



**Jersey Care
Commission**

INSPECTION REPORT

**1:2:1 Care
Home Care Service**

**Second Floor, JEC Powerhouse Building,
Queens Road, St Helier JE2 3AP**

3 December 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 1:2:1 Care Limited Home Care service. The service's office is in St Helier and the care is provided island-wide.

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

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| Registered Provider | 1:2:1 Care Limited |
| Registered Manager | Dania Pereira |
| Regulated Activity | Home Care Service |
| Conditions of Registration | <p><u>Mandatory</u></p> <p>Size: Medium Plus (660 to 2250 care hours per week) Categories of care: Old Age; Dementia Care; Physical Disability; Learning Disability; Substance Misuse (drug and/or alcohol); Other – end of life care. Age range: 18 to end of life.</p> <p><u>Discretionary</u></p> <p>As the registered manager Dania Pereira must either provide formal confirmation from an appropriate educational source that her academic qualifications have equivalence to QCF Level 5 Diploma in Management and Leadership in Health and Social Care Module or to obtain this specific qualification by 3 February 2023.</p> |
| Dates of Inspection | 3 December 2020 |
| Times of Inspection | 9.30am to 12.00pm |
| Type of Inspection | Announced |
| Number of areas for improvement | One |

The Home Care Service is operated by Cheryl Kenealy, Director of 1:2:1 Care Ltd, and the registered manager is Dania Pereira.

At the time of this inspection, there were 38 people receiving care from the service.

SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was completed on 3 December 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 as well as a review of the electronic recording system provided evidence that the 1:2:1 Care Limited service provides 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 supervision meetings with care staff, and in announced and unannounced observations of care staff and subsequent discussions with care receivers. A robust system of incident reporting to senior care staff and managers is in place. 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. The Regulation Officer was satisfied that the Standard is met.

The service's arrangements for recruiting staff were satisfactory, and the manager was able to evidence the checks which are undertaken before new staff commence work with care receivers on their own. The care records reviewed demonstrated that

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

staffing numbers were adequate, and that staff were appropriately deployed within the service.

The files also contained records of all the necessary training with copies of training award certificates included. The Regulation Officer was satisfied that the Standard was well met, and that staffing and safe recruitment was an area of good practice.

The electronic recording system included details of individual care needs (care plan), and of the support (interventions) that is provided. The Regulation Officer was satisfied that the Standard is met.

A discussion with the registered manager during this inspection, evidenced that there is not yet in place the required regular (monthly) reports which should be completed by someone who is not operationally responsible for the service provision. These reports should set out an evaluation of the performance of the service against its Statement of Purpose and the Regulations and Standards. This would enable continuous improvement within the service to be evidenced. This is an area for improvement.

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's office and met with the registered manager.

As a result of the Covid-19 concerns, the office was closed and it was not possible to meet with other staff members during the inspection. However, three care receivers 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 any areas of good practice which were identified. Where areas for improvement have been identified, these are described in the report and an action plan attached at the end of the report.

INSPECTION FINDINGS

The service's Statement of Purpose and conditions on registration

The Home Care Service's Statement of Purpose was reviewed prior to the inspection visit. The Standards outline the provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

1:2:1 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:

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| Conditions of Registration | <p><u>Mandatory</u></p> <p>The registered manager is Dania Pereira 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; Substance misuse (drug and/or alcohol); Other – end of life care.</p> <p><u>Discretionary</u></p> <p>As the registered manager Dania Pereira must either provide formal confirmation from an appropriate educational source that her academic qualifications have equivalence to QCF Level 5 Diploma in Management and Leadership in Health and Social Care Module or to obtain this specific qualification by 3 February 2023.</p> |
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A discussion with the manager and an examination of the client records and staff records 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.

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 and whereas others requested additional support. However, the number of care receivers and the number of hours did not change throughout this period.

The Regulation Officer's discussions with the manager, a social worker and care receivers as well a review of records, each provided evidence that 1:2:1 Care Ltd 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 manager was familiar with the content of the service's safeguarding arrangements and could describe these. Additionally, the manager was able to describe possible signs of self-neglect and abuse.

The records document that the effectiveness of safeguarding training is regularly reviewed in supervision meetings with care staff, in announced and unannounced observations of care staff and through subsequent discussions with care receivers. A robust system of incident reporting to senior care staff and managers is in place.

The manager explained that carers are always given information on potential indicators of areas of concern in respect of individual care receivers. A recent safeguarding referral (to Adult Social Services and to the Police) about a particularly vulnerable care receiver provided good evidence that 1:2:1 Care Ltd took appropriate action when a concern was noted.

A robust system of incident reporting to senior carers and managers is in place. The incident records noted in November were reviewed by the Regulation Officer and had information relating to two accidents and two incidents. It was apparent that these had been dealt with appropriately.

The Regulation Officer was advised that when there are incidents that necessitate a referral to Adult Social Services it can be difficult to report directly to a social worker who knows the care receiver. This is because social workers tend to close cases after a six-month period, in line with local protocols. It was apparent that in some cases this had recently been reduced to three months on account of staff shortages. Despite this potential obstacle, there was evidence that 1:2:1 Care Ltd endeavoured to liaise with the social worker who undertook the initial assessment. There was evidence of good levels of inter-agency cooperation on account of this.

The Regulation Officer was satisfied that the Standard was met.

Complaints

The Standards for Home Care Services 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 includes a copy of the company's complaints policy and procedure and states the intention to increase the transparency of the steps that will be followed when complaints are received. Complaints may lead to positive changes or improvements in service delivery.

The registered manager advised that there had been no formal complaints in the past 12 months. Sometimes there had been requests/calls about care receivers' wishes or preferences and the Regulation Officer was informed that these are always recorded and taken seriously. The manager or a senior carer personally visit each care receiver monthly. These visits are spot checks on the carers, but the manager or senior carer stays after the carer leaves to speak to the care receiver about their experience of receiving care.

The registered manager explained that all the care receivers and their family/representatives know they can speak to a manager at any time. The three most senior staff are on a 24 hour on-call rota. The three care receivers spoken to said that most carers were gentle, that they listened to them and that they understood their needs and preferences.

1:2:1 Care Ltd also uses a client survey every year to ask for feedback, and the Regulation Officer was shown the survey for 2020 which was mostly positive.

The Regulation Officer was satisfied that the Standard was 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 records also documented that the effectiveness of safeguarding training is reviewed during supervision meeting discussions, in staff supervision and through practice observations (spot checks).

Carers do not start working on their own with care receivers until they have completed training provided by the Safeguarding Partnership Board.

The registered manager demonstrated a commitment to safe recruitment and was able to describe practice and outcomes to evidence this. When someone responds to an advert they are sent an application form by email and invited in for an informal chat. This important first contact covers the person's previous experience and what they are looking for in the new job.

The registered manager takes the opportunity to describe the business, what 1:2:1 Care Ltd expects from carers, etc. Each potential applicant is asked to take time to think if they want to go forward with their application. If they indicate that they remain interested, they are invited to complete the application form, to provide the necessary documents and to attend a formal interview.

The Regulation Officer reviewed seven staff files. Each file included a recruitment checklist. There was a formal application form and a record of the interview questions and responses. Applicants are required to provide the details of two referees. If they are successful, the offer letter is not sent until screening checks are completed. A contract of employment is issued thereafter.

The registered manager described the first six months' probation period, and the Regulation Officer reviewed examples of the "competency record" which is used to document this. In the first weeks of employment there is a structured induction programme designed to prepare new staff to work effectively and safely. There is a requirement to complete 30 hours of shadowing (observing) of a senior carer supporting different care receivers.

The interview and induction period is used to identify training which has already been completed and any outstanding training needs (with a plan of how these are to be met). All necessary training is completed during the induction period which is in line with the Standards. All carer staff who do not have the RQF Level 2 in Health and Social Care are expected to complete this course within 2 years of becoming employed.

The Regulation Officer also reviewed a copy of a "welcome and orientation pack" that includes: a welcome letter; information on 1:2:1 Care Ltd; "What you can expect from us; What we expect from you"; Company structure and contact list; "Our vision"; health care assistant code of conduct; policies and procedures; basic legislation and information about the electronic recording system (which is called Zuri).

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

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| <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, 1:2:1 Care Ltd discusses the care needs of potential care receivers with the referring social worker in order to determine whether a care package can be provided.

1:2:1 Care Ltd provides bespoke care packages. The service 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 discussions with care receivers.

1:2:1 Care Ltd uses an electronic recording system called Zuri. The company does not use paper records. The electronic recording system includes details of individual care needs (care plan), and of the support (interventions) that provided. There are also photos and documents retained which are intended to support the carers in their roles.

Individual care plans record the detail of the support provided which includes domestic/food preparation; morning/afternoon/evening/bed time routines; manual handling/mobility assessments; medication administration; shopping and support with personal care including toileting. The care plans which were reviewed, provided clear descriptions of care provision in relation to a variety of personal care and support needs. Each care plan had been reviewed within appropriate time scales.

All carers are provided with a tablet computer and with training in how to use Zuri. They are expected to record daily care monitoring sheets (communications), and the system records when they “log on” for each visit and when they log off.

The registered manager reported good relationships with the social workers allocated to care receivers. The Regulation Officer contacted one social worker who confirmed that 1:2:1 Care Ltd communicated well with professionals and with care receivers and their families, and that the service provides good levels of care.

The Regulation Officer was satisfied that the Standard was met.

Monthly quality reports

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| <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> |
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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 completed by a senior manager using the Commission's template.

However, a discussion with the registered manager during this inspection, evidenced that there is not yet in place the required regular (monthly) reports which should be completed by someone who is not operationally responsible for the service provision.

These reports should set out an evaluation of the performance of the service against its Statement of Purpose and the Regulations and Standards. This would enable continuous improvement within the service to be evidenced. This is an area for improvement.

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.

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| <p>Area for Improvement 1</p> <p>Regulation 19: Reviewing quality of service</p> <p>To be completed by: Immediate and ongoing</p> | <p>The provider must put suitable arrangements in place to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations</p> |
| | <p>Response by registered provider:</p> <p>Weekly and monthly meetings with senior team members to discuss reports, problem areas and improvements. Director to take responsibility for the reporting on care provision and registration compliance moving forward. Cheryl Kenealy</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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