



**Jersey Care
Commission**

INSPECTION REPORT

Positive Steps Limited

Home Care Service

**2nd Floor Offices
31 Broad Street
St Helier
JE2 3RR**

24 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 Positive Steps Limited. The service was registered under the Regulation of Care (Jersey) Law 2014 on 7 August 2019 and its office is in St Helier. The service supports adults with personal care and personal support to enable them to live in their own homes.

Registered Provider	Positive Steps Limited
Registered Manager	Elizabeth De La Haye
Regulated Activity	Home Care Service
Conditions of Registration	Maximum number of personal care/ personal support hours to be provided per week is 2,249 Age range of care receivers is 18 years and above Category of care provided is Old Age Dementia Care Mental Health Learning Disability Autism The registered manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 7 August 2022
Date of Inspection	24 February 2021
Time of Inspection	2.15pm – 5.45pm
Type of Inspection	Announced
Number of areas for improvement	One

The Home Care Service is operated by Positive Steps Limited and the registered manager is Elizabeth De La Haye.

At the time of this inspection, there were 70 people receiving care from the service.

SUMMARY OF INSPECTION FINDINGS

This was the first inspection undertaken since the service was registered and the inspection was announced. The inspection visit took place at the registered offices on 24 February 2021 and a supplementary visit followed on 9 March 2021. The visit was announced in order to ensure the availability of the registered manager. The Standards for Home Care were referenced throughout the inspection¹. Due to physical distancing requirements of Covid-19, some slight adjustments were made to the inspection process to minimise face-to-face contact.

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

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

The findings from this inspection confirmed that the provider (who is also the registered manager), is meeting regulatory requirements in a number of areas that were the focus of this inspection. The manager maintains oversight of the service and on occasions plays an active role in providing hands on support and care to many care receivers. The Statement of Purpose needs to be kept under review to reflect the conditions of registration and range of services offered and this in an area for improvement.

The service supports care receivers to remain happy and healthy whilst living at home. This was evidenced by direct feedback from care receivers and their representatives. They spoke highly of the care and support they receive from care staff and they described mostly having a consistent team of carers allocated to visit them. Staff described it as a well-managed service. They described feeling valued in their role and that they were able to have a positive impact on the lives of the people that they support.

Suitable safeguarding procedures were in place, which were designed to protect vulnerable people from the risk of harm and abuse. Care staff were able to describe and provide examples of the ways in which they recognise and refer any safeguarding concerns. There are systems in place for care receivers to raise concerns and complaints about the service which meet Standards.

Staff are recruited safely and benefit from regular supervision and appraisals. Where staff are not performing as would be expected, there are arrangements put in

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

place to help them develop. Training in a range of subjects is provided for staff and more emphasis is needed on the provision of pressure sore prevention training, due to feedback from some staff. Staff can be supported to complete vocational awards in health and social care at Levels 2 and 3.

There are also arrangements in place to ensure staff are aware of the Standards they should be working towards and how they apply these in their day to day practice. All staff spoke positively of the open and supportive culture in place and of the positive relationships with colleagues and the management team.

Care receivers and staff can access care plans easily and their confidentiality is protected. The majority of care receivers, with the exception of one, confirmed that they had been involved in planning their care. All care receivers expressed that they can exercise choice about the care and support they receive. The systems in place to ensure that care receivers know which staff member will be supporting them is strengthened by the use of photographs which form part of the care plan. This is an example of good practice.

The provider has implemented a detailed system which looks at quality assurance monitoring.

INSPECTION PROCESS

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

Two Regulation Officers visited the service's offices on 24 February 2021 and thereafter one Regulation Officer sought the views of care receivers and their representatives and spoke with managerial, office personnel and care staff. Due to Covid-19 and to limit face-to-face contact with care receivers, telephone contact was made with five care receivers and one person's representative was contacted by email. One care receiver requested to meet with the Regulation Officer in person which the registered manager helped to facilitate. Five care staff were contacted by telephone and a meeting was held at the services offices on 9 March to meet with office, administrative and care staff.

Three health professionals were contacted by the Regulation Officer to seek their views of the service. No response was received.

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

A discussion was held with the registered manager about their managerial responsibilities and the ways in which they establish oversight of the day-to-day occurrences with staff and people receiving care. At the conclusion of the inspection, the Regulation Officer provided feedback to the registered manager.

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an action plan is attached at the end of the report.

INSPECTION FINDINGS

The service’s Statement of Purpose and Conditions on registration

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

The home care service’s Statement of Purpose needs to be revised and updated to reflect the age range and categories of care it is registered to provide. This is an area for improvement which the registered manager agreed to address.

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 2,249 per week Age range of care receivers is 18 years and above Category of care provided is: Old age, dementia care, mental health, learning disability, autism</p> <p><u>Discretionary</u></p> <p>Elizabeth De La Haye registered as manager of Positive Steps Limited must complete a Level 5 Diploma in Leadership in Health and Social Care by 7 August 2022.</p>
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The discretionary condition on registration relates to the manager’s qualifications. The registered manager advised they enrolled on a Level 5 Diploma and anticipates being able to obtain the qualification within the identified timeframe for completion.

At the time of this inspection, 70 people were receiving care and support and the service was delivering on average 900 hours of support each week. People are supported based upon their needs and preferences, some care receivers receive support totalling 30 minutes per week, whilst others receive support 24 hours per day.

The offices are due to relocate to alternative premises, in recognition that the current facilities do not allow easy access for care receivers with physical disabilities.

The service consists of the registered manager, three duty managers, senior care staff, care staff and office and administrative staff. The manager is involved in the day to day running of the service and on occasions, will provide hands on practical support to care receivers in order to maintain a level of contact and oversight of how the service is operating. Care receivers can be referred through Health and Community Services or by people making direct contact themselves. The assessment process, to ensure the service can be assured that peoples' needs can be met, includes gathering information from relevant health professionals as well as an assessment undertaken by the manager. The Statement of Purpose describes providing a flexible service which aims to enable care receivers to maintain a level of independence to remain in their own home.

The manager spoke of the positive outcomes and ways in which care receivers continued to receive support with their needs at the outset of the Covid-19 pandemic last year. She described that a number of care receivers required additional support with additional tasks such as collecting their medications and shopping which was provided by the staff team. The manager described that whilst there were some staffing challenges, all care receivers continued to receive a service to meet their fundamental needs. Testimony from one person's representative confirmed that their relative continued to receive a service from a consolidated staff team, during the height of pandemic in order to minimise the risk of contact.

The Regulation Officer was satisfied that the manager fully understood their responsibilities in promoting people's health needs. Care receivers' wellbeing is monitored and where necessary, support is provided for them to access health care services in a timely manner. This was evidenced by discussions with the manager and staff team which confirmed that they will liaise with healthcare professionals to monitor people's conditions and ensure their health needs are met. Some examples were provided where staff had made contact with General Practitioners, social workers, district nurses and Health and Community Services when they recognised a change in people's needs.

The Statement of Purpose states that '*we provide ourselves with skill and personality matching our clients and staff*'. The manager described that as far as possible, a consistent team of care staff are allocated to support care receivers based upon their personalities, skills and competencies with the aim of developing professional relationships thereafter.

Care receivers spoke highly of the care and support they receive from staff. They described that they get on well with the staff team and reported that staff showed respect and regard for their welfare. The majority of care receivers spoken with described the consistency of the staff team as being an importance strength of the service. They also described receiving support a times that were suited to them.

Safeguarding (adults)

The Standards for home care set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.

The service upholds the rights of care receivers as they have control over and can exercise choice with the type and frequency of support they receive. This was confirmed during discussions between care receivers and the Regulation Officer. All staff receive training in safeguarding and care staff spoken with, described their responsibilities in helping people to remain safe and the procedures they would follow to report any concerns or suspected abuse.

Care staff spoken with provided some examples of the actions they had taken where one care receiver had lost their purse and where one person was found to be physically unwell at the time of the staff member's visit.

The manager and duty manager spoke of a situation where care staff had identified some concerns in one care receiver's home, which had been reported to the safeguarding team and the individual's social worker. Following the discussion, the Commission received a retrospective notification of the safeguarding alert and further to the inspection the manager understands their responsibilities to inform the Commission at the point when safeguarding alerts are raised.

The safeguarding policy was examined which highlights that all staff have a duty to safeguard and protect care receivers and outlines the approach to the prevention of abuse and neglect. The policy refers to informing the Care Quality Commission in England, which should be replaced with Jersey Care Commission's contact details, to ensure it is directly applicable to Jersey. All staff spoken with knew of the service's gift policy, which features in the staff handbook also.

The manager described certain limitations in the provision of some care tasks by care staff which would be managed or delegated by district nursing staff. One example provided was in relation to insulin, which would be administered by the district nurses.

The manager and staff described the actions they would take if care receivers are not at home at the time when visits are planned. This was described in a way that balanced the individual's right to freedom and choice to go out, with recognising the safety aspect from someone not being at home. The service has a system which manages the timing of care receivers' visits and of how missed or late visits would be alerted. Any deviation from the arranged visit times is brought to the attention of the manager and other staff so that alternative arrangements can be made at the earliest possible opportunity.

Positive feedback was provided to the Regulation Officer about the reliability of visits from all care receivers who were spoken with. One person commented "I have a list

of all the girls that come in, it's the same girls today and tomorrow. I'm very happy with the way things are". Another care receiver described that they have a consistent small team who are "absolutely amazing".

Feedback from care receivers and one representative confirmed that they felt confident and secure when staff are visiting them in their homes. Examples of comments received were:

"[Name] is happy and enjoys the company of her care team"

"More often than not, I am left with a big smile on my face when the carers leave"

"I feel safe with the staff team and the staff are quite exceptional and they go out of their way to be helpful"

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.

The complaints and compliments policy was reviewed, which identifies the actions to be taken about receiving, handling and responding to complaints. The policy recognises that any verbal negative feedback provided by care receivers is recognised as a complaint. Any learning achieved from comments, compliments and complaints can be captured and embedded into practice. There have been no complaints made against the service since it was registered with the Commission. Where compliments are received, they are shared with the staff team.

Care receivers are provided with written information about the complaints procedure along with a template record that they can complete if they wish. The complaints policy sets out the contact details for the Care Quality Commission in England, which should be replaced with Jersey Care Commission's details, to ensure it is directly applicable to Jersey. The manager recognised during the inspection discussion that the service is unable to provide information relating to complaints in formats that may suit care receiver's different needs, such as easy read and pictorial and agreed to address this.

The Regulation Officer asked care receivers of their understanding of how to raise a complaint. All people spoken with confirmed they knew of the ways to raise complaints if they needed to and the various ways for doing so. They all expressed confidence with the staff and management team to address any complaints appropriately and professionally. Some comments received were: "I know they'd all help me sort things out if I wasn't happy" and, "I can go to Elizabeth directly any time and I'm confident she would deal with anything".

Care staff told the Regulation Officer they knew of the service's complaints policy and recognised that complaints are important indicators of the quality of care. The policy is accessible to them at all times through an online platform and is fully auditable so the manager can track and review access.

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>

The service currently employs 56 care staff. The registered manager has many years' experience in managing the service and has regular contact with care receivers. She is in the process of completing a management qualification. Discussions with care receivers and staff alike, confirmed that they often meet with and speak with the manager and are provided with the office contact details.

The Safe Recruitment Policy contained details outlining the recruitment process which is reflective of the Standards. A sample of staff personnel files were examined which confirmed that staff had been appropriately and safely recruited. All necessary recruitment checks were obtained in advance of staff starting work. The manager described the process undertaken when selecting and recruiting staff which confirmed their understanding of Standards relating to safe recruitment practices.

All staff complete an induction programme, which includes an introduction to the role and responsibilities of working with care receivers in their own homes. The induction programme includes the completion of the care certificate which sets out the expected knowledge and standards to be able to provide care. Two members of staff who had been employed recently described to the Regulation Officer that they were going through their induction programme. They described this as a positive experience with arrangements made for them to work alongside a more experienced member of staff. They described that they had been introduced to care receivers and has not felt rushed or pressured to complete the induction programme. Both members of staff said that they had been made to feel welcomed and valued by the service.

Essential training in areas such as manual handling, safeguarding and first aid are provided as a minimum and an examination of staff files confirmed training in other subjects relevant to the conditions of registration provided also. In discussion with two members of staff, they said they had not been provided with pressure sore prevention training. This was reported to the registered manager, who had started to address this before the inspection was concluded.

A number of staff have completed vocational awards in health and social care at Levels 2 and 3. A staff training programme is in place which shows that five staff are progressing through Levels 2 and 3 and one person through Level 4. Three members of staff are due to start Level 2 in April. One staff member confirmed that training had been arranged for them which was specific to the condition of one of the

care receivers they are supporting. Another staff member said that they had identified that they were in need of refresher training in dementia awareness which had been arranged. One staff member described that they had been given allocated time to complete online learning and felt that the training is of a good standard.

The manager described additional informal approaches to learning that are in place for care staff. This included quizzes relating to content of policies and Standards which is an additional way of assessing knowledge. All care staff are provided with a copy of the Health and Community Service's code of conduct and the Commission's Standards for Home Care can be referred to by all staff through the provider's online platform.

Measures are in place to provide staff with support. Staff who were spoken with told the Regulation Officer that they felt well supported by senior staff who were, "very friendly and welcoming" and that, "the company is very good with a good vibe". One member of staff described the management as, "brilliant and supportive" and another person described "loving the job and it's a really happy place to work".

In order to ensure positive care outcomes and that staff are working to expected standards, care staff are observed in practice by one of the duty managers. The manager explained the benefits of this process and described it as a supportive mechanism in recognition that staff often work alone. Staff spoke of the strong communication practices in place and described this as one of the service's strengths. Care receivers described staff practice and support positively and effective care and support provided. They also said that staff were mindful of the principles of choice, independence, respect and home ownership.

Staff receive supervision at various intervals depending upon their individual needs. For some staff this may be on a monthly basis and for others this will be three monthly. A discussion with one of the duty managers' as part of the inspection feedback confirmed that they had recently had the opportunity to meet with three members of care staff, to discuss their roles which they had found to be beneficial. Staff receive appraisals also, and one member of staff describe their recent appraisal as having been, "a really positive experience".

Care receivers that were spoken with confirmed that new staff are always introduced to them. One person said that they do not always get informed of changes to the staff rota when there are sickness absences although this happens rarely, and visits are never cancelled. They also spoke of their confidence in the abilities of staff and of their professionalism. Another care receiver commented, "they always discuss with me if they are thinking of introducing new staff, they never just have someone turn up who I don't know".

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

"The staff are fabulous and they're very caring"

“The staff are well trained and they’re respectful towards my property. I’ve had previous experience of another care company and I can see the higher standards here. The care they provide is 110%”

One care receiver described their circumstances which confirmed that they were very happy with the service provided. They spoke of the professionalism of the small staff team that provide support and described that them as being very genuine in their efforts in providing care. The care receiver told the Regulation Officer of their immense appreciation and recognition of the support they are provided with and said it has had a positive impact upon their life and happiness.

Care planning

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

The service relies on an electronic care planning system to maintain care records, record times of visits and of which can be accessed by all staff through a handheld device. The system was reviewed during the visit which showed that staff record the outcomes of visits, which is easily shared with colleagues who are also part of that care team. The system allows staff to be make changes and to be made aware of any changes to care plans to make sure they are correct and continue to meet people’s needs.

A sample of seven care receivers’ personal plans were examined which showed that a summary of their health needs and social histories are recorded. The personal plans took account of what was important to them and took account of their independence. The records evidenced that care receivers had been involved in decision-making and were reflective of people’s unique circumstances.

An area of good practice was identified during the review of personal plans. This was in relation to the use of care staff member’s photographs being included in the care plans as a means of enabling care receivers to identify which member of staff will be supporting them. The photographs were taken without the use of face masks, so that care receivers can recognise staff members’ faces.

Information was available from health and social care professionals which had been used for developing personal plans. The care records for one person confirmed that a specific plan of care had been devised by a health professional who maintains oversight of their wellbeing. The manager confirmed that, in this instance, the partnership working, and support provided by the health professional is of immense benefit to the individual receiving care and the staff team.

A discussion with one care receiver, confirmed that they had not been included in the development of their care planning arrangements, although they were able to describe the location of their care folder in their home and could always access it.

They had no negative comments to make regarding the standard or quality of care provided to them. Other care receivers told the Regulation Officer that they had been included in deciding how and when their care and support would be provided.

The sample of care plans that were reviewed demonstrated that the records which were made following visits to care receivers' homes were recorded by a consistent staff team. Care staff who were spoken with, made reference to the communication system which is in place as part of the care planning arrangements. This they described as a valuable asset in helping to share information with colleagues and family members should the care receiver consent to the sharing of their information.

One care receiver told the Regulation Officer that they were extremely happy with the service they are receiving. They described the input from the staff as having made an immense difference to their life and that the support provided had improved their confidence and experience of health care services overall. One person's representative described their relative's journey from requiring an initial few hour's support during the week to needing more intense support, as their health needs changed. They referred to an episode of poor health that their relative had experienced and that the efforts and interventions of the staff team had helped them to recover and to enjoy a better quality of life. They commented, "[name] has been gently coaxed back to her previous level of physical health and most importantly is happy and enjoying the company of the staff team... I have nothing but praise for the professionalism, dedication and wonderful care of the team, thanks to their approach I have been able to enjoy time with [name] as her daughter and not as her carer".

Monthly quality reports

<p>The quality of services provided by this service should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.</p>
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The provider's system for regularly reviewing the quality of services provided was explored during the inspection. The registered manager has compiled a monthly report detailing the outcome of reviews of several areas including standards of care plans and practices relating to infection control. The outcome of the most recent review showed that the service was operating at maximum capacity based on the number of staff available.

There are additional processes in place to promote Standards and positive outcomes for care receivers and to ensure that the manager has oversight of the service. This is achieved by regular team meetings, open channels of communication and the role of the duty manager who reports directly to the manager about care receivers' wellbeing and welfare.

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 1.1</p> <p>To be completed by: within 2 months of the date of this inspection (24 April 2021)</p>	<p>The registered provider must keep the Statement of Purpose under review. The revised Statement of Purpose must be submitted to the Commission.</p>
	<p>Response by registered provider:</p> <p>The Statement of Purpose has been reviewed and has been submitted to the Jersey Care Commission. Reviews have been scheduled for the Statement of purpose to be updated as the services expands and develops.</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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