



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Tutela Jersey Limited**

**Home Care Service**

**1 Trafford House  
L'Avenue Le Bas  
St Saviour  
JE2 7QN**

**9 February 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 Tutela Jersey Limited (Tutela). The service was registered under the Regulation of Care (Jersey) Law 2014 on 9 August 2019 and its office moved from the registered address in St Saviour to St Ouen on 5 February 2021. Additionally, the registered manager has left the service and the interim manager is Martin Shotbolt, with a formal application for registered manager in process.

Registered Provider	Tutela Jersey Limited
Registered Manager	Vacant – application pending
Regulated Activity	Home Care Service
Conditions of Registration	Maximum number of personal care/ personal support hours to be provided per week is 2500+ 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 Autism Substance Misuse  Discretionary conditions in place which are being reviewed as part of pending manager application
Date of Inspection	9 February 2021
Time of Inspection	9.30am – 1.15pm
Type of Inspection	Announced
Number of areas for improvement	Two

At the time of this inspection, there were 91 people receiving care from the service.

## SUMMARY OF INSPECTION FINDINGS

This was the first inspection undertaken since the service was registered and was announced.

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 and relatives of care receivers who reported that they were happy with the service provided and that, where necessary, Tutela had acted on any issues. Relatives reported a positive change in the quality of life of their loved ones and referred to consistent staff teams who know the care receivers and are creative in their support.

Staff are recruited safely. There is an induction programme and consideration for staff to work within teams who are matched to the needs and interests of care receivers. Staff 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 is provided quarterly with a team leader and appraisals are provided yearly with either the General Manager or Assistant General Manager to discuss their role and development goals.

Staff spoke positively of the culture of training and development and were confident in recent changes introduced by the General Manager. All staff who were consulted had an awareness of how to keep people safe and were aware of their safeguarding responsibilities. Notifiable events had not always been communicated to the Commission but, following discussion, the Regulation Officer was confident that the General Manager (who now completes day-to-day activities for the service), is aware of the need to make notifications and the Interim Manager is aware of their responsibilities in this regard.

Care staff have access to folders with care plans in the care receiver's home. Care receivers reported knowing that their care plans were in their home and that they had access to them. There is a plan for this system to be electronic. Care receivers spoke of their involvement in the development and review of care plans and that they had choices in activities during their period of support. There were examples of good practice in this area.

There are two areas for improvement resulting from this inspection. One relates to ensuring that all care receivers have access to the complaints policy. 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 Standards for Home Care were referenced throughout the inspection.

The inspection visit took place at the registered offices on 9 February 2021. The Regulation Officer spoke with the Interim Manager, General Manager and Assistant General Manager. Due to Covid-19 guidelines, and to limit face-to-face contact with care receivers, telephone contact was made with five care receivers and six different relatives to obtain their views of the service. One email response was received from a relative and one email with positive feedback was also forwarded by Tutela from a relative. Seven care workers were contacted, and all 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 Interim Manager and General Manager about their managerial responsibilities and the ways in which they establish oversight of the day-to-day provision of care with staff and people receiving care. The discussions also established the processes that are in place for care receivers to be introduced to 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 both the Interim Manager and General 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 was updated following the inspection visit to reflect the change of address and interim management arrangements. An

application for a registered manager is in process and a new certificate will be issued once this is completed. The inspection findings confirmed that the mandatory conditions on registration were being complied with. This was evidenced through discussion with the general manager who provided examples and discussion of assessment processes undertaken to ensure that care receivers referred into the service have care needs that fall within the conditions of registration. The Regulation Officer was satisfied that the Interim Manager also fully understood 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:

Conditions of Registration	<p><u>Mandatory</u></p> <p>Maximum number of personal care/ personal support hours that can be provided is 2500 + 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, autism and substance misuse</p> <p><u>Discretionary</u></p> <p>There are conditions in place which are being reviewed as part of the new registered manager application.</p>
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An interim manager is in place with a pending application for a new registered manager. The organisation has a general manager and assistant general manager who manage the day-to-day activities of the service.

Discussion with the General Manager, and afterwards with the Interim Manager, and an 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 Interim Manager confirmed that they are aware of their responsibilities and of the limitations in the type of services that can be offered. The General Manager explained that all potential care receivers are assessed once they are referred to the service and that relevant information from health professionals is obtained where possible. During the inspection visit, the Regulation Officer was informed of a referral which the company were unable to accept, and this demonstrated that they consider the availability of staff and skills before accepting a referral.

The General Manager described a situation where the needs of a care receiver had increased and that a transition plan to an agency who can provide nursing care was

supported. The care staff have moved with the care receiver to ensure continuity of care even though this means that the agency have lost staff. This is an example of good practice where the needs of the care receiver were regarded as paramount.

Most care receivers need support with personal care needs, domiciliary support, housekeeping, meal preparation, companionship and support with recreational activities.

Discussions with care receivers and their representatives confirmed that they were very happy with the quality of care and support they receive. Care receivers described their team as “super”, “very satisfactory” and “always cheerful.” Relatives reported flexibility of the service and were able to describe the assessment process when their loved one first started using the service. Two of the relatives described how they had concerns when there was a suggestion to transition to Tutela from their previous service, but they were very happy with the outcome and feel that it has been a positive change.

### **Safeguarding (adults)**

<p>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.</p>
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There are many systems in place to support the safety of care receivers which include 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 and the training log confirmed that staff receive safeguarding training during their initial induction and that there is a reminder when updates are required. A discussion with six 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. A seventh member of staff reported by email that they were aware of the safeguarding policy and knew how to access this.

The service has a gift policy in place which was examined during the visit. Care receivers and staff are not allowed to give or receive gifts, but there is also a process in place to declare a gift if this is given. A discussion with care staff confirmed their awareness of the policy. The safeguarding policy is provided to all staff in an induction folder when they start work and a copy is kept in the home of each care receiver.

The General Manager reported that Government of Jersey guidelines were followed during the Covid-19 pandemic and that small teams were allocated to each care receiver to reduce the footfall in each home. This was confirmed by both care receivers and relatives.

A discussion with care receivers and their representatives confirmed that they felt safe with the support team and that their wishes were considered in the choice of staff, with gender and interests being considered. The General Manager gave examples of where safeguarding concerns have been taken seriously, investigated and appropriate action has been taken.

One relative reported that, as their loved one's needs had increased, a request had been made for a reassessment to ensure their safety in the home. Another relative reported that as important appointments had been missed, the General Manager had requested a meeting to decide if copies of appointments could also be sent to Tutela to enable them to better support a care receiver to attend. These were examples of good practice.

## 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.

One complaint has been notified to the Commission since the service was registered in 2019. A copy of the response to the complainant was forwarded to the Commission and the Regulation Officer considered that it had been dealt with appropriately.

The complaints policy was examined during the inspection, which identifies the actions to be taken about receiving, handling and responding to complaints. The complaints policy includes details of how to contact the Commission if a complainant is not satisfied with the response from the service.

Although it was reported by the General Manager that there had been no complaints, it was evident in discussion with care receivers and relatives that there had been minor issues which had been raised and resolved. A log of these issues would demonstrate that the views of care receivers were listened to and actioned.

None of the care receivers or relatives were aware of the complaints policy. The Regulation Officer was also unable to see a record of complaints and outcomes even though relatives reported examples where they had raised concerns, and these had been dealt with to their satisfaction. The General Manager is in the process of updating a welcome pack and this will include the policy. The Regulation Officer was also assured that copies of the complaints policy will be given to all care receivers. This was an area for improvement.

One relative reported that since the General Manager became responsible for day-to-day activities, there had been an improvement in communication and other relatives described this as a positive change. All care receivers and relatives were able to identify someone within the organisation that they could contact in the event

of needing to make a complaint. However, these arrangements are not in line with policy. There is a risk in using such informal routes, that a complaint is not dealt with in a timely and appropriate manner.

A form for feedback from care receivers and their representatives is being developed with the aim of sending this out twice a year. This will include an Easy Read version. Currently it appears that informal feedback is sought by either the staff team or the Team Leader. This was reported in the November 2020 monthly report and staff members stated that they were aware of this and the need to return their views.

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

<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 General Manager reported a process where an informal interview with the applicant is held first which explores reasons for wanting to move to Tutela or to pursue a career in the care sector. This interview is then followed up with a formal interview process before a job offer is made. The General Manager reported that the attitudes and values of the applicant are an important part of the decision-making process.

Tutela currently employs 113 care workers for personal care and/or personal support. The Regulation Officer reviewed 18 personnel files. This review confirmed that criminal record checks and two references are obtained prior to an employee being introduced to care receivers.

All staff complete a three-day induction programme, which includes essential training in areas such as manual handling, safeguarding and first aid. There has been some difficulty during the period of the Covid-19 pandemic in accessing training in the areas of First Aid and manual handling, but these have since been booked with a local provider. New staff members also shadow experienced staff and those who were consulted reported having received an appropriate introduction period. A team leader works with one or two teams, meaning that there is regular oversight for staff.

The Regulation Officer reviewed a training log which demonstrated that several staff had NVQ/RQF Level 2 or Level 3 in Health and Social Care and that some staff members were working towards these qualifications. All staff who were consulted reported that they felt supported to develop their skills and to undertake training qualifications. Where necessary, staff reported that they receive training for working with specific conditions. One member of staff reported that they had conducted their own basic learning in Makaton in order to support a care receiver and it was suggested that they raise the need for more formal training through the supervision process. The General Manager confirmed that they are currently seeking an appropriate provider for this specific training.



One member of staff described a thorough two-day safeguarding course which included both academic work and exercises to ensure understanding. One care worker who is new to the care sector described a “very professional” induction process and stated that they had been impressed with the level of information provided in the mandatory training areas. They also felt confident when starting due to the information provided about the care receiver and introduction to the care plan.

Staff reported receiving regular supervision at least every three months either from a team leader, the General Manager or the Assistant General Manager. Appraisals are completed yearly, and this is being standardised to ensure these are completed for all staff at the same time of year. Staff reported feeling well-supported currently feel valued and one care worker stated that their team leader was “amazing and supportive.” One care worker stated, “I have been very impressed with the company’s attitude and commitment to both their staff and clients.”

Testimony received from both care receivers and their representatives confirmed that they have confidence in the staff team. All care receivers reported having a small team of staff who they know and trust. They stated:

“the girls are really nice. Always cheerful”

“they always ask me what I want them to do. They are super.”

“I’m very pleased with the service provided. We rely on Tutela.” This relative described having positive relationships with the team.

“R is a changed man. He’s gained more independence. I’ve never had to make a complaint.”

“I can’t fault the staff. They have the right attitude. They make getting out fun. They use imagination.”

“It’s all perfect. We are very happy.”

“The staff are a credit to them.”

Two relatives stated that they would like increased communication with the staff team.

A “Speak Out” survey has recently been sent out to all staff to gain their views of the service. This was also available in Polish and Portuguese.

## **Care planning**

<p>The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider’s responsibility to ensure that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.</p>
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The General Manager or Assistant General Manager complete an initial assessment of need for care receivers who are referred into the service. An example of the assessment form was reviewed and demonstrated that unless Tutela is assured that it can meet the needs of a proposed care receiver, they do not accept the referral. The General Manager reported that they try to “put themselves in the shoes of the care receiver” when considering the care plan and matching with a team.

The Regulation Officer reviewed five care plans. There was evidence of six-month reviews and that where possible, care receivers are involved in care planning. One care receiver had stated that they do not want to be part of care planning and this was also respected. There was good evidence of multi-agency working including the involvement of UK professionals and that a care receiver with a high level of need was given choice of activities where possible. An easy read version of a care plan was on file which the General Manager reported was for the benefit of both the care receiver and for easy reference for care staff. These were examples of good practice.

Care staff have access to care receiver’s care plans in the home. One relative indicated that they have full access to the notes in the home and are encouraged to make notes to highlight any events for the benefit of the staff arriving on duty. Both care receivers and relatives, where appropriate, had been involved in the initial assessment meeting and this had included other health professionals. There are aims for care plans to be electronic, but a paper copy for the benefit of care receivers and their representatives will also be kept in the home.

Following the initial assessment, a staff team is identified which meets the needs and preferences of the care receiver. One care worker stated that his interest in an activity was well-matched with the care receiver whom he supports and they both enjoy undertaking this activity together. During a discussion which included both the care worker and the care receiver, a respectful and positive relationship was evident.

A relative reported that their loved one has been supported for approximately two years by Tutela. The care receiver has 24-hour care from a team of three or four care workers. The relative reported that the care plan is explained in picture format for the care receiver. It is the opinion of the relative that the team have improved the quality of life of the care receiver and that they have gained more independence.

In another example, a relative reported that the staff team have encouraged the care receiver to return to an activity which they had once enjoyed. The relative reported that their loved one enjoys the company of the staff team and that through care planning they are now able to undertake a wider variety of activities.

Relatives and care receivers reported that they are aware of the times of proposed visits and know who will be providing care and support. One member of care staff described that the initial introduction to the care receiver was gradual and included a review of the relationship before confirming them as part of the care team. A care worker stated that during the Covid-19 period, they had spent time explaining about the virus, the risks and implications for being unable to undertake some activities or visit relatives.

## Monthly quality reports

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.

The General Manager has been completing a monthly report, which captured statistics and data. The Regulation Officer reviewed monthly reports for November 2020, December 2020 and January 2021. There was evidence of care receivers being consulted in November 2020 and the reports could be improved by ensuring there is a regular programme of care receiver, health professionals and/or relative review.

Although all areas of quality assurance are included, the monthly report should provide an opportunity to log any complaints, both formal and informal, and an opportunity to state if these have been resolved satisfactorily.

The monthly quality report needs to be improved with oversight from the Interim Manager, who is also the provider. This is an area for improvement which was discussed and there was an agreement that steps would be taken to address this.

## 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.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 7.2</p> <p><b>To be completed by:</b> 2 months from the date of inspection (9 April 2021)</p>	<p>Relatives and care receivers will be made aware of the complaints policy</p> <hr/> <p><b>Response by registered provider:</b></p> <p>We now have in place a welcome pack, including the complaints policy and form. For existing clients these have been distributed via team leaders.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 9.2</p> <p><b>To be completed by:</b> 2 months from the date of inspection (9 April 2021)</p>	<p>A monthly report will have oversight by the interim registered manager</p> <hr/> <p><b>Response by registered provider:</b></p> <p>These are completed by Nicola and Martin and then signed off by the interim Manager Martin Shotbolt.</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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