



**Jersey Care
Commission**

INSPECTION REPORT

New Horizons Support Services

Home Care Service

**16/17 Burlington House
St Saviours Road
St Helier JE2 4LA**

9 and 13 July 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 New Horizons Support Services. The service is situated in the parish of St Helier and provides a range of individualised support packages to people living in their own homes. The level of support provided can range from a few hours per week to 24-hour support packages. The office is located on the first floor of an office building, on a main access road leading to town centre parking and amenities. The service became registered with the Commission on 10 February 2020.

Regulated Activity	Home Care
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support Category of care: Dementia Care, Physical Disability and/or Sensory Impairment, Learning Disability, Mental Health, Autism, Substance misuse Maximum number of personal care / personal support to be provided per week: 2250 hours Age range of care receivers: 18 years and above <u>Discretionary</u> Victoria Soar registered as manager of New Horizons Support Services must complete a Level 5 Diploma in Leadership and Management in Health and Social Care by 10 February 2023.
Dates of Inspection	9 and 13 July 2021
Times of Inspection	9:00 – 12:30, 10:30 – 12:30
Type of Inspection	Announced

Number of areas for improvement	One
Number of care receivers using the service on the day of the inspection	40

New Horizons Support Services is operated by New Horizons Support Services Limited, and the registered manager is Victoria Soar.

Through discussions with the registered manager, the Regulation Officer is satisfied that the service is meeting the requirements of the mandatory conditions that are in place. There was further discussion in relation to the categories of care. It was agreed that some minor amendments were required in relation to terminology used. Changes were confirmed following the inspection and a new certificate issued on the 13 July 2021.

The discretionary condition on the service’s registration was discussed and the registered manager informed the Regulation Officer that they have commenced the Level 5 Diploma in Leadership in Health and Social Care. The registered manager reported that progress has been slower than anticipated but is confident that the course will be completed within the agreed time frame.

Since the last inspection on the 12 March 2020, the Commission has received an updated copy of the service’s Statement of Purpose. This was submitted on 8 July 2021.

The Regulation Officer discussed the impact of Covid with the registered manager who advised that it did affect staffing at the beginning of the pandemic as some staff members were required to shield. However, this was balanced by some care receivers choosing to reduce their support. Staff worked in ‘bubbles’ in order to minimise contact. The team also supported care receivers and families in other ways, for example, helping with shopping. Supporting care receivers to understand Covid and the actions required to stay safe was a challenge for the team. One example of this was the use of face masks. This impacted on the ability to communicate effectively with some care receivers, and the team spent some time sourcing face masks which facilitated more effective communication.

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 this report.

Overall, the findings of this inspection were positive. There was evidence that care receivers were being provided with a service that is safe and which takes their wishes and preferences into account.

The Regulation Officer followed up on one area for improvement identified in the previous inspection report there were clear indications of improvement noted.

There are appropriate recruitment and selection processes in place and there was clear evidence that staff members are supported through an induction process. Ongoing training is provided, and all training records are kept up to date. Safer recruitment practices are in place; however, they did require some adjustments which were highlighted and actioned at the time of inspection. Staff are supported in their role through regular supervision, but a system for annual appraisal is yet to be established.

There is a strong evidence that the service strives to ensure care is delivered in a person-centred way. Rights, choices and preferences of care receivers are reflected in the care plans and risk assessments in place. There is a robust system in place for the initial assessments of needs which involves care receivers and their families. Reviews are conducted regularly in collaboration with the care receiver and others involved in their care.

Staff training provides both a generic skill base, as well as focusing upon the specific needs of care receivers. The service has been recognised for a willingness to adapt and develop to meet individual need, and they have showed diversity in their approach to support. There is also a recognition of the importance of working closely with other professionals and seeking support for specialist tasks when required.

There is a good management structure in place with clear lines of accountability. The staff team are supported by an office manager who is responsible for Human Resources (HR), payroll and finance. The management team were recognised for their professionalism and flexible approach in feedback received by care receivers, families and professionals.

There is an up-to-date Statement of Purpose in Place which is reflective of the services provided by New Horizons Support Services. Several systems exist to ensure the ongoing monitoring and review of the quality-of-service delivery which include monthly quality monitoring reports, spot checks, annual feedback surveys and incident reporting. There are also a range of policies available which set the standards for practice within the service.

INSPECTION PROCESS

This inspection was announced. Notice of the inspection visit was given to the registered manager three days before the visit. This was to ensure that the registered manager would be available during the visit and to confirm the service's infection prevention and control arrangements. The inspection took place on the 9 and 13 July 2021 at New Horizon's offices.

The Home Care Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **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 of the information held by the Commission about this service was reviewed, including the previous inspection report, notifications, correspondence and the Statement of Purpose.

Discussions were held with the registered manager, office manager and directors at the time of inspection, with a further two members of staff contacted via e-mail.

The Regulation Officer sought the views of two people who use the service. This was done via e-mail for one and a home visit for the other. This was in line with their preferences in communication styles.

The views of three family members were obtained through e-mail and telephone contact after the inspection. Two professionals with recent involvement with the services also shared their views of the service with the Regulation Officer.

During the inspection, records including policies, care records, training records, recruitment files, inductions, incidents and complaints 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. Where areas for improvement have been identified, these are described in the report and an action plan attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, one area for improvement was identified and an improvement plan was submitted to the Commission by the registered provider setting out how these areas would be addressed.

The improvement plan was discussed during this inspection and it was good to note that all of the improvements had been made. This means that there was evidence

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

that monthly quality assurance reports are now being undertaken by the service director.

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.”

The Service currently employs 14 full time and five part time staff. The permanent team are supported by a number of bank staff and currently provide a range of services to 40 care receivers over 806 hours per week. Support hours provided to care receivers range from four hours per week to 24-hour packages of support.

The office manager reported that there had been approximately 14 new recruitments since the last inspection. The Regulation Officer reviewed two recruitment files. Both files contained copies of the application form contract, job description and signed acknowledgement of receipt of the staff handbook and access to policies and procedures. Two references were in place for each recruit and the registered manager explained the steps that would be taken should references require further follow up.

A copy of the Disclosure and Barring Service (DBS) certificate was available for one of the recruits. Upon further discussion with both the office manager and registered manager they explained that following the last inspection they concluded that they no longer had to retain original certificates and had put a system in place to record when DBS certificates were viewed as part of the recruitment process. These records were available to the Regulation Officer at the time of inspection. The Regulation Officer confirmed with registered manager and office manager at the second inspection visit on the 13 July 2021 that original DBS certificates must be retained, in order that they can be reviewed at inspection and steps were immediately taken to amend the process.

The Regulation Officer was also able to view the risk assessment process in place for reviewing any DBS disclosures. This was found to be robust, and the Regulation Officer was satisfied that information from DBS certificates was being reviewed and followed up on.

There are appropriate induction processes in place for staff and a sample was viewed by the Regulation Officer. It has been developed in line with the Skills for Care Common Induction Standards. It details general practices and procedures, as well as client specific induction requirements and the training requirements for new staff members.

There is a clear focus on staff training, both during induction and on an ongoing basis to ensure that staff regularly update their knowledge and skills. It is a requirement of the service that all training be updated annually. There is an electronic system in place for training courses. Anything that is completed via the system is automatically recorded on the database. Any other training courses which

are undertaken have to be manually uploaded on to the system. This applies to practical courses, such as First Aid and manual handling training. All mandatory training was reviewed and found to be up to date. Staff members are sent electronic alerts when training is due to be updated. The Regulation Officer was able to track staff progress on the system which gives details on how much course material has been completed and the time spent undertaking the course. This allows the registered manager to satisfy themselves that staff are undertaking relevant courses. There are also systems in place to support staff who are having difficulty in completing their training requirements.

Of the 19 permanent staff currently employed, over half of the team are in possession of a level 2 or level 3 Regulated Qualification Framework (RQF) or National Vocational Qualification (NVQ) in Health and Social Care. This means the minimum requirement set out in Standard 3.9 of the Home Care Standards is being met.

All staff receive supervision on a three-monthly basis. Copies of supervision agreements and documentation were viewed by the Regulation Officer and found to be satisfactory. The registered manager explained that supervisions will be undertaken more frequently during induction and there is flexibility on frequency dependent upon the needs and circumstances of staff members. This was confirmed by the staff members who provided feedback.

The provision of appraisals for staff was discussed with the registered manager who explained that they were not yet in place. A policy is in the final stages of completion, as well as documentation for recording appraisal meetings. The registered manager recognised the need for appraisal process to be in place and this is an area for improvement.

There are good systems in place to support staff members in their role. All staff have access to members of the management team during office hours and they can call in or seek support via the telephone. In the evenings and at weekends there is an on-call system in place and all staff have details of who to contact.

Each care receiver has an identified staff team who provide support to them and absence cover, such as annual leave is covered within the team. In instances where absence may occur at short notice, bank staff who are familiar with the care receiver will be asked to cover along with other members of the team. If no support staff are available, then the on-call staff will provide support. Other solutions will also be explored which may include adjusting the days or times of support.

There are robust systems in place to monitor staff working hours, this includes staff who are required to undertake sleep-in duties. Any disturbances during sleep-in shifts are recorded and time is given back to staff members. Additional hours are agreed in advance with staff members, excluding on-call and all hours worked are monitored by the office manager in order to avoid any member of staff working in excess of 48 hours per week.

A complaints policy is in place and was made available to the Regulation Officer for review. There are clear pathways in place for raising concerns or complaints. All

staff spoken to were aware of the policy. Care receivers and relatives were clear on the steps they would take should they wish to raise a concern or make a complaint.

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.”

On the second inspection visit on 13 July 2021, the Regulation Officer spent time reviewing the care plans and risk assessments in place for care receivers. All records are stored on an electronic system called Movibio.

The care plans were found to be very detailed with a real emphasis upon care receivers’ needs and how these can be met in a person-centred way. All activities are focused upon the care receivers’ wishes, choices and preferred routines and have clear goals and outcomes. The Regulation Officer found all plans of support to be easy to follow, giving a real insight into the care receiver.

Detailed session reports are completed at the end of each visit or shift. These reflect the interactions that have taken place and highlight any issues encountered. The reports are available for review by the registered manager.

The registered manager explained some of the systems in place to ensure that care receivers have choice. They gave examples of one tool which is used to help care receivers understand consequences of choices made, but ultimately the service will support care receivers’ rights to make their own decisions.

The registered manager reported that there is currently a Significant Restriction of Liberty (SROL) application in process for one care receiver. This has been the first time that the service has been required to submit such an application. Through discussion with the registered manager, it was identified that some members of the team may benefit from additional training in this area which the registered manager agreed to look into. Basic SROL training is currently available to all staff online.

There was clear evidence of regular reviews of care plans on at least a six- monthly basis. Care plans which are no longer required remain visible on the system. There is capacity within the system to mark them as ‘inactive’, however this is not being consistently applied. The registered manager and director are aware of this issue and will keep it under review.

The Regulation Officer found evidence of multiple communication formats in use that were individual to each care receiver. Communication styles were clearly recorded in care plans and supplementary aids used in daily interactions, such as social stories, British Sign Language (BSL) and pictorial story boards. Appropriate training is provided to support effective communication. The registered manager explained that some of the staff team have been recently trained in BSL in order to meet the needs of one care receiver.

In order to maximise the feedback information received from care receivers, the registered manager explained the communication needs of care receivers to the Regulation Officer and styles of communication were adapted to meet individual need. Examples of this included preparing structured written questions via e-mail and using pictorial aids to introduce the Regulation Officer prior to a home visit. This resulted in successful feedback being received from care receivers. Approaches to communication was found to be an area of good practice.

The registered manager explained the process for referral and assessment prior to commencement of services. Once a referral is made to the service, an initial visit is made by the registered manager and a detailed information form is completed. This information helps to match appropriate staff to care receivers. Two families commented that they receive staff profiles prior to staff being introduced to care receivers. This was found to be very useful and reassuring.

Initial care plans and risk assessments are compiled based upon the information gathered at the initial visit and reviewed when required or at six monthly intervals. All reviews take place with care receivers and their families and adaptations are made to accommodate communication needs. Once completed, all reviews are recorded on the electronic system and samples were viewed by the Regulation Officer at the time of inspection. All care receivers and families spoken to confirmed that they are involved in reviews and are aware of the care plans that are in place for them.

Feedback from care receivers and families in relation to the care provided was very positive. It was generally considered to be of a high quality and delivered in a way which takes account of wishes, preferences and choice. One family member commented "Staff know how to support in a way that is respectful and safe. They are always given choices". With another simply stating "I'm delighted with what New Horizons provide". One care receiver stated, "They try hard to help and they have some lovely staff and they been really supportive over the pandemic".

Comments from professionals were equally positive. One spoke of the professionalism within the team "The client is at the heart of everything they do and the team are so kind and compassionate". Another described the team as being able to "demonstrate creativity, flexibility and innovative approaches to their practice".

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."

As previously stated, there is an emphasis upon ensuring that appropriate training is given to ensure care receivers communication needs are met. The Regulation Officer also found evidence of training in place to support a range of needs in relation to the service's categories of care. This included training in learning disabilities, autism and positive and safer approaches to behaviour. The registered

manager explained that training is specific to each team supporting care receivers, dependent upon their needs. Any additional training required is identified and discussed through supervision. The level of competency in specialist areas of support was recognised by one professional who commented “The staff are very competent in their role to manage challenging behaviour and creating an autism friendly environment”.

For care receivers who have additional health needs, assistance will be sought from relevant professionals to provide training and develop appropriate care plans.

Training in the use of specialist equipment is in place and is support is given by the relevant professionals. Contract for servicing and maintenance are also in place

Medication training is available to all staff. This consists of an online knowledge-based course and a subsequent practice-based competency assessment. An example of the competency assessment was reviewed by the Regulation Officer and found to be satisfactory. There is provision for annual updates on competency and the registered manager is in the process of compiling appropriate paperwork to record this. Systems are in place to report and review medication errors. The registered manager is also in the process of identifying members of staff to undertake the RQF level 3 unit in the administration of medication.

There are several systems in place to ensure that care receivers have notification in advance of the staff who will be supporting them. Some will have the information e-mailed or texted to them, others have schedules within their home which they can refer to. Photo boards are also used, and one care receiver chooses to go to the office to receive the information.

Staff have access to the electronic recording system through work issued mobile phones, and they record their start and finish times. This allows for easy access to all relevant paperwork which may need to be completed, such as care plan entries or incident reports. Care receivers also have access to all relevant contact numbers for the office and support staff.

Through feedback the team were recognised for their willingness to work with professionals in order to provide the best possible outcomes for care receivers. One described the service as demonstrating “excellent partnership working with professionals”. However, one care receiver did comment that they felt greater input was required from professionals in order to move forward with support which will help them progress

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 service has been in the current premises for a year and a half and the registered manager reported that it meets their needs well, with the exception of lack of disabled access. There is a main office from which all management and

administrative activities are undertaken, and a small meeting room which is used for staff supervision and interviews. There is also appropriate secure storage available. The registered manager reported that the service will hire additional venues as required to accommodate training sessions for staff.

There is a management structure in place with clear lines of accountability. Each care receiver has a senior support worker involved in their support who is available for any general enquiries from both staff and care receivers or their families. The registered manager provides managerial support for the team of support staff and is a point of contact for families and professionals. The Office manager is responsible for all HR and financial issues. The service has two directors, one of whom is available to provide support to the registered manager on operational issues. One director has moved away from involvement in the day-to-day operations in order to undertake quality monitoring activities for the service.

The office manager co-ordinates all financial activities. This includes the logging of staff hours for payroll and invoicing for support hours delivered. Contracts are in place for all packages of support and the registered manager explained that they are reviewed on an annual basis, or sooner if there is a change in need or circumstance. The registered manager reported that payments via the Long-Term Care (LTC) benefit scheme can sometimes be delayed, therefore the service will not commence support until funding has been confirmed.

Adequate insurance cover is in place and a copy of the certificate was available to the Regulation Officer at the time of inspection.

Feedback from relatives in relation to the management of the service was very positive. Several commented on a willingness to work with care receivers and their families to provide appropriate support. Some of the comments received from care receivers, family members, professionals and staff members are captured as follows.

“Any issues are dealt with quickly and efficiently”.

“Honest and totally transparent and very approachable”.

“I have nothing but positive comments to make about the management, and the regular feedback is essential and knowing I can contact them if there is an issue, and they respond straightaway is reassuring”.

“During supervision and meetings management/directors always ask if we feel there is anything that they could improve on as a company to ensure that our clients have the best support possible or if we require any further support”.

“I feel the management structure appears well planned with clear lines of supervision and escalation routes”.

“Vicky is so good to work with”.

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 service's Statement of Purpose was reviewed and submitted to the commission prior to the inspection. It reflected changes to the range of services provided and also changes to the staff team. A discussion was held in relation to having a system in place to ensure regular reviews of the Statement of Purpose. This was acknowledged by the registered manager who will plan for six-monthly reviews moving forward.

Monthly quality monitoring reports are undertaken by one of the service directors. Copies of the reports were made available at the time of inspection. There was clear evidence of auditing of care plans and risk assessments. Actions points are identified, and progress noted on the following months report. The report also contains information on health and safety checks, incident reporting, complaints and staffing and the outcomes of any issues identified.

The registered manager explained that monthly spot checks are in place for the 24-hour support packages, and this was reflected in the monthly reports. At present these are not documented but the team are in the process of drafting a standard checklist document for use during spot checks.

The service conducts annual feedback surveys with care receivers and their families. Some samples of recently returned surveys were made available to the Regulation Officer. The information received allows the service to evaluate the quality of the service and make required changes. If the service is unable to make changes, it will respond directly to the care receiver detailing the reasons. Any positive feedback received is shared with staff directly and followed up during supervision.

The Regulation Officer reviewed the incident records for six care receivers which are stored in their electronic files. When an incident occurs, an online incident form is completed and logged on the system. All incidents are reviewed by the office manager and sent to the registered manager if further investigation is required. Any investigations undertaken are recorded and logged in the care receiver's electronic file.

During review of the incident reports, the Regulation Officer noted one report which met the criteria for notification to the Commission as detailed in Standard 4.3 of the Home Care Standards. The criteria for submission of notifications were discussed with the registered manager and submission was received immediately after inspection.

There are processes in place for regular team meetings, and de-briefs when required. This allows staff teams to discuss any issues that may arise and explore ways in which service delivery can be adjusted or improved, in order to meet care receivers needs.

There are a range of policies and procedures in place to support the governance of the service. These include recruitment, safeguarding, complaints and information management.

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.

Area for Improvement 1 Ref: Standard 3.14 To be completed by: 2 months from the date of inspection (9 and 13 July 2021).	A policy and process must be in place to ensure that staff receive annual appraisals. Appraisals are intended to provide workers with a forum to discuss their capabilities, training needs and development plans in relation to the needs of the service,
	Response by registered provider: A process has been put in place following inspection to ensure all staff receive annual appraisals.

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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