



**Jersey Care
Commission**

INSPECTION REPORT

Cambrette Care

**1st Floor
Trinity House
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10 March 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

Cambrette Care is a home care provider registered under the previous regulatory framework and was subject to regulatory inspections under the previous nursing agency licence since 2003. The provider was subsequently registered with the Commission on 13 August 2019.

Registered Provider	Cambrette Care 2008 Limited
Registered Manager	Beth Gicquel
Regulated Activity	Home Care Service
Conditions of Registration	Maximum number of personal care/ support care hours that can be provided is 2249 hours per week Age range of care receivers is: 18 and above Category of care is: Old Age, Dementia Care, Physical Disability, Mental Health, Substance misuse (drug and/or alcohol) Learning Disability, Autism
Date of Inspection	10 March 2021
Time of Inspection	10am – 1.30 pm
Type of Inspection	Announced
Number of areas for improvement	One

At the time of inspection, there were a variety of support packages being provided to assist care receivers to continue living in their own home and maintain an optimum level of independence. The care provided is delivered by a team which includes registered nurses and senior care staff, that ensures a good level of clinical and managerial oversight can be consistently provided.

The care provided ranges from 24-hour care to shorter daily visits. A broad range of care needs can be met which include the provision of companionship as well as practical assistance which includes tasks such as undertaking weekly shopping as well as supporting care receivers who have more complex needs. The provider will also engage in joint working with other agencies such as the Family Nursing and

Home Care District Nursing service. This multiagency approach promotes best practice and continuity of care where care receivers' presentations change or where there is a need for higher levels of clinical support. When referrals to other agencies are indicated these are made accordingly.

SUMMARY OF INSPECTION FINDINGS

This inspection was undertaken over the course of three and a half hours by one Regulation Officer. It took place in the provider's office and was announced one week in advance. The Standards¹ 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 and in accordance with infection prevention and control measures, the Regulation Officer was unable to meet any care receivers face to face. However, direct contact was made by telephone with some care receivers, relatives and some members of the care team, separately to the inspection visit. This provided useful feedback about the service and how it operates.

This inspection also coincided with the provider's move to new office premises. These premises provide additional space which includes a substantial administration office and additional breakaway rooms for private consultation with clients or staff. There is also a large training room which will further promote the training and development of staff.

The feedback which was received was positive and provided evidence and confirmation of the appropriate practices and approaches which the manager had highlighted in their summary of activity during the inspection visit. Some positive feedback was provided by care receivers relating to the efforts and commitment of the provider in ensuring continuity of care during the most challenging of circumstances in the past year.

Support provided to relatives during this challenging period was also noted and reflected that the service is flexible in its approach. This had been much appreciated by the recipients. For example, extra hours of support had been provided in a timely manner when some care needs had changed. This was stated consistently by those contacted, who expressed their appreciation of the whole team.

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

The opportunity was taken to review all the working practices that are undertaken by the organisation. These included having initial contact with potential new care receivers and/or their family; work which is undertaken with referring agencies, and the systematic approach that is adopted in overseeing and reviewing existing care packages. Attention was also given to the training of staff and the delegation of duties to different members of the team.

Overall, the findings from this inspection were positive. There was good evidence of how the service operates across a seven-day period to ensure that support packages are consistently delivered to a high standard. Such evidence was readily provided during the inspection. 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 were being appropriately met.

The provider utilises an electronic recording system. Hard copy care plans are retained in the care receivers' homes for ease of reference for all involved in the receiving or delivering of care. There were clear systems in place for notifications and alerts that can be generated from the use of electronic devices, as highlighted from the IT systems that are utilised. There is a system for the review and evaluation of care packages in the event that there are any changes of care needs or incidents. The management team is clearly defined and is able to oversee and/or escalate any issues for further attention as required.

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. Some examples for how such matters are addressed was provided during the inspection. These demonstrated that robust systems are in place with the appropriate scrutiny and oversight being applied by the registered manager or deputy.

Safe recruitment and staffing arrangements were reviewed. These provided evidence that best practice was followed in respect of all new employees. The records which were reviewed, demonstrated that all necessary checks are undertaken prior to any new staff commencing their duties. All new staff are required to undertake a programme of induction. It was noted that designated Human Resources personnel oversee this area of practice.

The provider was able to demonstrate that numerous audit and data collection methodologies were in place and carried out routinely for all care packages. There was good evidence of quality assurance principles being in place as part of a clear governance system. Despite this, a monthly report is not produced, as is a requirement of the Standards. This was identified as an area for improvement. The registered manager acknowledged this oversight and undertook to instigate an action plan to remedy this.

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 (such as any changes to operational capacity or in relation to the new office accommodation). The Registered Provider had recently made an application to the Commission to include additional categories of care needs that could be met by the service. This application was granted, and the registration conditions have been changed

Due to the Covid-19 situation, this inspection was announced and undertaken in accordance with infection prevention and control measures. This necessitated that no requests to meet with care receivers were made on this occasion. However, follow up contact was made with two care receivers and four relatives, separately to the inspection visit, to ascertain their views on the service and the care provided. Contact was also initiated with five care staff to consolidate the findings and information was also received during the meeting with the registered manager.

The visit commenced at 10 am, with some initial appraisal of the new office environment, which was in the process of being set up, as the relocation had happened recently. This gave the opportunity for a discussion about the focus on training and development of staff and of how the new facility provides additional opportunities for group learning and individual supervision sessions with staff. The new office space and resources also were noted to further enhance the working space for administrative and HR staff with confidentiality and privacy being better assured.

The discussion referenced the contact which had been maintained with the Commission during the Covid-19 situation over the previous eight months. Reference was made to recent engagement initiated by the registered manager relating to a range of practice matters where advice from the Commission was requested. Throughout this period, it was apparent that the provider and staff team had adopted a flexible approach in responding positively to several challenging practice issues. This enabled the service to sustain care packages and to provide continuity of care. Various examples of this had been provided over the course of 2020, which illuminated best practice and the existence of appropriate systems of governance. These were revisited during the inspection.

The provider's methodology in initiating care packages was discussed, with examples provided which demonstrated this in practice. This included the initial assessment process, care planning arrangements and reviews of the care plans which are undertaken routinely. Managerial supervision, managerial roles and responsibilities and the appropriate delegation to key members of the team, were each identified with the registered manager. This helped to frame an overview of how the provider works to ensure that safe practice and good standards of care are promoted for all care packages.

A range of documents were provided for review. These included the staff supervision form, the employee Induction template, the staff competency assessment for the management of medicines and the contracts for care packages.

It was discussed as to how engagement with care receivers is promoted and of how adjustments are made to overcome any communication or language barriers. This included a consideration of how care receivers who do not speak English as a first language, are supported to express their needs and views.

An overview of care receivers' general needs, care packages and how these are delivered in practice, was identified from discussions with the registered manager, care staff, relatives and care receivers. Some case summaries and an examination of a sample of care records, was also undertaken to demonstrate the working practices that were being followed.

In discussion, it was clarified as to how staff members initiate care packages and support their implementation. The manager explained that some management roles are appropriately delegated to or shared with key senior staff members. The planning and coordination of shifts was established in these discussions and was further demonstrated in practice. The Regulation Officer was able to briefly review the operational hub, which is in the main offices in the new premises. The additional space which the new premises afford, enables care packages to be administered with input from both care managers and administrative staff.

The times that may be allocated to each episode of care, with reference to the Statement of Purpose were clarified with the provider. Evidence was gathered which demonstrated the application of flexibility and of the actions which can be taken in the event that care needs change. Attention was also given to the additional categories of care which had been recently added to the registration. It was recognised by the registered manager that this inclusion was necessary and in accordance with best practice.

Specific care packages that include live-in care, 24-hour care packages and more routine visits, were each discussed, with a summary provided by the registered manager about how new care packages are set up following an initial referral. How communication and advice is gathered from the care receiver and/or significant others was also clarified, with specific reference as to how the provider formulates tailor-made support packages. The operational procedures were clarified and demonstrated from case summaries, with examples provided of this in practice.

With a consideration of the variety of care packages in place, it was established as to how the care staff provide the care. In some cases, staff work individually, in others they work in small teams, such as in cases where joint working is necessary to support care receivers who have more complex needs. All care staff are provided with a means of communicating with other staff in the organisation when they require additional assistance.

An audit of five care receivers' records was undertaken. Reference was made to the back-up systems and comprehensive audit processes which are in place to ensure that recording is undertaken consistently and thoroughly. This was reviewed with

consideration to the quality assurance framework which the provider applies in all the work, which is carried out, and which is subject to ongoing review and evaluation.

A review of the staff personnel file for the five members of staff who were most recently recruited was undertaken. The Regulation Officer was provided with evidence that a range of background checks including references and routine enhanced Disclosure and Barring Service (DBS) criminal records checks were undertaken in respect of these members of staff prior to them commencing work with care receivers.

A review of the audit processes which are in place and which addresses quality assurance principles, was undertaken. Examples of data collection and logs were readily available. These are accessible to the registered manager or nominated deputies to undertake a systematic review of all operational matters including care planning and staffing resources.

At the conclusion of the inspection visit, feedback was provided about the findings. One area for improvement was recorded which related to ensuring that a monthly review of standards is compiled in a report format that will be readily available. Actions had already been identified by the provider to address this immediately. Contact information of care receivers and relatives was provided to the Regulation Officer to further inform the inspection process. This was completed within one week of the inspection visit and additional positive feedback from these sources was given to the registered manager at the conclusion of the 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 understood their responsibilities in this regard.

Cambrette Care is, as part of the registration process, subject to the following mandatory conditions:

Conditions of Registration	<u>Mandatory</u> Type of Care: personal care/personal support Category of care is: Old Age, Dementia Care, Physical Disability, Mental Health, Substance misuse (drug and/or alcohol) Learning Disability, Autism
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	<p>Maximum number of personal care/ support care hours that can be provided is 2249 hours per week Age range of care receivers is: 18 and above</p> <p><u>Discretionary</u></p> <p>Elizabeth Gicquel registered as manager of Cambrette Care must complete a Level 5 Diploma in Leadership in Health and Social Care by 13 August 2022</p>
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Through a discussion with the registered manager, the lines of management and accountability to ensure safe and consistent care were clearly established, as were the monitoring arrangements. In practice, this is overseen by four care managers who supervise caseloads and staff resources for a variety of care needs. This is further supported by administrative staff and a HR consultant and overseen by the registered manager for all areas of practice.

A discussion with the registered manager about their discretionary condition for obtaining the required level 5 accreditation confirmed that this objective was being suitably addressed.

There are clear lines of accountability with roles and responsibilities in place. The effectiveness of this was evidenced in that care receivers or their relatives were able to identify which key persons are care managers, when giving feedback. There was good quality documentation found on file and provided at inspection, that further evidenced how these care managers and operational systems work together to coordinate care packages.

Arrangements were reported to be in place that will best promote good and effective communication. The provider was able to demonstrate that staff are sometimes requested to contribute directly to the process of information sharing. An example of this was that some staff use their bi-lingual skills for translation purposes for care receivers and/or their relatives, and will receive additional payment for undertaking this specific work outside of their usual care role. If this not practical, the service will consider engaging registered translators as an alternative.

In order to ensure that information is presented in an accessible format, leaflets may be provided for new care receivers which can be supplemented with online materials where this is considered appropriate.

The different approaches that may be taken to support a variety of care packages was discussed. Examples were provided which include social engagement such as escorted visits to pubs and restaurants or more intensive support and interventions that occur in care receivers' homes. One example provided by a relative, demonstrated the support and attention which is given to significant others. This reflected the holistic approach which is taken to support not only care receivers but their families as well. A relative stated that throughout the past year, care had continued to be provided despite the associated challenges. They also remarked of the provider, that they not only care for the individual, but also their immediate

relatives. This holistic approach to care delivery has the effect of bringing about a part of the family' ethos.

Other feedback received was of a similar nature and reflected an overall positive culture of care and engagement. Descriptions of the service provided included "excellent, tip top, the staff are knowledgeable" and "very, very happy, xxx loves the carers". One care receiver stated the provider and staff were "on the whole absolutely excellent" and that they, "would recommend them to others".

The care packages provided were discussed in some detail with the registered manager and referenced the recent variation of conditions they had applied for, to incorporate learning disability and autism as additional categories of care. The underlying rationale and justification for this addition as stated and included in the recent application, demonstrated a high quality of governance and review which had taken place. This ensures that the provider was working safely and effectively within its registration and Statement of Purpose and with reference to the identified needs of some of its care receivers being supported in the community. This was also reflected in the attention given to the training syllabus to address this adjustment.

One relative commented on how they view the service as being "one which thinks laterally" and that will make referrals in a timely fashion if noting changing care needs, as was their recent positive experience in respect of the support provided to their relative. They also referred to the "holistic approach" which the provider takes to ensuring all needs can be met, which includes engagement with other agencies as Family Nursing and Home Care (FNHC), for example.

It was noted from the review of the service's recording systems how comprehensive the review and evaluation of daily intervention by care staff is, and that this information is easily accessible and recordable by key staff, which include care managers and (if necessary), the registered manager. Examples were provided anecdotally about how the systems of care recording and reviews can impact on decision-making and that changes to care provision tend to be made promptly. This is considered to be a proactive and helpful approach in working to maintain care receivers' comfort, autonomy and independence as far as possible

Care receivers benefit from an experienced and appropriately qualified staff team who are equipped to best promote the good standards of care. It is noted that some additional clinical oversight is also in place. This experience helps to both monitor and drive good performance. Although one relative commented that they had never met the registered manager, it was clarified that this was because, "there was no need to" do so. Such was their reported confidence in the care manager whom they regularly correspond with about all aspects of care provided for their loved one.

Complaints and responses were discussed with one specific example highlighted. This demonstrated appropriate governance arrangements being in place.

The Regulation Officer was satisfied that all conditions were being met at the time of the inspection.

Safeguarding (adults and children)

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.

The Regulation Officer discussed the safeguarding arrangements during the inspection. Reference was made to good practice and specifically the provider's approach to this area. Specifically, it was noted that they regularly engage with the Commission and/or the Safeguarding Team in the event that they have any concerns that may require some external scrutiny. In this regard there is a strong positive culture of review and escalation of concerns which is applied in practice to safeguard vulnerable care receivers.

Due to restrictions in the past year because of Covid-19, much of the safeguarding training has necessarily been online, but it was stated that engagement with face to face sessions, provided by external training resource will also be undertaken when possible. This further demonstrated some of the priority and attention given to this area of practice.

Induction of new staff incorporates a focus on this subject. Policy and procedures clearly embed the principles of safeguarding into practice and this is promoted by the provider. Any issues of concern can be raised by any member of staff and are triaged in house and/or with the registered manager depending upon the seriousness of the issue. This is further supported by supervision sessions where all staff can discuss any areas of concern they may have. The registered manager highlighted the importance and value that is given to safeguarding training in house and which aims to make any scenarios discussed relatable to practice.

From a review of care receivers' needs it was established that some have cognitive impairment secondary to dementia and consequently their ability to communicate may be impaired. Such matters are considered within the delivery of the training and it is recognised that some care receivers are particularly vulnerable as a result of cognitive impairments and learning disabilities. In these areas of care, attention is also given to capacity and consent issues. Staff are encouraged to be mindful of such matters and to be able to identify and respond to specific challenges and sensitivities which relate to adult safeguarding.

It was highlighted during the inspection visit, that the training resource room is available in the new office accommodation. This will better ensure that regular training opportunities are available to enable the organisation to continually review and update staff knowledge and skills. This includes practical skills such as safe handling which is an important area of training to ensure that all interventions are carried out safely and that care receiver well-being is promoted in all aspects of care delivery.

A small number of staff who were contacted for their feedback were able to confirm that they had received the necessary training and had a good understanding of the safeguarding roles and responsibility they have. This was particularly evident where lone working scenarios are commonplace. Staff were able to demonstrate the policy and protocols which were in place to follow and to identify the managers they could approach, if there was a need to raise any concerns, they may have relating to the safeguarding of vulnerable care receivers. This includes the presence of an on-call manager. It was confirmed that this nominated person is available 24 hours a day. One carer stated that if they had any concerns for the care receivers they support, “for any of them I will raise with a care manager”.

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.

A specific complaint was discussed in some detail. This provided evidence that good governance arrangements were in place and with appropriate levels of scrutiny provided to complaints based on the issue of concern. For example, there are different personnel who may be involved as part of the escalation policy when dealing with complaints relating to financial matters, where an accountant may be involved. For more direct care-related matters these may be addressed initially by a care manager. However, in all cases, oversight is retained by the registered manager, who maintains overall responsibility for the handling of complaints.

The timeline for addressing complaints was confirmed. The registered manager provided a concise timeline and audit trail for one complaint, which demonstrated that the expected scrutiny is applied in practice and that appropriate communication took place. It was apparent that this approach had contributed to the successful resolution of the complaint.

The provider also benefits from having experienced personnel in post with the relevant experience to address any staff complaints. Where this is inappropriate or unsuccessful, the pathway enables complaints to be addressed externally to ensure adequate levels of independent scrutiny.

Staff who were spoken with, provided very positive testimony of the provider. Comments included: “(they are) fantastic with me, supportive employer”, “Beth so good”, “really like working for Cambrette” and “they are really supportive”.

There are clear audit trails and recording systems in place for responding to complaints which are received. Appropriate levels of review and analysis were evident.

Care receivers and their relatives who were approached as part of this inspection process were well informed about the complaints process and of who they may

contact in the first instance. It was to be noted in the feedback received, of the positive nature of this feedback. Examples are recorded and reflect a high level of approval of the services provided.

“Excellent, tip top, they are knowledgeable and think laterally and will make referrals when necessary like to FNHC”

“Very, very happy, xxx loves the carers”

“Never once been let down this whole past year”

“Without exception they are kindly and could not do enough for me”

“They are so nice and friendly”

“Absolutely wonderful”

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>

At the time of the inspection, it was reported that 47 staff were in post and supported a range of care packages for 50 care receivers. The attention given to safe recruitment of all new employees coming into the service was reviewed from an examination of five HR files and with some clarification about how recruitment and ongoing support (which includes induction, peer support and supervision), of new staff happens in practice.

Of the sample records reviewed it was established that the expected principles for safe recruitment are routinely followed. These include the sourcing of DBS criminal records checks and references. These documents are scrutinised prior to the commencement of employment and are retained on file.

There are clear systems identified for the support of new staff, with competency assessments and periodic review of performance also carried out. These may include spot checks by care managers or registered manager at locations where care is being delivered. This is viewed as a key quality assurance process in place to not only review performance but also to support care staff. Identification of any possible resource shortfalls can be promptly addressed from these checks, where identified and that better ensures that staff are able to safely carry out their work schedules.

The Regulation Officer was satisfied that adequate staffing resources were in place to support the categories of care provided. There is an inclusive on-call system for senior staff to be contacted to address any untoward events within clearly defined

communication systems that staff may access. Appropriate equipment is provided to care staff to enable them to safely carry out their work, including mobile phones.

The governance arrangements in support of staff are separated by operational matters as rosters overseen by administrative staff and direct care interventions which may be overseen by different personnel, as appropriate. In practice this may mean care managers working with care staff to devise care plans and to review them. The reviews provide assurance that care plans are being followed correctly and that appropriate interventions are being consistently used. Examples include observing safe handling or communication strategies in supporting dementia care needs.

The training and development of staff was discussed, and the training log was reviewed. It reported that the 50% accredited training for QCF level 2 or 3 is being addressed. Cohort placements for some staff to gain such further qualifications has been identified and is pending.

Staff rostering is a challenging area with consideration for the variety of care packages and categories of care being supported. However, the provider has robust and comprehensive systems in place where planning and resources are appropriately prioritised as necessary.

Staff who were consulted, confirmed they have the opportunity to request shift patterns which best meet their preferred work/life balance and that efforts are made to facilitate this wherever possible. Staff also confirmed that they are able to take stipulated breaks when engaged in longer sessions of support such as in the delivery of 24-hour care packages, which may entail a 12-hour shift.

With reference to the last years' challenging working environment, one carer spoke about the good organisation and support they received that included the provider ensuring they had access to the required Personal Protective Equipment (PPE) for example. Furthermore, they stated their appreciation for the regular communication and contacts by emails during this time, which they were "really, really impressed" by and expressed a view that "a few things make a good impact" for an employee.

It was reported by some staff, that they found online training to be of a good standard although the registered manager and team each recognised that the training syllabus cannot be fully met by online training. In this regard, to taught modules in real classrooms is often preferable and is an area which the provider hopes to address as restrictions on accessing such training ease.

From a discussion with the registered manager prior to the inspection, it was apparent that all reasonable measures had been taken to support both care receivers and care staff, during the recent restrictions.

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 care folders was reviewed by the Regulation Officer. The care records reflected the range of assessed needs which are met. Care planning was clearly related to the various care packages, as was discussed during the inspection. It was also clearly shown how the support and interventions are systematically recorded and are available for review daily, with minimum data consistently recorded to a good standard.

Care records included key information including personal data of care receivers, keyworker allocation, infection control, medication and risk assessments. These were available for review in hard copy format and copies are retained in care receivers' homes. These documents are revised and updated periodically or as changes occur that warrant adjustment to any care plans and agreed interventions. It was noted from the care plans which were reviewed that clear instructions were included relating to each care task. This enabled care staff to carry out their work effectively in supporting care receivers.

The care managers have access to history and communication sheets which enable clear instructions and reviews to take place in a timely manner. This methodology ensures that care staff are informed of the most up to date care plans. This is further enhanced by the logs of visits which are recorded, and which confirm that contacts and interventions have been completed. In the event that a member of staff is unable to attend, an alert is raised which informs the relevant manager on duty. This is an important safeguard which ensures that care is provided routinely as expected and as required by care receivers, some of whom may be particularly vulnerable on account of living alone with limited mobility.

One relative made some very positive comments about how a care package was planned and implemented for their loved one with whom they share a home. They stated how initially they had been given the opportunity to meet with one of the care managers which gave them the chance to, in effect, "interview" the provider before committing to themselves to a package of care. They were therefore able to ask questions of the care manager about the staff group, what sort of care staff were available and their skills and experience alongside other points that they wished to clarify. This gave them the opportunity to make an informed choice. They were most grateful and appreciative of this openness and of having had the opportunity to have a positive engagement with the provider at the earliest stage. The relative reported that establishing this care package enabled them to access much-needed respite from their caring role.

Furthermore, one relative spoke of how the provider had helped them to navigate through a healthcare system, ensuring smooth progress in coordinating care

packages. This included coordination with other agencies, where the provision of extra support was outside of the remit of the provider. In this regard the care planning principles and engagement with key persons in ensuring that the right level of care is provided, is well demonstrated.

One member of staff was able to provide a comprehensive summary of a care package which they are directly involved in, with reference to the care plans, identified needs, interventions they are expected to carry out and the recording principles and protocols they are expected to follow. The understanding of the carer during this communication provided very good evidence of the person-centred approaches which are promoted and followed. It was apparent that record keeping, and care plan review and evaluation is considered an integral process for all staff to follow and apply in daily practice.

Monthly quality reports

<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>

The provider has several procedures that relate to quality assurance checks and review with a depth of data on record which they can review immediately to establish any patterns or areas for further review and analysis. However, there was an absence of a monthly quality assurance report as required to meet this specific Standard.

The Regulation Officer discussed some of these principles and advised of a process that should be incorporated. This should include a relatively independent review system within the managerial structure. Such measures would be acceptable to meet this area for improvement. As recognised by the registered manager, this would be an area that could be addressed quite promptly.

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.

<p>Area for Improvement 1</p> <p>Ref: Standard 9</p> <p>To be completed by:</p> <p>2 months from the date of inspection (10 May 2021).</p>	<p>The quality of services provided should be kept under regular review. 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. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.</p> <hr/> <p>Response by registered provider:</p> <p>Thank you for our report. Monthly reports are now being completed.</p>
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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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