnerability. The gift policy is provided to all staff in an induction folder when they start work.

At the outset of the Covid-19 pandemic, the registered manager made contact with the community infection control nurse (CICN) to seek advice about safeguarding staff and care receivers from infection. The registered manager explained that they had maintained contact with the CICN throughout the pandemic to ensure practice remains appropriate and in line with best practice guidance.

During the inspection visit, the registered offices were noted to be well stocked with personal protective equipment and staff had been provided with travel kits with necessary provisions. Staff explained to the Regulation Officer that they had been

provided with training related to the risks associated with Covid-19 and the registered manager had a risk management plan in place in order that the service could continue if either staff or care receivers tested positive for Covid-19.

The service offers a 24 hour on call support system. Care receivers are provided with the contact numbers of staff and are advised to contact the managerial staff outside of their scheduled visit times if they feel the need to do so. The registered manager explained that one care receiver had made contact overnight by telephone on several occasions and was provided with reassurance.

Discussion with care receivers and their representatives confirmed that they did not have any concerns about safety and were confident with, and trusting of, the staff team providing support. One care receiver explained that they always knew which staff would be visiting them and another care receiver described the ways in which staff helped to keep them safe, and stated "I've never felt so well in my life which I put down to these girls coming in". Another care receiver described having trust and faith in the staff team to the extent that certain aspects of their life have been improved upon to their contentment. One person's representative commented, "We have absolute trust and feel very safe with them [the staff] in the house, I am never forced into anything, they don't force me to have visits, but if I want them to come at any time they will and they will reorganise things".

Staff confirmed they would not hesitate to bring any concerns to the attention of the manager, deputy manager or director and expressed confidence that any concerns raised would be investigated and referred to appropriate authorities if necessary.

The registered manager explained that a key area of priority is given to avoid care receivers from missing home care visits as far as possible. They explained that missed home care visits can have serious implications for care receiver's wellbeing and that the timing of visits is managed by an electronic monitoring system. This helps to reduce the risk of missing visits as any deviation from the expected visit time is brought to the attention of the manager and administrative staff so that alternative arrangements can be made. Care receivers described to the Regulation Officer that they were satisfied with the reliability and confidence in the staff team to visit at arranged times. They also described receiving care from a consistent staff team who were familiar with their needs. Two care receivers made particular reference to the staff team's efforts in keeping them healthy and well.

Complaints

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| <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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There have been no complaints made against the service since it was registered with the Commission. The complaints policy was examined during the inspection, which identifies the actions to be taken about receiving, handling and responding to

complaints. The registered manager provided details and records of how a complaint received in 2018 was handled.

All care receivers are provided with a copy of the complaints procedure which is retained in their care folder which is kept in their home. The complaints policy needs to be expanded to include the contact details of the Commission if a complainant is not satisfied with the response from the service. The manager agreed to address this straight away following the inspection.

The manager routinely seeks feedback from care receivers and their representatives seeking their views about the quality of the service provided. Samples of feedback received from care receivers were reviewed during the visit, which confirmed care receivers are offered opportunities to raise any concerns relating to the quality of the service with the manager. The manager described a situation whereby one care receiver provided feedback about the timings of their visit, which was actioned and resolved to their satisfaction. The manager provided details of another situation whereby one care receiver expressed concerns about the conduct of a member of staff which was investigated and dealt with.

The Regulation Officer asked care receivers and their representatives of their understanding of how to raise a complaint. All people spoken with confirmed they knew of the ways to escalate concerns and raise complaints if they needed to and the various processes for doing so. They all expressed confidence with the staff and management team to address any complaints appropriately and professionally.

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

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| <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 safe recruitment policy in place which was reviewed during the inspection. The policy was limited in its content and did not contain information outlining the provider's recruitment practices and descriptions of the recruitment process. This was identified as an area to be improved upon which the manager recognised and agreed to address.

A sample of staff personnel files were examined which confirmed that, despite the recruitment policy being limited in its content, staff had been appropriately and safely recruited. All necessary recruitment checks were obtained in advance of staff starting work. The manager described the process undertaken when selecting and recruiting staff which confirmed their understanding of Standards relating to safe recruitment practices.

The service currently employs 15 care staff. All staff complete an induction programme, which includes an introduction to the role and responsibilities of being a carer. Essential training in areas such as manual handling, safeguarding and first aid are provided as a minimum as part of the induction, and new staff work alongside an

experienced member of staff. The registered manager confirmed new staff are introduced to care receivers before they start work. This was confirmed by care receivers also, who informed the Regulation Officer that they had always had the opportunity to meet new staff before they started to provide care and support. One person explained that “I have the same team and if a new person comes, they’re never just dropped in cold, I get to meet them first as that’s very important”. One health professional commented, “I have observed them completing their introduction visits to possible new clients and have found that they have a very professional and thorough approach, and are very calming and caring in the way they communicate with the clients”.

All care staff are provided with a portfolio which was reviewed during the visit. It contains information about their role and required Standards, key responsibilities, essential policies, code of conduct, mandatory training requirements and induction programme. Three members of care staff confirmed to the Regulation Officer that they felt supported and valued by the management team. They described being able to discuss matters with their manager and thought training and development opportunities were of a good standard.

An examination of training records showed that a number of care staff had completed vocational qualifications in health and social care and some are progressing through level 2 and 3 qualifications. There is a training and development plan in place to ensure all staff will complete a level 2 award as a minimum. The registered manager explained that in addition to vocational and mandatory training, staff have completed learning in areas such as dementia awareness, autism, palliative and end of life care, and medication management. The manager explained that staff need to have training provided in specific areas to enable them to provide safe and effective care to meet care receivers’ needs.

Testimony from care receivers and one representative confirmed they have confidence with the staff team and made the following comments,

“the carers are wonderful, excellent and couldn’t ask for better. We have the same team of girls and they are all very good at their job. We have absolute trust and feel safe with them in the house. We are so happy with how things are”

“I think they’re all trained well; they all know what to do”

“if Personal Touch weren’t doing such a fine job, I’d be in a much worse position. The carers are very good, very knowledgeable and professional”.

One care receiver described their personal circumstances and explained that their health and wellbeing had improved because of having a consistent, reliable staff team who they described as having and understanding and appreciation of their health needs.

Observations of practice are undertaken by either the manager or deputy, which is a means of measuring staff members’ performance and ensures staff practice is consistent with the provider’s expectations. The manager explained the benefits of

this process and explained that a recent review highlighted one staff member required additional training in one aspect of care.

Staff receive ongoing, regular supervision with the registered manager and annual appraisals had been booked to start in January. All staff consulted explained that they felt confident to contact the management team for advice or support and there was good morale among the team. There is a lone working policy in place, which was reviewed during the inspection. The policy sets out how risks associated with working in isolation are identified and minimised. Staff spoken with had an appreciation of the safety issues relating to lone working.

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.

The manager or deputy carries out an initial assessment of need for care receivers who are referred into the service. An example of an initial assessment was reviewed during the visit, which contained essential information relating to people's health and social needs. The assessment takes account of care receiver's preferences and acknowledges their contribution to how care and support is provided. The registered manager explained that information from social workers, GPs or other relevant health professionals would be requested and considered as part of the assessment process.

One health professional who provided feedback to the Regulation Officer, described a positive relationship with the service and confidence in the staff to liaise with relevant health professionals to update them about changes in care receiver's needs.

Care staff have been issued with electronic devices which allow them access to care receivers' care plans and care receivers are provided with copies of these for their own benefit and reference. The electronic care record system is fully auditable and allows the manager to review the quality of records and care delivery. Personal plans include details of care receivers' preferences and choices as to how their care and support is delivered.

Feedback from care receivers confirmed that they are included in developing and reviewing their care plans and information is always available to them. The following comments were made;

"I know where my care plan is kept, I'm very much included in it, and I'm very much included in saying how things should be done. There's nothing that Personal Touch could do to improve things, I'm very happy with them"

“I know what days things are done, I have a shower on certain days, housework and shopping on the other days. I have a good routine now with them. I see the care plan; I’ve read it because I know you can and I’m fully involved in helping with my care”

“The blue folder has the care plans in, and they always check that they are doing the right thing for us”.

Care staff that were consulted described to the Regulation Officer that they value relationships and communications with care receivers and include them in making decisions about their care. Staff explained that they communicate with care receivers regularly to allow them to feel listened to, valued and having control of their care planning. Staff commented;

“We have the care plans in the houses, and we can see them on the app on our phone and every day you can check the notes that have been written by colleagues. We always ask if the client is happy with how we are doing things. Nobody has expressed they are dissatisfied with their care, but if they did or if they told me something that another carer did, I wouldn’t hesitate to go to Lynda or the senior carer”

“They have care plans for each client, and we help devise them and capture their preferences. Initially they are devised but then might be changed depending upon the client’s preference and feedback. We always get the family and the client involved in developing and reviewing the care plans. They’re kept in the client’s house and staff can access the plans on their phones”.

Monthly quality reports

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| <p>The quality of services provided by this service should be kept under regular review. The Standards and Regulations set out the provider’s responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.</p> |
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The provider’s system for regularly reviewing the quality of services provided was explored during the inspection. The registered manager has been completing a monthly report, which captured statistics and data although the effectiveness of this information and outcomes for care receivers had not been analysed.

The Regulation Officer discussed the principles that should be followed to incorporate a relatively independent review system of quality assurance. The Regulation Officer advised that the provider should identify somebody other than the registered manager to fulfil this obligation. The registered manager, however, should retain accountability to address any actions that arise from such reviews. This is an area for improvement.

IMPROVEMENT PLAN

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

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| <p>Area for Improvement 1</p> <p>Ref: Standard 3.1</p> <p>To be completed by: 2 months from the date of inspection (21 March 2021)</p> | <p>The policy for the safe recruitment of care workers should be improved.</p> |
| <p>Area for Improvement 2</p> <p>Ref: Standard 9.2</p> <p>To be completed by: 2 months from the date of inspection (21 March 2021)</p> | <p>The provider has a responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations.</p> |
| <p>Area for Improvement 1</p> <p>Ref: Standard 3.1</p> <p>To be completed by: 2 months from the date of inspection (21 March 2021)</p> | <p>Response by registered provider:</p> <p>We have updated this policy with more detail on our safe recruitment process.</p> |
| <p>Area for Improvement 2</p> <p>Ref: Standard 9.2</p> <p>To be completed by: 2 months from the date of inspection (21 March 2021)</p> | <p>Response by registered provider:</p> <p>The company administrator has been appointed to complete this and the report is now more detailed.</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.



Jersey Care Commission
2nd Floor
23 Hill Street, St Helier
Jersey JE2 4UA

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je