



**Jersey Care
Commission**

INSPECTION REPORT

Learning Disability Service – Home Care

Home Care Service

**Flat 6
Le Clos Mourant
Marina Road
St Clements
JE2 6ER**

10 June 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 Learning Disability Service – Home Care. The service was registered under the Regulation of Care (Jersey) Law 2014 on 12 November 2020. The registered manager is Nicola O'Callaghan.

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| Registered Provider | Government of Jersey |
| Registered Manager | Nicola O'Callaghan |
| Regulated Activity | Home Care Service |
| Conditions of Registration | Maximum number of personal care/ personal support hours to be provided per week is 2,250 Age range of care receivers is 18 years and above Category of care provided is learning disability, autism, physical disability, mental health |
| Date of Inspection | 10 June 2021 |
| Time of Inspection | 9.30am – 3pm |
| Type of Inspection | Announced |
| Number of areas for improvement | One |

At the time of this inspection, there were four people receiving care from the service, with one additional person transitioning into the service.

The Commission received notification of an extended absence period of the manager from 14 January until Friday 12 March 2021 and were satisfied that appropriate arrangements were put in place for interim management.

SUMMARY OF INSPECTION FINDINGS

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

The findings from this inspection confirmed that the service's quality of care and support was of a good standard. This was evidenced from both discussions with the staff team and health professionals, who each reported that they were happy with the service, and a review of feedback provided by relatives. There is a consistent staff team who are experienced, have a good level of knowledge and who reported that they feel valued and involved in care planning. The respect and support provided to care receivers by a consistent and long-standing staff team was an area of good practice.

Staff are recruited safely. There is a robust induction programme which ensures that staff members have appropriate knowledge of the needs of care receivers before they are integrated into staff numbers. Appropriate additional training is provided and updated as necessary. The manager maintains a training log and there was evidence of training being kept up to date. Overall, staff felt that there were opportunities for training and development and that they were well supported by the registered manager. However, staff would benefit from Makaton training to aid communication with care receivers. This was an area for improvement.

There was evidence of a long-standing and consistent team who understood the needs of the care receivers. Healthcare professionals and staff reported good multi-agency working and the staff are fully involved in care planning. Care planning is person-centred, and there was evidence that the wishes and preferences of the care receivers are promoted.

The Regulation Officer reviewed care plans which included action plans and evidence that appropriate professionals were involved where necessary. Healthcare professionals consulted gave very positive feedback about the quality of care provided to care receivers and the respect shown to them in terms of preferences and promoting independence.

The service is of an appropriate size and staff are suitably qualified to meet the needs of care receivers. The registered manager is available as necessary and there is an on-call system for any out of hours requirements. The Regulation Officer was informed of learning as a result of a safeguarding alert and it is positive to note that a process to recruit a deputy manager to support this service is already underway.

A monthly review of the service is undertaken by an independent person. There was evidence of feedback being sought from relatives, both of whom reported satisfaction with the service provided and the communication with the care team.

There is one area for improvement resulting from this inspection.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the registered manager nine days before the visit. This was to ensure that the registered manager would be available during the visit. The Standards for Home Care¹ were referenced throughout the inspection.

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

- **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, 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.

The inspection visit took place at the registered offices on 10 June 2021. The Regulation Officer spoke with the registered manager and three members of staff and contacted three professionals. The Regulation Officer met with two care receivers to gain their views of the service and received feedback from two healthcare professionals and one further member of staff by email. The Regulation Officer reviewed feedback received from two relatives as part of a questionnaire sent out recently by the registered manager.

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

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. There was one identified area for improvement.

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

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 registered manager agreed that the Statement of Purpose should be updated and provided this following the inspection. The Statement of Purpose reflects the service provided to care receivers.

The home care service is, as part of the registration process, subject to the following mandatory conditions:

| Conditions of Registration | <u>Mandatory</u> |
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| | Maximum number of personal care/ personal support hours that can be provided is 2,250 per week Age range of care receivers is 18 years and above Category of care provided is: Learning disability, physical disability, autism |

A discussion with the registered manager and an examination of records, provided confirmation that these conditions on registration were being fully complied with and are intended to remain unchanged.

A discussion with the registered manager confirmed that they are aware of their responsibilities and limitations in the type of services that can be offered. The service currently provides personal care and support to four care receivers and there had been appropriate assessment and planning to transition one additional care receiver into the service. When necessary, there was evidence that requests for assessments and involvement of healthcare services had been made.

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."

Staff are recruited in accordance with the Government of Jersey's recruitment policy and this is managed centrally by a Human Resources team. The Regulation Officer reviewed the recruitment records of two members of staff who had been recruited in the last 18 months and was satisfied that safe recruitment processes had been followed. The Human Resources representative also demonstrated that there is a process in place to ensure that the registered manager confirms that they have seen

the applicant's information, criminal records check and references prior to confirming the start date.

There are currently 18 staff working for this service. All staff members are qualified to Level 2 in Health and Social Care and the registered manager maintains a record to ensure that all areas of mandatory training are kept up to date. One member of staff is currently working towards Level 3 in Health and Social Care, and one is registered to start the Level 3 qualification in the next intake. The registered manager reported that there had been difficulties in accessing e-learning programmes which has been escalated appropriately to senior management. The Regulation Officer reviewed the training log and there was evidence that staff had either completed mandatory training or were booked in where this had been delayed due to the period of the pandemic.

The registered manager is currently completing an annual review of medication training and this is signed off by a registered nurse. All staff are trained in the management of medication. Staff also receive training in autism and in the awareness and management of a medical condition for a care receiver. Where specialist equipment is used, staff receive training as part of their induction.

All staff members who provided feedback stated that they receive appropriate training and that there are opportunities for development. There is a six-month probation period, during which time one member of staff reported that they were given the opportunity to understand relevant Government of Jersey, and service-specific policies and procedures and of how they apply in practice. During this period, the registered manager reported that new staff would shadow other more experienced staff, and this would be for a flexible amount of time according to the needs of the care receivers. The probation period is signed off by a manager once completed. This was an area of good practice.

The registered manager aims to provide supervision on a bi-monthly basis, although one member of staff reported that this is not always consistent. However, all staff members reported that they could contact the manager for guidance and support. There is a plan to recruit a deputy manager and this would enable the registered manager to prioritise tasks such as supervision.

Approaches to care and welfare of care receivers

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| 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." |
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The Regulation Officer met with two care receivers who demonstrated that they were satisfied with the standard of care provided. The registered manager reported that one care receiver has been able to choose their team, using photographs. The registered manager demonstrated that this has improved the quality of care for this care receiver.

During a visit to one care receiver's home, the Regulation Officer observed a notice board with evidence of choices made for daily activities and meals. Menu cards were being made with photographs of ingredients on the reverse to support the care receiver in more actively engaging with shopping. The staff team had supported the care receiver in ensuring the home environment was homely and there were photographs on the wall which demonstrated a variety of activities undertaken. In a visit to another care receiver's home, there was evidence of photographs of activities and that the care receiver's favourite colour featured in the decoration of their flat. The care worker on duty was aware of the wishes and preferences of the care receiver and had a positive communication style using Makaton. This was evidence of good practice.

A care worker explained that the period of the pandemic had encouraged a review of the shift pattern in order to reduce footfall into the homes of people receiving a service. The Regulation Officer was advised that this had a positive impact on the care receiver and that there had been a reduction in staff changeover.

It was noted that some care receivers have a consistent staff presence in their homes and that this includes overnight periods, during which staff 'sleep in'. The adjustments to the shift pattern meant that staff continued to work with the care receiver after a sleep in which promoted continuity of care. This was evidence that the care receiver's preferences were noted, and changes made to the staff rota as necessary.

Applications for Significant Restriction on Liberty (SRoL) authorisations have been applied for appropriately. At the time of the inspection, one assessment had been completed, a date received for another, and one is still awaited. The Regulation Officer encouraged the registered manager to escalate any outstanding authorisations to the Legislation Team. The care plan for each care receiver is reviewed yearly, or if there is significant change to the needs of the care receiver. There are risk assessments in place for each care receiver.

A healthcare professional reported that a care receiver has a "great team" who have been consistent and are able to recognise their preferences. They were satisfied with the multi-agency working and met with the team regularly. A second healthcare professional reported that they had "heard first-hand comments from staff regarding how lucky they believe they are to be supporting a (care receiver) and how they feel privileged working alongside them."

All staff who were consulted in the homes of the care receivers, spoke with respect about the care receiver and advocated for their care. The Regulation Officer also noted in one care receiver's home that the care worker promoted the independence of the care receiver as far as practicable.

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.”

This service benefits from having a consistent staff team. Two members of staff who were consulted, had worked within the care receiver for several years and the newest member of staff had worked for the team for over 18 months. In each of the care receivers' homes visited, there is a notice board and the care receivers are informed who is on duty, and who will be next on duty. This is to support the communication needs of the care receiver and to enable them to anticipate in advance who would be providing their support. The registered manager explained an induction period, where new members of staff will shadow an experienced member of staff for a period of two weeks, or until they feel confident as all the care packages are for one to one care. This is in addition to the six-month probation period, during which time new staff complete mandatory training and are assessed as competent.

All staff who were consulted, reported that they have the necessary training and qualifications to meet the needs of the care receivers. They felt confident in knowing when to contact the manager or on-call nurse. Each care receiver is allocated a care co-ordinator who is responsible for assessment and care planning, with responsibility for physical and mental health. The registered manager reported that when annual reviews are due, relatives are informed and involved where appropriate. Staff were involved in care planning with agencies such as occupational therapy, podiatrist, mental health and the care co-ordinator. Staff who needed to use specialist equipment, received appropriate additional training. There was evidence that staff follow the plan and record the care receiver's progress and recovery and seek advice as and when needed.

During a visit to one care receiver's home, the Regulation Officer noted that the care worker had a good understanding of Makaton and used this to positively communicate the wishes of the care receiver. However, the care worker stated that there were other newer members of the team who had not been trained in this communication method and this would be of benefit to the staff team. A discussion with the registered manager highlighted that effective communication is a fundamental need for this group of care receivers and there is currently no training available in Makaton. Some care receivers have a level of Makaton, but not all their support team are trained in this method of communication. Other care receivers may have the ability to learn Makaton but are not being provided with this opportunity. This is an area for improvement.

A healthcare professional reported that the team caring for a care receiver are “compassionate and caring towards (the care receiver), with a genuine commitment to ensure (they) have a good quality of life on a day to day basis.” They stated “I have no concerns in respect of (the care receiver's) care and support, there is a genuine commitment shown by the team to explore all avenues of his social, physical and psychological well-being, with a view to ensure (their) comfort and health are good, comfortable and maintains a plateau of stability.”

The registered manager reported that all staff have been trained in the Government of Jersey medication management policy which is due to annual review. If there are errors in medication, these are monitored, and members of staff are provided with a training review and assessment.

Management of services

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| 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 home care service’s premises include office accommodation and a training room. There is also an additional meeting room where the registered manager can meet with relatives or professionals. The provider is currently recruiting a deputy or assistant manager and would enable the management team to support across all locations.

This is a small service dedicated to the care of four people. However, the staff team of 18 reflects the need to ensure that staff on duty have a good knowledge and understanding of the care receivers and can cover sickness and annual leave.

A safeguarding alert for a care receiver was raised in 2020 by a visiting health professional. An investigation was undertaken which recognised a shortfall in care planning. There was evidence that learning had been taken from this incident and care plans in each home link to the overall care plan put in place by the care co-ordinator.

In April there was an incident which should have prompted a notification to the Commission. In discussion with the registered manager they understood when notifications should be made, and this was made in retrospect.

Staff reported that the manager was available to provide advice and guidance as necessary. The care co-ordinator reported positive joint-working with the team. In general, the Regulation Officer noted that the staff team are motivated to improve outcomes and are provided with appropriate and relevant training to enable them to promote activities and independence skills for the care receivers. The registered manager agreed that the provision of Makaton training would benefit users of this service and that the promotion of the use of Makaton within this service has the potential to support effective communication across a range of other Government of Jersey learning disability services.

A healthcare professional reported that both the registered manager and senior manager “manage and support the staff in respect of ensuring their professional competencies, expectations and required scope of practices are reviewed via supervision.”

The registered manager had recently sent out questionnaires for feedback from relatives. Both relatives who provided feedback stated that they knew how to make a complaint. The comments made were positive with one relative stating that they

were kept involved and that there was good communication with the team. Another stated that they considered the staff team to be excellent and that their relative's wellbeing is promoted by staff.

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 management of this service including multi-disciplinary support and line management is appropriate to the needs, size and complexity of this service. This includes provision of an out of hours nursing service which staff reported was available as necessary. However, it is noted that the addition of a Deputy Manager would support staff in different locations.

As a Government of Jersey service, there are structures and appropriate policies in place for finance, health and safety and information management, among others.

A monthly reviewing system is in place by a manager of another Government of Jersey service. During the period of the pandemic, this took place remotely, however it is positive to note that the review now includes a visit to the service's office and to the homes of care receivers, as appropriate. The monthly reviewing system would be further strengthened by ensuring that notifications of incidents are made to the Commission in a timely manner.

If there are adverse incidents, these are reported using the Government of Jersey Datix system and are reviewed by the registered manager. These are included in the monthly report with evidence of a plan in place to avoid future incidents where appropriate.

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.

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| <p>Area for Improvement 1</p> <p>Ref: Standard 6</p> <p>To be completed by: Within six months – 10 December 2021</p> | <p>The registered provider must have appropriate training in place to meet the needs of care receivers. Specifically, training in Makaton and/or other communication methods.</p> |
| | <p>Response by registered provider:</p> <p>Training in respect of communication is provided through the Speech & Language Therapist who offers support for staff in the areas. There is discussions with an on island trainer to deliver Makaton training to support staff to communicate effectively with those individuals who require this. Funding has been approved in 2021 for a staff member to undertake their Makaton Trainer Licence to deliver training for adults within Learning Disability Services.</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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