



**Jersey Care
Commission**

INSPECTION REPORT

Gentle Care Limited

Home Care Service

**Suite 3, Ground Floor, Tower House,
First Tower Business Park,
La Route es Nouveaux,
St Helier, JE2 4ZJ**

13 and 20 August 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 Gentle Care home care service. The service was registered under the Regulation of Care (Jersey) Law 2014 on 7 August 2019 and its office is in St Helier. Gentle Care Limited was founded in 1997 and was previously subject to review under the Approved Provider Framework, prior to the implementation of the Regulation of Care Law. The service supports adults with personal care and personal support to enable them to live in their own homes.

Registered Provider	Gentle Care Limited
Registered Manager	Anne Ruth
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 Adult 60+ Dementia Care Physical disability Learning Disability Autism
Dates of Inspection	13 August 2021 - 10am – 3pm 20 August 2021 – 1pm – 3pm
Type of Inspection	Announced – with one day's notice
Number of areas for improvement	None

The Home Care Service is operated by Gentle Care Limited, and the registered manager is Anne Ruth.

At the time of this inspection, there were 19 people receiving care from the service.

SUMMARY OF INSPECTION FINDINGS

This was the second inspection undertaken since the service was registered and the inspection was announced, with a phone call on the day before the visit to ensure the availability of the registered manager. The inspection visit took place at the registered offices on 13 August 2021 and a supplementary visit followed on 20 August 2021.

The Standards for Home Care were referenced throughout the inspection¹.

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 the organisation's structure includes two deputy managers who maintain a hands-on role, regularly providing care and support to care receivers.

Direct feedback from care receivers, relatives and professionals provided evidence that care receivers are provided with a consistent team of carers, who promote independence and consider their wishes and preferences.

Policies are currently being updated and appropriate procedures are in place to protect vulnerable people from the risk of harm and abuse. Care staff were able to describe and provide examples where they were aware of the risks to care receivers and knew how to refer safeguarding concerns.

Care teams regularly hold meetings which review the care plan and identify any areas for change. Deputy managers regularly meet with care receivers and discuss whether the care plan and team are meeting their needs. However, comments are not treated as a complaint unless they are formalised. The Regulation Officer was assured that the deputy managers understood the need to record these comments, as this information provides evidence that the views of care receivers are listened to and acted upon.

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

Staff are recruited safely, and a planned induction and training programme ensures that staff have the appropriate information before supporting a care receiver. The registered manager stated that the values of staff are explored at interview and this is a recurring theme in supervision. Staff regularly discuss the need to provide person-centred care at review meetings.

There was good evidence of partnership working with other professionals and organisations and it was apparent that referrals are made appropriately when external support is needed, to maintain the health and wellbeing of care receivers.

Care plans reflect the health and social needs of the care receiver. Gentle Care uses a combination of electronic and paper care plans and there was evidence that these are reviewed at least every six months. Discussions with care staff at the homes of care receivers demonstrated that there is a willingness to be creative and to continue to look for different activities for care receivers. Care receivers can be part of care planning process although some choose not to.

A system of monthly reporting is in place. This meets the needs of the service but could be improved with additional information. This was discussed at the time of the inspection.

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.

A Regulation Officer visited the service's offices on 13 August 2021 to meet with the registered manager. A further visit was undertaken on 20 August 2021 to meet with the two deputy managers and thereafter, the Regulation Officer sought the views of care receivers and their representatives and spoke with care staff. A visit was made to two care receivers in their own home and two care receivers provided feedback by telephone. One relative was present at the time of the home visit and a further three relatives/representatives provided feedback.

Five members of staff provided feedback by telephone, and one of these staff members was present during a visit to a care receiver. A further staff member was present at the time of a home visit.

Four health professionals were contacted by the Regulation Officer to seek their views of the service. Two provided feedback.

During the inspection, records including policies, care records, quality monitoring reports, 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.

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 had recently been revised and reflected the age range and categories of care it is registered to provide.

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

Conditions of Registration	<u>Mandatory</u>
	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: Adult 60+, dementia care, learning disability, autism

At the time of this inspection, 19 people were receiving care and support and the service was delivering on average 1,100 hours of support each week. People are supported based upon their needs and preferences, and there is a range of needs which the service is able to meet, from people needing social support to those needing 24-hour care.

The service consists of the registered manager, two deputy managers, team leaders, care staff and administrative staff. The manager is involved in the day to day running of the service. Two deputy managers have 20 hours each of management time and 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. Care plans are developed from an assessment undertaken with the individual and the Statement of Purpose indicates that "their involvement is absolutely valued, as they lead the process and thus allow Gentle Care to provide fully person-centred care." Care plans are then reviewed using feedback from the client and their family or representatives. One health and social care professional reported that Gentle Care had been very thorough during the assessment process, ensuring that they had all information, involved all relevant professionals, and had

shadowed the previous care team until they were ready to take over the package of care.

The Statement of Purpose describes positive risk taking which promotes independence. This is supported by the completion of risk assessments for each care receiver.

During the period of the Covid-19 pandemic, staff provided care to a maximum of two care receivers, in order to reduce the risk of cross-infection. One care receiver described how they felt safe due to the measures which were put in place by the staff and that their wishes were respected. The manager and deputy managers described staffing challenges, but the Regulation Officer was assured that all care receivers continued to receive a service that met their needs. A health and social care professional described how staff had been creative in providing activities when Government of Jersey activities were restricted. Further details are provided later in the report.

There was evidence from discussions with healthcare professionals that Gentle Care staff seek appropriate advice and guidance to ensure the health needs of care receivers are met. The Statement of Purpose states that where there are complex medical needs, Gentle Care will not accept the care package unless a “structure of overarching responsibility from the appropriately trained professionals” is in place. This is evidence of good practice.

Feedback from care receivers and relatives supported the fact that a consistent team of care staff are allocated, and appropriate training is provided to ensure the staff team are competent to work with the care receiver. The Statement of Purpose states that “any client with complex clinical needs will have a senior team member to coordinate and liaise with outside health care professionals as required.”

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 safeguarding policy has recently been updated and contains information on the signs of abuse. The policy includes information for staff on the process to follow if they identify a concern. All staff receive training in safeguarding and there was evidence that this is kept up to date. The registered manager has sought advice from professionals in updating this policy. The policy is being updated to include details for contacting the Commission who should be notified if a safeguarding concern is raised.

A deputy manager described a situation where they became aware of a possible safeguarding concern due to their knowledge and understanding of the history of a

care receiver and the presentation of a care receiver during their visit. They sought advice from a social worker, and in doing so were able to protect the care receiver from possible harm.

The Regulation Officer reviewed notifications made to the Commission. These included hospital admissions and falls and had been made appropriately. One member of staff consulted, stated that all incidents are reported through the team leader.

All staff have Capacity and Self-Determination Law training. One care receiver is subject to a Significant Restriction on Liberty authorisation (SRoL). A notification has not been received by the Commission and following discussion, it appears that Gentle Care have not had sight of the assessment, which would detail the approved areas of restriction. The staff will follow up on this with the healthcare professional. The Regulation Officer was assured that staff are aware of the need to notify the Commission of any further SRoL authorisations.

One member of staff reported feeling safe during the period of the pandemic. Appropriate protective equipment was provided for the safety of both staff and care receivers.

A staff member described a care task which had required additional training to be delegated by district nursing staff. The staff member had received training and had been assessed as to their competence in carrying out the task for this care receiver.

Staff reported feeling well supported and that they can always seek advice from a team leader during the shift. All staff reported feeling listened to and that additional training is provided if needed. There are regular meetings attended by the staff team for each care receivers. A review of the minutes of these meetings indicated that the confidentiality of information, care and identification of abuse is a standing agenda item.

The Regulation Officer discussed reliability and consistency of staff with the registered manager and relatives of care receivers. The registered manager reported that there is a planned handover for each visit. Staff members must phone the duty manager if they are unable to attend their visit due to illness. There are staff available to cover visits if necessary. During the inspection visit, a relative contacted the registered manager to report that a member of staff had not arrived for their visit to their relative. This was quickly resolved but did highlight that there is no reliable system which would alert the registered manager at an early stage to the fact that a visit has been missed. All relatives consulted reported reliability and consistency of staff teams. This may be an area for consideration for the registered manager in the future.

All relatives consulted, stated that there is a consistent staff team and both they and the care receivers are given a diary in order that they are aware of the staff member on duty. One member of staff reported that they were due to cover a visit to a care receiver who they do not usually support. They had shadowed another member of staff in advance of this in order that they had been introduced to the care receiver

and were aware of their routine and preferences. This was an example of good practice.

Positive feedback was received from all care receivers:

“(they) encourage him to look in the diary to see who’s coming” (from a relative)

One reported that if there is a change to the care plan, they involve the relative and encourage the care receiver to be part of the meeting.

“they have never sent someone that (relative) doesn’t know”

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.

Policies have been updated since the 2020 inspection report completed by the Commission. The complaints and compliments policy was reviewed and identifies actions to be taken if a complaint is received. There was evidence that “team meetings”, for each care receiver, are used to discuss any areas where improvement or change has been made in order that the care team can learn from this. Once all policies have been updated, the team plan to place a copy in the home of those care receivers in receipt of a 24-hour packages of care. The Regulation Officer was shown a letter of thanks from the relative of a former care receiver and this had been shared with the staff team.

The deputy managers meet care receivers on a regular basis (as much as fortnightly where necessary), and as part of this meeting, they discuss with the care receiver if they are happy with the care and staff team and identify if any changes are required.

All care receivers and relatives contacted stated that they were unable to identify any areas of concern but that they were confident that when necessary they had been able to contact a member of the management team who would resolve issues in a timely manner.

From a discussion with the management team, it appears that although the deputy managers meet regularly with care receivers to gain their views, informal or verbal complaints are not recorded. The deputy managers understood that this would be a way to demonstrate that action is taken as a result of issues raised and agreed that this would be actioned immediately.

A survey was sent out to all care receivers and/or relatives in 2020. Due to Covid-19 and the challenges for the management team, it has not yet been possible to send out a survey in 2021, however the deputy managers stated that it was planned to

send out this survey on a yearly basis. One relative stated that within this survey they had stated that staff are sometimes changed at short notice due to sickness and that the care receiver found this difficult. They had not received a response as a result of this comment. However, they also stated that the care team were consistent and that this was not a frequent issue.

While the current policy sets out the process, there is currently no easy read version for care receivers. This would be a positive development during the next year.

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

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.

The service currently employs 50 care staff, with four new staff recruited since the last inspection. The registered manager is supported by two deputy managers, who have 20 hours per week of administration/management time and also cover shifts where necessary, which has been extremely useful during the pandemic.

The Safe Recruitment Policy contained details outlining the recruitment process which is reflective of the Standards. A sample of three staff personnel files was examined which confirmed that staff had been appropriately and safely recruited. The Regulation Officer viewed criminal records checks for all new staff. 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.

The registered manager described the culture of the organisation which is about "stepping into the world of the care receiver", during the visit and leaving personal issues at the door. They described how the values of a prospective employee are important and explored at the time of the initial interview.

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 period includes office meetings initially where the ethos of the company is discussed and a review of an induction meeting record indicated that staff are informed that the time during the visit is centred on the care receiver, and that personal issues should not affect the quality of care.

The registered manager described that staff undertake a number of sessions, shadowing a care worker with a care receiver before they are expected to be responsible for the care. One care worker described that once they had completed their period of shadowing, the management team checked that they felt confident or if they wanted additional sessions, before they worked alone. This was an area of good practice.

Training records demonstrated that staff are kept up to date with mandatory areas such as safeguarding, manual handling, first aid and infection control. One member of staff reported that they had received specialist training in using a communication aid (Eye Gaze) to support a care receiver. Additionally, they had received appropriate training from Family Nursing and Health Care for a delegated task (a specific task which must receive nurse training and be authorised). The registered manager is keen to promote the development of staff and offers vocational training in Levels 2 and 3 for all staff following appointment.

A number of staff have completed vocational awards in health and social care at Levels 2 and 3. Two deputy managers are working towards Level 5 in Leadership. Seven members of staff are completing Level 3 training in RQF Health and Social Care. All staff consulted stated that training and development is available and encouraged. Two members of staff reported that they had received training in working with care receivers with a learning disability. One reported that they had previously had no experience with this client group and that it had really helped in their approach.

All staff consulted reported that they felt valued and appreciated. Staff told the Regulation Officer that the company was “lovely to work for”, “always supportive”, provides “amazing well-being support”, and is “family friendly”. Staff all stated that the management team were approachable, and this was summed up in one staff comment, “I love it. They are a great company to work for. It’s exactly how care should be.”

Staff receive supervision on a three-monthly basis. New staff have a probation period of three months and this can be extended to promote further learning and development. During the period of the pandemic, staff reported that supervision was maintained but this was completed by telephone. All staff stated that they do not have to wait for until the time of their formal supervision if they need support outside of this time. There is always a duty manager on call and staff find this supportive and useful. One member of staff reported that, prior to joining Gentle Care, they had registered for the Level 3 course but had struggled with the motivation to complete the course. A deputy manager had supported them, and they had found this to be motivating and this enabled them to complete the course.

Relatives reported that new staff are always introduced to the care receiver. Although it is unavoidable that the rota sometimes has to be changed, relatives were confident that staff are always known to the care receiver. One member of staff reported that they knew they would be covering annual leave for another team and had therefore been introduced and shadowed a visit prior to covering the session. This is an example of good practice.

Testimony from a healthcare professional confirmed that staff had raised issues appropriately and sought advice. The team had worked with the healthcare professional who reported good communication and that the team had implemented advice given with success. The team had made efforts to include the care receiver in meetings and by using social stories and the drop-in advice clinic, a positive change to the care plan meant that no ongoing involvement was needed from this professional.

A relative present at the time of a visit reported that the staff team were “very nice.” A care receiver stated that they were “very happy” with the care received and that due to their own health issues, they had been confident that the care team endeavour to keep them safe. One relative described how some of the carers have “great qualities and go over and above” in their provision of care.

A relative whose loved one had recently passed away described the care team as “like family”. They stated that the care team were helpful and that they “really were fantastic”. They stated that the care team had been consistent and accommodating to the wishes of their relative. The registered manager described how by working with hospital staff, this care receiver had been able to return to their home for their last days, as was their wishes. This was evidence of good practice.

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 a mixture of electronic care planning and paper copy in the home of the care receiver. The registered manager reported that most packages are for 24-hour care and there is up to ten minutes included for a staff handover. There is a team leader for each of the bigger care packages and they are included in the rota. The team leader and/or deputy manager sees each client at least every fortnight and discusses any issues or changes needed for the care plan in order to continue to meet the needs of the care receiver.

A sample of three care plans were reviewed which demonstrated that a summary of their health and social histories are recorded. Two further care plans were also reviewed in the home of care receivers.

The electronic care plans reflected reviews which take place at least six monthly, and more frequently where a change is required.

A sample of two care receiver’s personal plans were examined which showed that a summary of their health needs and social histories are recorded. The care plans demonstrated that information from health and social care professionals had been sought and included as appropriate. One health professional described how communication and planning with Gentle Care staff had a positive outcome for the care receiver.

The electronic care plans cannot be accessed within the home of care receivers. In discussion, they recognised that this means that records kept in the home need to be updated on a regular basis in line with the office records. A visit to the home of one care receiver showed that the care plan was not up to date. There was evidence that there is already a greater choice of meal options. The Regulation Officer

discussed the programme of activities and the care worker had a number of ideas to improve the variety. While the current care plan supports the care receiver's domestic routine, it is positive to note that the care team would still like to offer alternate ideas. The care plan would benefit from the use of pictorial aids or photographs to aid choice and communication with the care receiver.

The Regulation Officer visited another care receiver in their own home. In this case, there was evidence that the care team had been creative during the period of the pandemic in order to meet the preferences of the care receiver. This care receiver enjoys going to the shops to choose a drink and snack. When this became difficult during the pandemic, the care staff created a shop in an outbuilding at the back of the house in order that the care receiver could continue to express their choice and enjoy this activity. This was evidence of good practice.

The professional involved at the start of the care package, was positive about the process and the interest shown by the care team to ensure that they fully understood the needs and preferences of the care receiver before taking over the package of care. The professional described that the care team shadowed the previous team and attended training to understand learning disability and positive risk taking. The care team still consults with this professional as and when necessary. This care receiver does not wish to have a written care plan, but there was evidence in the home that staff had discussed information with them.

During the visit, the Regulation Officer observed positive communication between the care worker and the care receiver. It was evident that the care receiver's views are sought and that they were making choices about the plan for the day.

The care receiver told the Regulation Officer that the care team are "very nice". A relative reported that, since the support has been provided by Gentle Care, the care receiver has "gained confidence" and they described how their needs are always put first. The relative reported that the care receiver is very happy with the support provided and that there has been an improvement in their independence skills. Although they reported no complaints, they stated there was good communication with the registered manager and were confident that any issues would be resolved in a timely manner.

Monthly quality reports

The quality of services provided by this service should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.

There is an organisational structure in place which includes the registered manager, two deputy managers, team leaders and care teams. There are clear lines of accountability and staff reported that they are able to contact a member of senior management for advice as necessary.

The registered manager is also the provider. There are systems in place, such as a training log which clearly identifies when a member of staff is due for a training update. A deputy manager compiles a monthly report and, although this is of a good enough standard, a discussion with the Regulation Officer identified ways in which this could be improved and would support the service.

Care receiver feedback is regularly sought by the management team during visits, but this is not demonstrated in the monthly reports. The Regulation Officer was informed that a care receiver/relative survey undertaken in 2020 will be repeated.

There are regular team meetings at which reflection and review take place. Areas for improvement are identified and a plan put in place. During this particularly challenging 18 months, the teams have continued to focus on the needs of care receivers.

IMPROVEMENT PLAN

There were no areas for improvement.

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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