



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**The Care Hub Jersey Limited**

**Home Care Service**

**First Floor Office Suite  
50 Don Street  
St Helier  
JE2 4TR**

**3 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 The Care Hub Jersey Limited. The service's offices are situated in central St Helier. The service became registered with the Commission on 24 January 2020 and has expanded since that time in terms of increasing the categories of care and number of hours that can be provided for. According to the Statement of Purpose the service '*aims to provide a high standard of care for clients in their own homes, to support the maintenance of independent living, hospital admission avoidance and promotion of early discharge from acute services to the home environment*'.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u>  Type of care: Personal care, personal support and nursing care  Category of care: Adult 60+, dementia care, physical disability, mental health, learning disability  Maximum number of personal care or personal support hours to be provided per week: more than 2,250 hours  Maximum number of nursing care hours to be provided per week: 40 hours  Age range of care receivers: 18 and above  <u>Discretionary</u>  As the registered manager Anne McConomy must either provide formal confirmation from an appropriate educational source that their

	academic qualifications have equivalence to QCF Level 5 Diploma in Leadership in Health and Social Care Module or obtain this specific qualification by 12 April 2024.
Date of Inspection	3 August 2021
Time of Inspection	1pm – 4.45pm
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers using the service on the day of the inspection	44

The Home Care Service is operated by The Care Hub Jersey Limited and the registered manager is Anne McConomy.

The discretionary condition on the service’s registration was discussed with the registered manager who confirmed that this will be achieved by the specified date.

Since the last inspection on 23 June 2020 the Regulation Officer visited the service’s offices at the provider’s request on 4 February 2021 to discuss planned changes to the conditions of registration. Further to that visit, the Commission received two applications to vary the conditions on registration. One was in relation to a change in registered manager and an increase in care hours which was approved on 12 April 2020. A subsequent application to vary the conditions was submitted by the registered manager and related to additional care categories which was discussed during the inspection and approved on 5 August 2021.

The registered manager is in the process of updating the Statement of Purpose and will submit a copy to the Commission once completed.

## 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.

The service follows good recruitment practices and provides initial and ongoing training for staff to ensure they are adequately trained to meet the needs of care receivers. Where care receivers require specific nursing interventions, the registered nurses provide a comprehensive assessment and overview to ensure the competency of care staff is appropriate and safe. Staff spoken with described having development plans in place to further progress their knowledge and practical skills. They appeared enthusiastic about their roles and committed to providing a good service and spoke of the supportive and open culture that is promoted.

The registered manager and registered nurse work closely together to assess, coordinate and plan care for care receivers and are available to work directly

alongside the staff team when necessary. This was described by the staff team as advantageous as it enhanced their learning and understanding of care receivers' health conditions. The nursing management team were described by staff as professional, knowledgeable and approachable. This view was echoed by three external health professionals who held the service in high regard and specifically commented on the professional knowledge and ethos of the nursing team.

The service communicates well with care receivers and they spoke highly of the staff team who provide care and the quality of service that they receive. Care receivers described consistency in allocation of care staff and confidence in their abilities and spoke of experiencing compassion, dignity and respect. Care receivers spoke of care and support being provided in a way that they choose, with their wishes and preferences taken into account. The arrangements for care planning guide staff on how to provide care and support, however, the care plans did not provide evidence of care receivers' views and involvement in planning their care. This is an area for improvement.

There is evidence of strong clinical leadership and accountability within the service, as was described by health professionals, care receivers and staff. The registered manager takes a hands-on approach to care and is fully up to date with care receivers' needs and care requirements.

## INSPECTION PROCESS

This inspection was announced and was completed on 3 August 2021. The initial planned inspection visit had to be rearranged due to the effects of the pandemic and therefore the registered manager was given 5 days' notice of the inspection.

The Home Care Standards were referenced throughout the inspection.<sup>1</sup>

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 our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report.

The Regulation Officer sought the views of the people who use the service and spoke with managerial and other staff. The Regulation Officer established contact

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

with six care receivers by telephone and four of them were happy to share their experiences of the service. Four health and social care professionals were contacted by email following the inspection, three of whom spoke directly with the Regulation Officer and five members of staff employed by the service also provided feedback by telephone.

During the inspection, records including policies, care records, incidents, staff files, quality monitoring reports and complaints were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the registered manager and director.

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, two areas for improvement were 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 of safe recruitment practices and arrangements in place to report monthly on the quality of care provided.

### 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."

Since the last inspection, there has been a change in registered manager. The current registered manager is a registered nurse and provides a hands-on role within the service. An additional registered nurse has also been recruited since the last inspection and works closely with the registered manager and staff team to assess, plan and coordinate care for care receivers and who also provides clinical knowledge and expertise. Feedback from care receivers, care staff and health and social care professionals were complimentary of the nursing management team and described their involvement as one of the service's strengths.

A sample of staff files were reviewed which found that safe recruitment practices are in place as described in the Standards. This was evidenced by all necessary pre-employment documents to include enhanced criminal records checks, references and right to employment obtained before staff started work. The system in place to

check dates that pre-employment checks were obtained was clear, legible and easy to follow.

Staff are provided with an induction programme which consists of a blend of e-learning, face to face training and shadowing more experienced staff. Staff that were spoken with described a detailed induction programme that they had been provided with, which included a blended approach of eLearning and face to face learning. One staff member told the Regulation Officer that they completed the Care Certificate as part of their induction programme as they had no previous experience of care work.

Staff spoken with were enthusiastic, professional and seemed to be committed to providing a good service and demonstrated a good understanding of the needs of care receivers. Staff described the importance of being compassionate and kind and care receivers spoke of the positive relationships that they had developed with the staff team.

The nurse management team provide formal supervision to staff every three months and annual appraisals are carried out also. Samples of records were briefly examined which confirmed that staff are provided with opportunities to discuss their role and raise any practice issues. All staff described confidence in being able to freely approach the manager and registered nurse to seek advice and assured that they will get a suitable response.

Care staff spoke of the development opportunities available to them, which included access to a dedicated trainer who is a registered nurse who will assess them in the completion of vocational training in health and social care. This was observed during the inspection visit, where two members of care staff attended the service's offices to receive face to face training in the management of medication. All staff who administer medication have completed appropriate accredited training and this was confirmed by care staff who described to the Regulation Officer the process of assessing their competency. Currently there are eleven members of care staff with a Level 2 diploma and ten with a Level 3 as well as some staff in progress of completing and others planned to start in September.

All staff spoke of the continuous learning culture within the service whereby the nurse management team share their knowledge and clinical practice skills with care staff through conversations, supervision and whilst working alongside them during care visits. Staff made the following comments;

"I got lots of support and learning when I started and I'm now doing my RQF (Regulated qualifications framework). We also have regular monthly tutorials and there's opportunities to discuss things with the nurses. I've had training in death and dying and I've learned about the emotional support that is needed, but in these situations we always have full on mentoring from the nurses and they're always involved and you're never left alone to deal with things".

"I love it, it's a really good company to work for it's mainly because they're so approachable and will sort out anything for you. They're very supportive and understanding and you can go to them about anything. The nurses come along and

work with you every 2 or 3 weeks to help and support you and its mainly to see if you're doing things right and sometimes they inform you that you can do things a better way. I find this really supportive and its lovely when they work with you. I've had pressure ulcer and catheter training and these things are essential when you're looking after people at home".

"I love it and I love the diversity of clients; I've done my level 3 medication and I'm now progressing through my level 3 RQF. I feel like I'm doing well, and my personal development has come on in leaps and bounds. I feel that the training is very good and practical, and I feel valued and respected by the nurses and managers"

Three health and social care professionals spoke of the clinical knowledge and professionalism of the nurse management team and told the Regulation Officer that they had utmost confidence in the service's abilities to manage peoples' complex health conditions and care packages.

### **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 registered manager confirmed that prior to agreeing to a service with potential care receivers, a registered nurse would undertake a full assessment of needs, and only then determine whether they could meet their individual needs. At the time of inspection several referrals had been made into the service which the manager recognised could not be accepted until more staff are recruited and provided with relevant training.

One member of care staff told the Regulation Officer that one care receiver is being gradually being introduced to the service and the staff team. They described the pace of the introduction is being led based upon the care receiver's abilities and their comfort to develop and build relationships with the staff team. The staff member had a good knowledge of the key principles of care and spoke in positive terms about the care receiver's abilities and qualities.

Care receivers told the Regulation Officer that they were very pleased with the quality of care provided to them and that the service tries to supply the same staff on a regular basis. They said that care staff are always introduced to them so that they knew who was coming into their home and that they feel safe with the staff team that visit them and they find them to be respectful in their home. They also spoke of benefitting from the care and support provided and some care receivers said that their health and wellbeing had improved as a consequence of the service.

Discussions with care staff confirmed that they had a good understanding of the needs of the care receivers they supported as well as having an appreciation of their wishes and choices. Care staff told the Regulation Officer of some examples where they had noted changes in care receiver's appearance and that they had

communicated this to the registered nurses. Referrals are also made to other health and social care professionals when required. The registered manager provided details of a situation that care staff had brought to her attention which related to aspects of poor medication management in one care receiver's home. They described the outcome of the multi-agency discussions which took place which aimed to improve outcomes for the care receiver involved.

One health professional commented on the quality of record keeping in relation to fundamental aspects of care such as elimination and fluid intake, which they find useful when reviewing care receiver's health conditions.

Care plans have recently undergone a process of change and are held electronically. Care staff can access the plans relevant to the care receivers they support, and they told the Regulation Officer that they find them useful to refer to and see if there have been changes made since their last contact. A sample of personal plans were examined which found that care receivers' individualised needs were identified and could be used to guide staff to provide care and support. However, the plans did not show evidence that care receivers, or their families had been involved in their development and review and did not identify the personal outcomes for the individual. This is an area for improvement.

Whilst the personal plans were not outcome focused, there was evidence that care receivers felt respected, listened to and were able to make choices about aspects of their care. Care receivers made the following comments during conversations with the Regulation Officer;

"The nurses and carers are very good; I'd give them a star and 100%. They always do things to your own routine and system, and they do things automatically, like they cook your lunch and let you sit and finish it without rushing. They make you a nice coffee afterwards and they put the peppermints out, its these little things that they remember to do for you. They are very respectful in our home and they take their shoes off when they come in".

"The girls are just lovely I'm very happy with them. They always say good morning and ask he how I am before they do anything. I know all the girls now and I'm more than happy with how things are going, my daughter is too".

"I couldn't fault any of them and I couldn't live without them. They're very respectful in the house, they clean the bathroom after its been used. They turn up every day when they're supposed to, and I always know they're coming which makes a difference to me. Now and then I phone Anne and ask her for things and she always does it".

"I'm really happy with them, my routine is very specific, so it makes a difference to me that the carers know what to do as it's not something I'd be happy with if casual carers turned up. I get the rota emailed to me in advance, so I know who is coming which is really important to me".

"I have the same carers and if new carers are to come, they are always introduced beforehand. I have confidence with the staff, and I know that there's a nurse checking that the staff are properly trained".



## 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.”

The service is registered to provide nursing care and has some care receivers whose needs require the oversight of a registered nurse. The service follows the Personal Care and Clinical Tasks Guidance for Adult Social Care<sup>2</sup> when certain nursing tasks are delegated to care staff. Records which evidenced that a competency framework had been followed and completed were reviewed and noted to be detailed and thorough and provided details of the care receiver and specific task. The name and signature of the registered nurse responsible for the delegation was also included, which also reflects the professional Standards required by the NMC (Nursing and Midwifery Council).

Care staff told the Regulation Officer that they were aware of the limitations associated with their role and would only carry out tasks that they had been trained to do. Care receivers described that the service is good at matching the skills and experiences of staff to the requirements and needs of care receivers. One care receiver spoke of an experience where they felt that two members of staff had not provided care as they had expected, which was reported to the manager. They said that the manager had taken appropriate action which was addressed to their satisfaction and the care receiver said that they had confidence in the service being able to address any concerns that they raised.

One care receiver spoke of their recent period of poor health which required them to be admitted to hospital for some time. They described the competency of the staff team in providing care in their home and commented on the quality and abilities of the care staff and had observed the registered nurses assessing their competency to carry out certain care tasks. The care receiver explained that they felt comfortable and confident with the staff team and commented “they have made me feel so good about myself”.

Three health professionals told the Regulation Officer that the service works collaboratively with other services and the registered nurses provide clear direction and supervision to care staff when delegating nursing tasks. They consistently described staff working within their boundaries and having a detailed understanding and knowledge of individual care receivers’ needs. One health professional commented upon the quality and standard of care that is provided to care receivers and their families at the end of their life. Another health professional spoke positively about the responsive, dedicated staff team being who they find to communicate very well with care receivers and their families.

Two care receivers also spoke positively about the competency of care staff carrying out nursing procedures and one said “they all shadow and Anne assesses their

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<sup>2</sup> [JCC-Guidance-personal-care-and-clinical-tasks-adult-social-care-ratified-20190314.pdf \(carecommission.ie\)](#)

competency to do certain tasks and she makes sure they all know what to do, I have confidence in them”.

## Management of services

Reference was made to Standard 8 of the Home Care Standards which states:  
“The home care service will be well managed.”

The service is continuing to develop, and the registered manager acknowledged its developments, the areas where improvements are to be made and the vision for the future. Some aspects of good practice were shared with the Regulation Officer which included collaborative working with other health professionals, policy development, training and development and learning from mistakes. There are plans in place to expand the service’s offices which will include a specific training area for staff to benefit from. During the inspection, staff were observed coming into the office to speak with management and to collect essential supplies. The certificate of public liability insurance was displayed in the office and all sensitive care records were seen to be securely stored.

Potential care receivers’ needs are assessed by the registered manager or registered nurse prior to accessing the service. The manager described that they had assessed several care receivers but was not able to offer them a service until additional staff are recruited and trained. The manager will try and match particular skills of individual staff members to care receivers and takes a cautious approach and organises, and plans care packages based upon sufficient and appropriate staffing resources. This ensures that the service and staff will have the skills and experience to provide care and support in accordance with the Statement of Purpose.

Care staff consistently told the Regulation Officer that the service is well managed and that ‘it’s a good service to work for’. Staff spoke of feeling valued and appreciated and whilst extra additional shifts may be offered, they are not obliged or pressured to work beyond their rostered shifts. One member of care staff spoke of their experiences of care receivers’ deaths which had been recognised by the manager and potentially distressing to them and had offered them an opportunity to support care receivers with different care needs.

The service agreement was reviewed which makes clear that care staff are not able to accept gifts or benefit from care receivers’ wills. The service’s complaints process and responsibilities and duties of care staff is explained within the agreement. The invoicing system was reviewed during the visit, which recorded dates, visit times, hourly rate and staff initials, so that care receivers can understand how care fees are determined. Two care receivers who spoke with the Regulation Officer confirmed that the invoicing system was clear and easy for them to comprehend. One person also said that staff had informed them of additional financial support that is available from Social Security department which they had not been aware of.

The service provides newsletters for care receivers and samples were reviewed which showed that information relating to the pandemic including the use of

protective equipment, handwashing and staff workforce screening protocols were explained. The nurse management team are aware of their responsibilities to notify the Commission of incidents and deaths and have consistently done so in a timely manner.

### **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."

A sample of monthly quality reports was examined which showed that this has improved since the last inspection. There is a strong focus on reflecting and reviewing the service and there are appropriate mechanisms in place to allow care receivers to offer their views. The records show that they have been involved in evaluating the quality of care and support provided and their comments and feedback have been used positively. The most recent feedback provided was very complimentary in nature.

Quality assurance checks include unannounced visits by the nurse management team to observe the performance of care staff and review the care and support that they are providing. A sample of records showed that practices relating to the use of protective equipment, medication storage, food hygiene and care planning arrangements are reviewed during these visits. Collectively, the use of quality assurance checks, supervision and care receiver feedback helps to ensure that staff are working to the policies and expected standards and have the right skills and knowledge to carry out their role effectively.

The 2020 – 2021 clinical governance framework was reviewed which identified actions to help to drive high standards of care and focused upon safe recruitment, medication management and care planning arrangements.

## IMPROVEMENT PLAN

There was one area for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 2.3</p> <p><b>To be completed by:</b> 1 month from the date of inspection (3 September 2021).</p>	<p>The registered provider must ensure that care receivers will be fully involved in developing personal plans which will detail how their needs will be met based upon their goals, aims and preferences.</p> <hr/> <p><b>Response by registered provider:</b> Thank you for our report.</p> <p>Person centered care is the fundamental principle on which Care Hub practices. A strong client focus and involvement in all aspects of care, decision making and supporting independence and autonomy is the very ethos on which we base our services. These principles are embedded in our staff training.</p> <p>This is reflected in practice – as demonstrated by the staff, service users and professionals feedback to the inspector, it is clear our clients feel completely in control and involved in their care management.</p> <p>As discussed at the time of inspection, we are transitioning to a new electronic care planning system and continue to work with PDF versions of previous care plans (which more than meet the requirements of standard 2.3). In the interim, we continue to work with the developers to ensure the system fully meets our needs. Ultimately, we want all our electronic documentation to be of the standard we expect at Care Hub which is necessitating the development of new templates and additional features on the basic system.</p> <p>We contest that this is an area for improvement, in contrast it is one our strongest areas, but this could not be demonstrated fully at the time of inspection as it is a work in progress and we are all still in the learning stage of our new care planning technology.</p> <p>Importantly, our care provision demonstrates that the principles of standard 2.3 are fully integrated into practice.</p>
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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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