



**Jersey Care
Commission**

INSPECTION REPORT

Tranquil Home Care Ltd

Home Care Service

**Jayen House
Goose Green Marsh
St Peter
JE3 8BU**

16 and 20 April 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 Tranquil Home Care Ltd. The service is located in a semi-rural area within the parish of St Peter. The building is shared with other local businesses and is situated on the first floor. The premises consist of an office area and a large meeting room which is also used for training. The service became registered with the Commission on 25 September 2020.

Regulated Activity	Home Care
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support Category of care: Adult 60+, Dementia care, Learning Disability, Autism, Physical and/or Sensory Impairment Maximum number of personal care / personal support hours to be provided: 600 hours per week Age range of care receivers: 18 and above <u>Discretionary</u> None
Dates of Inspection	16 and 20 April 2021
Times of Inspection	9.30am – 1.30pm and 3pm – 4pm
Type of Inspection	Announced
Number of areas for improvement	Two
Number of care receivers using the service on the day of the inspection	Five

The Home Care Service is operated by Tranquil Home Care Ltd and the registered manager is Elaine Gladwell.

Prior to the inspection a visit was undertaken by the Regulation Officer on 26 March 2021. This was for the purposes of an initial introduction, and to discuss the inspection process.

The service was first registered in September 2020, and this was the first inspection. At the time of the inspection, there were five care receivers in receipt of care with a variety of packages ranging from two hours per week, to overnight support five nights per week. There are eight staff employed on a mixture of permanent and zero hours contracts. The registered manager explained that the service is slowly building its client base and is recruiting additional staff as demand grows.

Since initial registration, one of the provider partners has left the service. At inspection the Regulation Officer advised the registered manager that she would need to inform the Commission in writing of this change. This was actioned on the same day. There is no plan to replace the partner and the registered manager advised that she would continue as sole provider and registered manager.

The conditions of registration and Statement of Purpose were discussed at the time of the inspection. It was highlighted by the Regulation Officer, that some revision of the current categories of care may be required, in order to better reflect the current service provision. This was agreed by the registered manager and an application to vary the categories of care was received on 29 April 2021, requesting the addition of dementia care and the removal of young adults (19-25).

An updated copy of the service's Statement of Purpose was submitted on the 11 May 2021. This reflected the changes to categories of care following the variation application.

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about the findings is contained in the main body of this report.

Tranquil Home Care Ltd is a new service which has been operational for seven months. Overall, the findings were positive and demonstrated compliance with Regulations and Standards. Information supplied by the registered manager was reviewed and verified through subsequent discussion with care receivers, families, staff members and other professionals. This evidenced the delivery of safe and effective care based upon assessed care needs and personal preferences. Feedback was consistently positive, praising the efforts of the registered manager and staff team.

The registered manager showed a strong commitment to ensuring that she recruited staff with the right values, attitudes, skills and experience. Recruitment procedures were found to be in line the requirements of safer recruitment practices. There is a commitment to ensuring staff training is up to date and opportunities explored for further development. Whilst there is evidence of annual appraisals, there is not yet a system in place for the provision of regular formalised supervision sessions.

There is a clear focus on delivering person-centred care and support to individuals which welcomes the initial input of relatives in ensuring that wishes and preferences are respected. This is evident in the care planning system which is in place. Nonetheless, some improvement is required in detailing when reviews are planned, in clearly recording the dates and outcomes of reviews, as well as providing evidence that formal reviews directly involve care receivers and their relatives.

The current service provision is mainly focused upon the support of individuals with dementia. There is evidence that staff receive appropriate training to support this client group. The registered manager is committed to developing a well-trained staff team which can respond appropriately to the needs of a variety of client groups, in line with the categories of care for which the service is registered.

Feedback from relatives, staff members, and other professionals was very positive about the registered manager. The scope of her role has been extensive since opening the service, in order to support the growth and development of the packages of care. There is recognition however that additional support will be required, in order to allow the registered manager to meet the ongoing requirements of her role.

There are processes in place to review the quality and standards of care delivery. The registered manager has demonstrated a willingness to adapt as the service grows, whilst maintaining a strong ethos for the standards expected.

There were two areas for improvement identified which are detailed within the main inspection findings.

INSPECTION PROCESS

This was the first inspection carried out since the service was registered and the inspection was announced 10 days before the visit. This was to ensure that the registered manager would be available during the visit.

The Home Care Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

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

- **Staff recruitment, training and development**
- **Approaches to care and welfare of care receivers**
- **Staff competence relating to categories of care provided**
- **Management of services**
- **The service will be reviewed regularly**

Prior to the inspection visit, all the information held by the Commission about this service was reviewed. This included notifications, changes to Statement of Purpose, supplementary visits and correspondence.

Following the inspection visit, the Regulation Officer sought the views of three people who use the service, and/or their representatives by telephone. They also spoke with a senior carer and three support staff. The views of two professionals were also obtained as part of the inspection process.

During the first inspection visit, the Regulation Officer spent time with the registered manager discussing the current service provision and examining records including policies, staff recruitment and training files, incidents and complaints. The second inspection visit focused upon the review of care plans and records.

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

Staff recruitment, training and development

Reference was made to Standard 3 of the Home Care Standards which states: "You will be cared for and helped by the right people with the right values, attitudes, understanding and training."

In order to establish the service's compliance with safer recruitment practices, the Regulation Officer reviewed the personnel files of all of the staff employed at the time of the inspection. There was clear evidence in each file of application forms, job descriptions, references, identification, verification of qualifications and enhanced Disclosure and Barring Service (DBS) certificates and updates. The Regulation Officer noted that one file had an update report but no original certificate. This was brought to the registered manager's attention and a request was immediately made for a new certificate.

There is a comprehensive induction package in place. Each new member of staff is given a presentation by the registered manager on the aims and objectives of the

service. They then spend time going through the induction pack which covers topics such as policies and how to access them, regulation of care, safeguarding, positive approaches to care, team culture and effective communication. Every member of staff is also required to complete workbooks on safeguarding and codes of practice. All staff that the Regulation Officer spoke with confirmed that they had received an induction programme.

There is also a staff handbook which all staff are given a copy of and a signed confirmation of receipt slip is kept in their personnel file. The handbook contains information on a variety of subjects including the complaints procedure, safe administration of medication, challenging poor practice and data protection.

A total of eight staff training records were reviewed. Seven staff were found to be up to date with statutory and mandatory requirements including safe handling, safeguarding, First Aid, food hygiene and infection control. One member of staff was on induction and in the process of completing their training. The registered manager has completed the level 5 in management and leadership.

There were documented appraisals on file for all staff members. While the registered manager undertakes competency checks and has regular informal discussions with staff, there is currently no provision for formalised supervision sessions. The registered manager has recognised the need to develop the supervision process and was working on the development of a booklet for mentoring, development and supervision at the time of the inspection. This is an area for improvement.

To date, the service has employed staff on zero-hour contracts. The registered manager reported that, as the business is now expanding, they have recently employed two full time permanent support workers and one senior carer who will split her role between support work and managerial support for the registered manager. Due to the low number of support hours, the registered manager has provided all on-call support including evenings and weekends and has acted as back up support for sickness and holidays. Part of the senior carer role will be to support with on-call cover. This arrangement works well at present but there is recognition from the registered manager and senior carer that a more formalised rota will be required as the service grows.

A full range of policies were found to be in place to support service delivery. The registered manager explained that the policies are generated through an online policy support service. The Regulation Officer focused specifically on the policies for safeguarding, complaints and whistleblowing. These were very detailed with appropriate references to supporting services and organisations contained within them. It was noted by the Regulation Officer that some sections within the whistleblowing and safeguarding policy referred to UK governing bodies. This was pointed out to the registered manager who took immediate steps to ensure sufficient local details were included and updated versions were sent to the Regulation Officer within one week of the inspection.

Approaches to care and welfare of care receivers

Reference was made to Standard 5 of the Home Care Standards which states: "You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences."

The service's referral arrangements were examined, and it was noted that upon receipt of a referral, the service will receive a copy of the referrer's assessment. The registered manager will then visit the care receiver and their family to discuss the care required and how it will be delivered. A care plan will then be created and agreed prior to the service commencing. Care receivers also receive an introductory booklet and a copy of the complaints procedure. Copies of the care plan are kept in the client's home for staff to refer to during visits and another is held centrally at the office.

The care plan document is wide ranging. There are 12 standard sections, however the document can be adapted to meet the specific needs of each client. It covers a variety of topics including medication management, recording charts, daily notes, money management and incident reporting.

The main section of the document focuses upon a person-centred plan of care. Information relating to daily routines is written in the first person and gives a very good overview of how the care receiver prefers their care to be delivered. The Regulation Officer found evidence of personal preferences and choices, and the promotion of dignity and respect in the four plans that were reviewed. Key information and contacts can be easily found at the front of the plan and include emergency contacts and procedures. There is also a very useful 'at a glance' guide to personal care needs and any aids required to support the individual. This is supported by more in-depth risk assessments within the body of the document.

The registered manager reported that she reviews the care plans on a monthly basis, or as changes occur. Upon inspection, the Regulation Officer found evidence of updates to some elements within the care plan. However, there was no clear record of planned review dates, or records of dates that the overall care plan and risk assessments had been reviewed. Reviews with care receivers or their families are not recorded. Family members reported that they had not been offered an opportunity to formally review the plan. This is an area for improvement.

Staff reported that they found the care plans easy to follow. Advice and support are always available from the registered manager if required. There is evidence of good record keeping and there are regular entries in daily notes. The registered manager also has an electronic record of any visits she makes to clients. The Regulation Officer discussed with the registered manager the need to have a single recording system in place for notes. The registered manager explained that she was researching an electronic care planning system which will support the service as it expands and will have provision for centralised record keeping which staff can access remotely. At the time of the inspection, the registered manager had organised some demonstration sessions for prospective electronic care planning systems.

All relatives who were consulted by the Regulation Officer, confirmed that they were included in the initial set up of the care plans and that they are kept up to date with any changes. One relative gave an example of recently being included in the decision-making process regarding administration of medications. Another explained that the staff team had been very good in supporting the introduction of their relative to a day centre. The care receiver was reluctant at first, but the staff team provided gentle encouragement and support, and the care receiver appears to be enjoying the experience. Relatives also reported that the wishes and preferences of the care receivers are listened to and acted upon, and that in instances where a care receiver is unable to fully articulate their views and wishes, that their relatives' input is sourced.

Staff competence relating to categories of care provided

Reference was made to Standard 6 of the Home Care Standards which states: "Your care will be provided with consistency by competent care and support workers who have the necessary training and qualifications to meet your needs."

When commencing work with Tranquil Care, staff are introduced to the care receiver and have a minimum of three shadow shifts. This is an opportunity to work alongside an experienced member of the team. There is a written record kept of the shadow shifts and the duties covered, this is then stored in the staff member's personnel file. Support is provided by a consistent staff team and overseen by the registered manager who will ensure that only suitably skilled and experienced staff with the appropriate knowledge base are matched to care receivers.

There is a rolling four-week staffing rota in place, this means that staff are aware of their shift pattern in advance. There are adequate arrangements for rest periods and staff only work one weekend in four at present. Adjustments to rotas are required for annual leave and sickness, with the senior carer and registered manager also available to support.

There is a paper-based clocking in and out system which staff complete at each visit. The registered manager reported that this works well at present and she is informed immediately if there are any delays in staff getting to care receiver's homes or if staff are off sick, and she is always available to respond. The Regulation Officer discussed with the registered manager that this will need to be kept under review as the service develops.

At the time of inspection, the service was supporting individuals who have dementia. This has prompted the recent application to add dementia care to the categories of care provided. It was noted that five staff members have specific training in dementia care. Staff are also required to complete a dementia care workbook when they commence employment.

Although there were no clients with learning disabilities or autism receiving care, there was evidence that four members of the staff team also had completed recent training in learning disabilities, with several having previous experience in this area.

The Regulation Officer was satisfied that the service would be able to respond to referrals for individuals with learning disabilities as per the categories of care identified. The registered manager explained that this is an area of support that she would like to develop within the service. The registered manager is also aware of her responsibility to provide ongoing training for staff which is specific to the categories of care provided.

Any staff who are required to administer medication must be in possession of a level 3 Regulated Qualification Framework (RQF) for administration of medication. The Regulation Officer also reviewed evidence of systems in place to provide annual updates for staff.

The registered manager has also developed an annual competency framework for staff. This provides an opportunity for staff to review their skills and practice in a variety of areas which include recording and reporting, equality and diversity, person centred care, nutrition and hydration and health and safety. There is also a provision for reviewing all mandatory and specialist training.

Through a discussion with the registered manager, the Regulation Officer was satisfied that staff are aware of working within their own professional boundaries. Evidence was also found of the team's ability to recognise when professional advice needs to be sought. For example, referrals may be made to other professionals and agencies for assessment in relation to equipment aids, or to review changes in care receivers' needs. The registered manager was also able to provide examples of the staff team being able to recognise and act upon issues relating to safeguarding.

Management of services

Reference was made to Standard 8 of the Home Care Standards which states: "The home care service will be well managed."
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The registered manager has developed a strong ethos of care for the service and regarding the standards expected by staff members. This is reflected in the induction package for staff and the ongoing competency checks which are undertaken. There is also evidence of regular review of the service's aims and objectives at staff meetings.

A senior carer has recently been recruited and the role will be split between delivery of direct care and assisting the registered manager with the day to day management of the service. The registered manager covers many roles and functions at present but recognises that she will need support as the service expands, therefore the introduction of the senior carer role will be essential moving forward. The senior carer will also be undertaking the Level 5 qualification in Management and Leadership.

There was evidence of public liability insurance being in place and certificates are displayed in the office. All data within the premises was observed to be securely stored.

Contractual agreements were in place for all clients and contain information in relation to what will be provided, how to raise a concern or complaint, and how to cancel services. The registered manager reported that most fees are paid via the Long-Term Care benefit and has experienced no difficulties with these payments. The service also employs the services of a bookkeeper when required.

The registered manager was clear on the current scope of the service and would not take on packages of care that she felt could not be managed safely and effectively. This is reflected in the Statement of Purpose. The registered manager was also clear on the importance of involving other professionals and services to meet the demands of specialist or changing needs and there was strong evidence to support this in the care plans that were reviewed. There was also evidence that the registered manager understands her responsibilities in relation to Capacity and Self Determination Law and appropriate procedures were followed for care receivers who lack capacity to make their own decisions.

The opinions of two professionals were sought as part of the inspection. Both describe the registered manager as professional in her approach, that she works well with other professionals and agencies and communicates effectively. One professional described the registered manager's ability to build strong relationships with clients and families in difficult circumstances.

During feedback from relatives and staff, there was consistently high praise for the registered manager who was described as friendly and approachable. One family member stated that the registered manager works collaboratively with them to resolve any problems. A member of staff stated, "she is a lovely manager who is doing really well".

The service will be reviewed regularly

Reference was made to Standard 9 of the Home Care Standards which states: "The care service will be checked and reviewed regularly to sort out any issues and make things better for you and others."

The registered manager is completing a monthly quality assurance report of which the last three months were reviewed during the inspection. The registered manager explained that this is a beneficial process for her, and that she is becoming more comfortable with the process. There was clear evidence of identification of issues, actions taken and learning outcomes for the registered manager/service. An example of this was detailed in the March 2021 report. During the introductory visit by the Regulation Officer on the 26 March 2021, there was a discussion held in relation to notifiable incidents to the Commission. Following this meeting, the registered manager took steps to improve the processes in place for reporting notifiable incidents. During the inspection, the Regulation Officer discussed with the registered manager the benefits of having monthly reports undertaken by someone who is not involved in the day to day running of the service. This is something that the registered manager will consider as the service expands.

The registered manager keeps a record of all accidents and incidents. These are reviewed by the registered manager and appropriate actions are identified.

There are monthly staff meetings in place for the team. Minutes of the meetings were reviewed during the inspection. Key updates are provided to staff and a different topic is chosen each month to review.

The registered manager reported that she undertakes regular spot checks whilst staff are on shift. This is to maintain good communication links with both staff and care receivers, as well as monitoring the standards of care delivery. Any visits are recorded in the electronic notes system.

Monthly feedback forms are sent out to care receivers or their relatives. The registered manager reports that she receives regular responses. She is then able to use this feedback to make improvements and adjustments to the provision of the service.

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>Area for Improvement 1</p> <p>Ref: Standard 3</p> <p>To be completed by: 3 months from the date of inspection (20 July 2021).</p>	<p>The registered provider must ensure that all care/support workers are given regular opportunities to discuss their role and identify any issues through formal supervision.</p> <hr/> <p>Response by registered provider: Tranquil Home Care is a small agency in operation since late 2020. We initially employed bank staff and since March 2021 employed four permanent staff.</p> <p>I can confirm that all bank staff are compliant with their formal supervision requirements, as are three out of the four permanent employees, the remaining one Individual is diarised to have their supervision once their probationary period ends in July.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 2 and 5</p> <p>To be completed by: 3 months from the date of inspection (20 July 2021).</p>	<p>The registered provider must ensure that there are set dates for reviews of care plans and that all updates and reviews are clearly recorded. There must also be a system in place to regularly review the care plan with the care receiver or their representative in a format that meets their individual needs, in order to make informed decisions about their care or support.</p> <hr/> <p>Response by registered provider: Care plans and risk assessments are updated every one to three months as required, however, if there is an identified need or changes to the individual's needs, wishes, preferences, choices, ability etc then the documents are updated accordingly, and updates are recorded within the care plans.</p> <p>We have now in a place a new system allowing for updates to be recorded more clearly to include care receiver/representative's response.</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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