



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**4Health Home Care Agency  
Home Care Service**

**Unit 1  
Harbour Reach  
La Rue de Carteret  
St Helier  
JE2 4HR**

**26 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

4Health Home Care Agency is a home care provider established in 2017 and subject to regulatory inspections under the previous nursing agency licence they had held to practice. The provider was subsequently registered with the Commission on 7 August 2019.

Registered Provider	4Health Nursing and Home Care Agency Ltd
Registered Manager	Angela Body
Regulated Activity	Home Care Service
Conditions of Registration	Maximum number of personal care/ support care hours that can be provided is 2250 hours per week Maximum number of nursing care hours that can be provided is 30 hours per week Age range of care receivers is: 18 and above Category of care is: Old Age, Dementia Care, Physical Disability, Learning Disability, Autism, Mental Health, End of Life Care
Date of Inspection	26 January 2021
Time of Inspection	11am – 1.30 pm
Type of Inspection	Announced
Number of areas for improvement	None

At the time of this inspection, there were a variety of support packages being provided to include live in care, 24 hr care and shorter daily visits with a minimum 30 minutes duration. In order to best facilitate these care packages, the provider operates by having identified teams allocated by location for the island. Furthermore, the provider works in collaboration with other services such as Jersey Hospice and Family Nursing Home Care District Nursing to promote best practice and continuity of care.

## SUMMARY OF INSPECTION FINDINGS

This inspection was undertaken over the course of two and half hours by one Regulation Officer and took place in the provider's office and was announced one week in advance. The Standards<sup>1</sup> were referenced throughout the inspection and the Regulation Officer focussed on the following areas:

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

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

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

The opportunity was taken to review all aspects of how the service operates from discussion with the registered manager and some senior staff present in the main office at time of the visit.

Overall, the findings from this inspection were very positive and with good evidence provided about how the service operates to ensure the provision and function of support packages is consistently met. These findings were reflective of the provider's Statement of Purpose and aims and objectives, alongside their underlying ethos and philosophy of care.

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

The provider utilises an electronic recording system and hard copy care plans which provide ease of reference to the care receivers and care staff when delivering care in the community. There are also clear systems for notification and alerts to be

---

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

generated from the use of electronic devices in the event of any missed visits. This system also promotes some immediate actions where care needs may alter significantly and that can be brought to the attention of the senior managers on duty promptly.

The provider has premises that are a very good training resource with generous communal space and separate office and administration rooms. This promotes good learning and staff development opportunities by care staff having ready access to senior staff when in the office.

The provider maintains a complaints policy and procedure. This is clearly recorded and signposted for all staff to follow to ensure that any complaints (which may be received from care receivers, relatives or other agencies), are responded to in a timely manner.

Safe recruitment and staffing arrangements were reviewed and with good evidence of the expected principles and best practice followed for all new employees. The records which were reviewed demonstrated that all necessary checks are placed on file before staff commence their duties and new staff will be expected to undertake a programme of induction.

The provider was able to demonstrate numerous audit methodologies and data which is recorded for all care packages. There are also operational procedures in place to be followed. This information is collated into a monthly report which is reviewed by the Directors of the company as part of the overarching governance which is in place.

There were no areas for improvement noted from this inspection with standards being adequately met.

## **INSPECTION PROCESS**

Prior to the inspection visit, information submitted to the Commission by the service since registration was reviewed. This included any notifications and any changes to the service's Statement of Purpose, for example changes to operational capacity and new premises now in use.

Due to the Covid-19 situation, this inspection was announced and undertaken in accordance with infection prevention and control measures. This meant no requests to meet with any care receivers were initiated on this occasion. However, some follow up contact was made with care receivers or their relatives to ascertain their views on the service and care provided.

One care receiver and eight relatives were contacted by telephone to request any feedback they may have about any aspect of the care received or provided. Additionally, one representative from Health and Community Services was also

contacted to elicit their views on how the service operates to coordinate care packages and when communicating with referring agencies.

The visit commenced at 11 am with some initial appraisal of the office environment and its utility for operational matters and administration. The staff training facility is available to staff and continues to be a resource albeit with physical distancing measures in place. Nonetheless, the registered manager was able to confirm some of the training initiatives that continue to be provided and which this space and resource is considered an asset.

Initial review and discussion referenced the contact maintained with the Commission during the Covid-19 situation over the previous eight months. Some of this had been initiated by the provider in relation to some challenging practice issues that had required action and flexibility of the provider and staff group in order to maintain care packages during this time. At inspection this remained an ongoing issue requiring planning and daily review, and which was well evidenced from the areas of good practice highlighted.

The ways of working which the provider uses to meet individual care packages were explored and with good documentation provided for reference which framed how this applies in practice. The provider's "User Guide" and leaflet was reviewed as part of the overall review of documentation and this contains helpful, user-friendly information.

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

Specific care packages as live-in care, 24 hours packages and more routine visits were discussed alongside how new care packages will be formulated from initial referral, engagement with the care receiver and/or significant others. The operational procedures followed were clarified with reference to how the team operates within specific locations and with key personnel identified to oversee and support the care provided.

With consideration of the variety of care packages in place it was established the working practices that are in place to ensure continuity of care and adequate staff resources are in place. This will include tools at the disposal of some staff such as laptops and with the review of care needs undertaken by such experienced and senior staff in the most timely and practical manner.

An audit of three care receivers' records was undertaken and included hard copy documents and uploaded electronic documents. This review provided a reference to how the working systems are integrated to best support all care staff to carry out their roles and responsibilities when in the community, sometimes as lone workers or as small teams. The review of care records was supplemented by follow up discussions with care receivers, relatives and Healthcare Professionals.

A review of the staff personnel file for four members of staff recruited in the last year was also undertaken. The Regulation Officer was provided with evidence of a range of background checks including references and routine enhanced Disclosure and Barring Service (DBS) criminal records checks undertaken in respect of the four members of staff when recruited

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

At the conclusion of the inspection visit, feedback was provided about the initial findings and with no areas for improvement noted at that time. Contact information was requested and provided for follow up that would further inform the inspection process, this was completed within two weeks of the inspection visit. A summary of the feedback received was subsequently provided to the registered manager at the conclusion of this inspection process.

## INSPECTION FINDINGS

### **The service’s Statement of Purpose and conditions on registration**

The Home care service 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 Statement of Purpose continues to reflect the range and nature of services provided to care receivers. The Regulation Officer was satisfied that the provider / manager fully understands their responsibilities in this regard.

4Health Nursing and Home Care Agency Ltd is, as part of the registration process, subject to the following mandatory conditions:

Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of Care: personal care/personal support/nursing care            Category of care is: Old Age, Dementia Care, Physical Disability, Learning Disability, Autism, Mental Health, End of Life Care            Maximum number of personal care/ support care hours that can be provided is 2250 hours per week            Maximum number of nursing care that can be provided is 30 hours per week            Age range of care receivers is: 18 and above</p> <p><u>Discretionary</u></p> <p>None</p>
----------------------------	---

Through discussion with the registered manager, the areas of practice which are overseen by them, their nominated deputies and the administrative staff were confirmed. There are clear lines of accountability with roles and responsibilities that are clearly framed and are referenced by staff and care receivers. There was good documentation on file and provided at inspection that further evidenced these systems being in place.

There were arrangements in place to ensure that the information made available to prospective care receivers and their families is accessible. It was noted that refinements will be made to the written formats which are used for example, for those whose first language may not be English. In addition, attention is given to ensuring that the information which is provided to care receivers is composed in a language and format which is easily accessible and understandable by avoidance of jargon for example.

The approach and attention that is given to how the provider may support care receivers to maintain activities and independence was well demonstrated from the packages of care described. Furthermore, the feedback received from care receivers or their significant others as for example husband or wife illuminated some of these approaches in practice. One relative described the service as “absolutely brilliant” when making reference to some of the assistance provided that included social outings as facilitated by care staff.

The variety of care packages provided was discussed in some detail with the registered manager. A comprehensive approach to applying the care standards was demonstrated and this incorporates information sharing with care receivers and promoting activities as part of care where possible. Additionally, some engagement with care receivers for feedback and ensuring the service operates effectively and consistently to manage all care packages irrespective of time or content is initiated by the provider routinely

One relative commented on the service as being “forward thinking and the team being exceptional” while another reported “generally excellent with no concerns with the care delivery”.

The provider’s services include a “live-in” service to support care receivers 24 hours per day. This was discussed in some detail and information was provided about how the staff employed for these types of care packages are best supported in these relatively isolated working environments. It was noted that there are opportunities for support and guidance from senior staff if there are any concerns arising in this area of care. Restrictions on in-bound travel due to Covid-19 have impacted on staff availability to maintain live in care support packages.

It was noted from the review of the service’s recording systems the timely feedback and updating of care plans that will take place. This was evidenced by review of recent changes noted to one care receiver’s physical health and where photographic records may be utilised to best inform any review and evaluation of care as necessary. Further to this prompt referral is made to other agencies as Family Nursing and Home Care or Jersey Hospice for example. The presence of qualified nursing staff also promotes a good system of care planning and review as part of the

overarching governance that is in place and that was highlighted by a relative who stated “care plans are all in place” and with reference made to the skills and competency of nurses engaged in the care plan and reviews that take place

Complaints and responses were discussed. A recent complaint received was being processed at time of the inspection and some of the investigatory processes and records were provided for review. This conveyed a thorough approach with some prompt action being taken as noted from the timeline recorded on the file notes.

Further to any complaints process that is followed, where there may be unresolved issues the provider also has an external reviewer who may carry out further investigation of complaints if deemed necessary. This system for review of complaints is also incorporated in a routine monthly summary as part of Quality Assurance process which is followed.

Further testimony as received directly by the Regulation Officer from engagement with care receivers, relatives and other agencies is highlighted later in this report. This provides endorsement of the positive findings established from discussion and review of records that took place during the inspection.

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

### **Safeguarding (adults and children)**

<p>The Standards for Home care service 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.</p>
---

The Regulation Officer discussed the safeguarding arrangements during the inspection. Reference was made to good practice and specifically the provider’s approach to training around this subject. Attention was given to a case summary that had required engagement with Adult Safeguarding, Health and Community Services some months previously and that had been suitably resolved.

The registered manager highlighted their expectation that care staff will bring to their line managers any issues of concern. This message is conveyed regularly and routinely to all care staff.

It was noted that some of the care receivers may have some cognitive impairment secondary to dementia and so their ability to communicate may be impaired. The provider has put in place an approach to training which sets out to address the variety of scenarios which care staff may be involved in and from which they may safeguarding issues arising. This highlights the ongoing attention and consideration that all involved in direct care should apply to ensure that the care provided is safe, supportive and consensual at all times.



With care needs noted such as dementia, the provider approaches safeguarding training at the earliest opportunity to include questions asked at interview of potential new staff. This is in order to establish what understanding new staff have about this important practice issue. This is also supplemented by engaging with external trainers to cover subjects as Significant Restriction of Liberty (SROL) and Capacity and Self Determination law that are also applicable to safeguard vulnerable care receivers when being supported by staff.

Training of staff also focuses on the use of equipment and safe handling which again may be applicable to the area of safeguarding to ensure appropriately trained staff are provided to support those most vulnerable. This is further enhanced by in house training for managing challenging behaviours and which may be associated with dementia, where misinterpretation or confusion can lead to difficult situations. Ensuring that staff are adequately skilled to manage and minimise distress to any care receivers underpins the approach given to safeguarding.

## Complaints

The Standards for Home care service 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.

It was noted that a recent complaint received was being processed in a timely manner and with a nominated person identified by the registered manager to deal with this as first stage. Subsequent to this there is an identified pathway for the provider to commission an independent person to carry out further investigation of any complaint if it has not been satisfactorily resolved at the earlier internal stages of review for all complaints.

This provides evidence of a thorough approach to addressing any complaints from care receivers or significant others. There is a further Quality Assurance process as routinely carried out monthly that also reviews the nature of complaints and outcomes which may be concluded without the need for external review.

Care receivers and their relatives who were approached as part of this inspection process appeared to be well informed about the complaints process and who they may contact in the first instance if they had reason to complain or raise a concern. In addition, the feedback conveyed to the Regulation Officer reflected high levels of satisfaction with the services provided.

"Care was transformed, different altogether when they took over, the carers are calm and chilled"

"Very happy without exception, rota provided for the week, consistent, seldom varies and is a great comfort"

"Any issue we have Rae to speak to"

"They go way above what is asked of them and make a difference to us as a family"

“Could not wish for better”

It was noted from the provider’s “User Guide” the clear Quality Assurance framework aligned with a Complaints and Compliments section which also incorporates the Complaints procedure. Within the User Guide there is information including phone numbers, the hours of business and out of hours contact points for the on call Duty Manager. This procedure also sets out the timescales for acknowledging a complaint (within five working days) and 10 working days to provide a response.

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

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.

At the time of the inspection, the staff complement included permanent and zero hours staff employed to support the care packages currently being provided. The logistical challenges for mapping a variety of care packages to include live in care and 24-hour support packages is well recognised by the attention given to staff rostering by the dedicated team assigned to this important role. While there was good evidence of the staffing resources being well planned and managed daily, due to the impact of Covid-19 transmission rates, staffing arrangements were fragile and subject to change at short notice.

From discussion with the registered manager, all reasonable contingencies had been applied and this was both evident from the provider’s engagement with the Commission throughout the pandemic and remained evident at the time of this inspection.

The Regulation Officer reviewed four Human Resources (HR) records and clarified the approach to safe recruitment that is taken when employing new staff. There was good evidence of a systematic approach to this practice, with well archived files and relevant information retained as set out in the relevant Standards for inspection.

Best practice was suitably demonstrated from the review of references obtained alongside enhanced DBS checks. In some records, supplementary references had been requested for some applicants.

The records also contained documentation relating to the induction and shadowing period provided for new members of the team.

The training plans and attendance records were viewed for a sample of staff from the electronic system. This demonstrated that core training and qualifications for the staff group were adequately in place such as QCF accreditation. Due to Covid-19 there have been some challenges in securing face to face training for staff, particularly in areas where this is most beneficial. However, the staff have had opportunities for e-learning to maintain their core training requirements, some of

which may be supplemented by office-based training, while adhering to physical distancing requirements.

The composition of the team incorporates several experienced nurses for example, and this provides for a well-balanced and skilled team to support care receivers. In addition, this is required for the purpose of nursing care registration which is provided for a small number of care receivers.

The Regulation Officer was satisfied that there are adequate staff employed to support the categories of care that may be provided. There is a comprehensive and flexible on-call system for senior staff to be contacted to address any untoward events (such as unexpected sickness). This can be done in a timely and safe way within the communication systems clearly identified for this purpose and as evidenced from supporting documentation and confirmation by the registered manager.

The organisational chart as provided at inspection provided further evidence of the approach and investment in key staff to ensure the delegated roles and responsibilities are adequately filled. The three Registered Nurses in post oversee the care delivered by care staff and the complex caseloads require skilled management and review. There is a Deputy Manager and Compliance Officer in post who to oversee other relevant functions including statistics and audit information. Additionally, there are key staff with nominated roles in the provision of training in key subjects such as safe handling and safeguarding. One representative from Health and Community Services was contacted for feedback about how the provider and team engage in care packages and review of same. They reported that the team were all approachable and always appear to have a client's best interest in mind and try to be flexible when they can.

## **Care planning**

The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility to ensure that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.

A sample of three care folders was reviewed by the Regulation Officer. The care records reflected a range of assessed needs and care planning and the variety of care packages being provided at the time of inspection. They also demonstrated the levels of support and oversight which is given from ongoing review and evaluation of care needs.

Care planning records included templates which set out the following areas; medication, skin damage/pressure ulcer risk assessment tools, body mapping, medical notes, professional notes, safeguarding minutes, complaints records, home checks and risk assessments.

The registered manager advised the Regulation Officer that they or a senior colleague (Registered Nurse) carry out a three-month review of all care receivers as part of the ongoing evaluation of care needs and presentations. This includes a way “home check” and is followed by revisions to care plans as necessary.

There is a “live document” (spreadsheet) incorporated into care planning where key data such as waterlow scores (to map and monitor risk of pressure sores) will be routinely completed. This provides an additional monitoring tool that informs the care planning process and supports the prompt review and adjustment to any care interventions if so indicated.

It was also reported by a representative from Health and Community Services following the visit the positive joint working that had taken place to enable one care receiver to remain at home for as long as possible, this with appropriate support for morning and evening for personal care along with aspects of domestic support and social visits. Also noteworthy was this in response to the changed needs as was identified and recognised by all parties.

One relative provided a most positive endorsement of the principles for care planning being adequately met where they stated, “care plans in place are proper ones”. It was also reported by one relative about the care planning being well organised, clearly set out by times and which are regularly met by carers visiting the home as and when stated in the care plan.

### **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 provider has procedures in place that relate to quality assurance checks and review. This includes regular review of staffing levels and rosters, complaints and other core standards that are expected of the provider and staff.

The provider has nominated an independent review who carries out this monthly check and who systematically covers the Standards throughout the year. The reports completed following these reviews are shared with the registered manager and with the Directors. This adds a further level of scrutiny and diligence to the providers overall governance arrangements.

From review of the reports it was evident the key indicators were being recorded appropriately to meet the Standard. However, some reference to alternative templates was to be explored that may be more reader friendly and where action points may be more clearly identified for follow up.

## **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.



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)