



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**LV Home Care**

**Home Care Service**

**Charles House  
Charles Street  
St Helier  
JE2 4SF**

**18 October 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 LV Home Care. The service provides a range of home care services island wide. This ranges from waking night cover to 24-hour support packages within the care receiver's own home. The offices are situated on the top floor of a commercial building in the centre of St Helier. There is lift access available. The space consists of offices for the Directors, Human Resources (HR), compliance, administration, and accounts. There is also space available to hold private meetings. The service became registered with the Commission on 22 August 2019.

Regulated Activity	
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care, personal support</p> <p>Category of care: learning disability, physical disability and/or sensory impairment, autism, adult 60+, dementia, substance misuse, mental health</p> <p>Maximum number of personal care / personal support hours to be provided per week: 2,249</p> <p>Age range of care receivers: 18+</p> <p><u>Discretionary</u></p> <p>There are no discretionary conditions</p>
Dates of Inspection	18 October 2021
Times of Inspection	11am to 1:30pm
Type of Inspection	Announced
Number of areas for improvement	Two

Number of care receivers using the service on the day of the inspection	Six
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The Home Care Service is operated by LV Care Group. The Registered Manager is Edgar Dingle.

Since the last inspection on 26 November 2020, the Commission received an updated copy of the service’s Statement of Purpose. This was submitted on request three days prior to the inspection visit.

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 19 October 2021.

## 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.

There are clearly defined recruitment and selection processes in place which include appropriate safe recruitment practices. Staff members are supported through an induction process and ongoing training is provided, with records of staff training being kept up to date. Staff are supported in their role through regular supervision and annual appraisals.

There is a good system in place for the initial assessments of need which involves care receivers and their families. Reviews are conducted regularly in collaboration with the care receiver and others involved in their care. Care plans and risk assessments are in place for all care receivers and were found to be reflective of their needs. Some work needs to be undertaken to develop more focused plans for individuals with complex needs, in order to ensure that they are afforded opportunities to regularly participate in leisure and social opportunities.

Staff training provides both a generic skill base, as well as focusing upon the specific needs of care receivers. The service creates opportunities for growth and development of staff through training.

There is a clear management structure in place which defines the lines of accountability. The staff team are also supported by a Human Resources (HR) manager, Compliance Officer and an accounts and administration team.

The service operates a 24 hour on-call system for both staff and care receivers. The current system does not have a clearly defined rota or any facility to record calls received. This was acknowledged by the Registered Manager as an area of the service which needs to be developed.

There is an up-to-date Statement of Purpose in Place which is reflective of the services provided by LV home care. Several systems exist to ensure the ongoing monitoring and review of the quality of service delivery which include monthly quality monitoring reports, quarterly 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 four 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 18 October 2021 at the LV Home Care offices.

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, notifications, correspondence, and the Statement of Purpose.

Discussions were held with the Registered Manager at the time of the inspection and four members of staff were contacted via telephone or spoken to in person following the inspection.

The Regulation Officer sought the views of one person who uses the service. This was done via a home visit which met their preferred communication style.

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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/>

The views of one family member were obtained through telephone contact after the inspection. Two professionals who had recent involvement 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 visit, the Regulation Officer provided initial feedback to the Registered Manager. This was followed up with a telephone discussion on the 22 October 2021, in order to clarify some points raised during feedback and review the final outcomes.

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an action plan is attached at the end of the report.

## INSPECTION FINDINGS

At the last inspection, no areas for improvement were identified that required any follow up on this visit.

### **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 23 full time staff and provides a range of services to six care receivers over 650 hours per week. Support hours provided to care receivers range from waking nights to 24-hour packages of support.

The Registered Manager explained that the staff team had remained unchanged during the pandemic. The service took the decision to reduce the number of packages of support during this time, in order to reduce the risks of cross infection and provide a secure and stable staff team to existing care receivers. This has meant that there has been little recruitment since the last inspection. However, the service has begun to recruit in the last few months in preparation for increasing service provision.

The Regulation Officer undertook an audit of five recruitment files which contained information relating to application forms, interview questions, contracts, and job descriptions. There was also evidence that all safer recruitment checks were in place for each staff member which included a copy of the Disclosure and Barring Service (DBS) certificate and copies of references. Through discussion with the Registered Manager, the Regulation Officer was assured that there are appropriate systems in place to review any DBS disclosures through a risk assessment process.

There are appropriate induction processes in place for staff and a sample induction booklet was viewed by the Regulation Officer. It includes information on the range of care services within the LV care group, contact details for team members, details of shadow shifts, training to be completed and the tasks to be achieved at various stages of the induction. A copy of the staff handbook was also made available to the Regulation Officer following the inspection. It contains details of contractual terms, policies and procedures and staff benefits.

All staff have access to the Care Academy online training platform. This provides access to all mandatory training courses and a range of supplementary courses which staff will complete dependant on the needs of care receivers they support, or for their own personal development. All courses have specified time frames for renewals and reminders are sent to staff when courses are due to be undertaken. The Registered Manager has responsibility for monitoring staff training logs to ensure that they are kept up to date. Staff training logs were viewed at the inspection and found to be up to date. Upcoming training requirements for staff had been identified and dates of training courses were set.

At the time of inspection 13 members of the staff team were in possession of either 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.

Supervision sessions for staff take place quarterly. The registered manager reported that this is up to date with some minor exceptions of staff who missed sessions due to sickness. Arrangements are in place to set new dates. Staff spoken to confirmed that they receive supervision on a regular basis. The Registered Manager reported that staff can approach them at any time for advice or support and can request extra supervision if required. All staff spoken to reported that they felt very supported by the management team.

A system is in place for annual appraisals. There are several managers available to undertake appraisals and staff have a choice of who supports them in the process. All managers involved have a working knowledge of the care packages which staff work within.

Staffing rotas are compiled and monitored by the management team which includes the monitoring of extra hours to ensure that staff do not exceed 48 hours per week. Several staff undertake sleep-in shifts as part of their role. Any disturbances are recorded and reported to management and appropriate arrangements made for staff to have their duties covered the next day if they have been disturbed for an extended period. Staff sickness is currently covered by existing staff being offered additional hours or by a member of the management team. The Registered Manager explained that they are planning to develop a team of bank staff in the future to support the permanent team as the service expands.

Staff have an electronic system in place for recording the start and end times of their shifts. For the 24-hour support packages staff will have a handover period and will report any sickness or non-attendance directly to management. For other support

packages, the care receivers have contact details for management if they have any concerns.

The service operates a 24 hour on-call system. This is provided for staff members, as well as some care receivers who do not have staff support overnight. There are currently two managers who are part of the on-call system. The Regulation Officer discussed the current arrangements with both staff members and one care receiver. The care receiver reported that there had been occasions when they had contacted the on-call, but no-one had answered the call. Staff were aware of the on-call system but there were inconsistencies regarding how this would be accessed, and no clear indication given to staff of which manager was on call. The Regulation Officer discussed this with the Registered Manager following the inspection who explained that they had identified this as an area of the service which would need to be developed further. It was acknowledged that there needed to be a more formal process in place for the on-call system which must include details of the manager on-call and a recording system for all calls received. This is an area for improvement.

A range of HR policies were made available to the Regulation Officer prior to the inspection visit which included recruitment, whistleblowing, and personal safety at work. Upon review these were found to be satisfactory and up to date.

### **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."
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The Registered Manager explained the process for referral to the service. Referrals can be received from professionals or from private enquiries. An assessment is undertaken by the service to determine the level of need, and ability of the service to appropriately meet the needs of the care receiver. Initial care plans will be put in place and developed over the first few weeks as the team get to know the care receiver better.

The Regulation Officer reviewed the care plans and risk assessments in place for all care receivers. Records are stored on an electronic system called Fusion. The care plans focused on the activities of daily living and health needs for each care receiver. They were found to be informative and easy to follow. There was clear evidence that care plans are reviewed on a monthly basis. Reviews with care receivers take place on a six-monthly basis. This was confirmed by a care receiver who stated that they are involved in deciding how they are supported. A family member also stated that they felt they were well-informed and included in the planning of their relative's care.

Whilst references were found relating to preferred activities of care receivers, the Regulation Officer found there to be a lack of structured plans to support leisure and social activities for people with complex needs. During discussions with staff, it was clear that they understood the needs of the care receivers well. However, leisure and social activities are undertaken on an informal basis, with information on how to

best support individuals being passed verbally between staff members. One professional commented that care receivers would benefit from access to a programme of regular activities.

The Regulation Officer discussed with the Registered Manager, the benefits of having clearly defined plans to support leisure and social activities. This would enable staff to support individuals in regular activities in a way which provides consistent support, in order to achieve the desired outcomes of the care receivers. This is particularly important in meeting the needs of people who have complex communication needs. This is an area for improvement.

There was evidence within the care plans and from feedback given by a care receiver, that wishes and preferences are respected by the provider and staff team. Examples were given by the Registered Manager of how the team try to facilitate the choices of individuals and promote their right to make their own decisions. This can be difficult for management and staff when care receivers choose not to accept the advice, support and interventions offered. The Registered Manager described a recent situation where a care receiver chose not to follow the recommended plan of care. The registered manager ensured that all professionals were kept informed and that all options were explored with the care receiver to see if a solution could be found.

The Registered Manager reported that there were no Significant Restrictions on Liberty (SROL) authorisations in place. All staff receive training in Capacity and Self Determination Law (CSDL) which is reflective of Jersey law and practices. The Registered Manager had not yet completed an SROL application but felt that there would be sufficient support available from other managers within the LV care group should this be required.

The Regulation Officer discussed the impacts of Covid 19 with the Registered Manager, staff members and relatives. It was clear that this had been a challenging time for all. The Registered Manager described some of the measures taken to support care receivers during the periods of lockdown. Staff worked in set teams and there were some challenging times when staff were required to shield or isolate. The Registered Manager described the efforts of the team as “amazing” during this time.

There were also lots of initiatives from staff to keep care receivers engaged. This included an increase in indoor activities, including sensory and water activities for individuals with complex needs. For more active care receivers, the team tried to maintain a level of outdoor activity, such as socially distanced walks. One relative commented about the good communication they had with the staff team during Covid and praised the efforts of the team to resume visiting as soon as was practicable.

The Registered Manager also spoke of the eagerness of the staff team to get back to normal activities. This has been balanced with the need to ensure that risks are monitored, and any changes in skills or abilities experienced by care receivers as a result of restrictions during the pandemic, are supported.



Overall, feedback received was positive. There was consistent praise for the staff teams who support individuals on a daily basis. Professionals commented on the willingness of staff to work with them and gave examples of proactive steps taken to resolve issues identified. This was echoed in the feedback received from a relative. Staff were also noted to be professional in their interactions and are knowledgeable of care receivers' needs.

### **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 Registered Manager explained the processes in place for introducing new staff to care receivers. This will commence with a visit to the care receiver's home when the new staff member is introduced to the care receiver. This process is undertaken with the support of another staff member with whom the care receiver is already familiar. The care receiver will then be asked for their opinion about whether the arrangement should go ahead, and shadow shifts will only commence if they are in agreement. The agreement of the care receiver is also sought before the member of staff commences support independently. Care receivers are given copies of the staffing rotas in advance and will be issued with a new rota if changes are made.

There was much evidence to support the level of knowledge and understanding staff have of care receivers' needs. This is strengthened by the provision of consistent staff teams who have built strong relationships with care receivers over time. It has also allowed for positive working relationships with professionals. Through discussions with staff and professionals, the Regulation Officer was satisfied that staff have a clear understanding of their roles and responsibilities and are aware of the services in place to support care receivers with a variety of needs when required.

One professional expressed concern that there was a lack of information sharing between management and relevant professionals which was resulting in a delay to the appropriate support being offered to a care receiver. The Regulation Officer shared the concerns raised with the Registered Manager and suggested that they confirm that the information requested had been received by the relevant professionals.

First Aid training is provided to staff on a three-yearly basis. The Registered Manager explained that there are some restrictions on availability of courses at present, but all staff will be booked to attend courses in the coming months. A review of training records identified that six members of staff have been booked to attend training in November 2021.

Medication training is available to all staff. The service's minimum standard is to complete the Level 3 RQF in the administration of medication. This is a combination of knowledge-based study, followed by a series of competency observations and assessment. There is also a system in place to review competency on an annual basis. Any medication errors are investigated, and additional training may be offered if required.

Training in the use of specialist equipment is in place for staff and this is undertaken with the involvement of the care receiver. Contracts for six-monthly servicing and maintenance of equipment are also in place.

### **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 has been in the current premises for three years and the registered manager reported that it meets their needs well. There is appropriate secure storage available for the retention of confidential information. The Registered Manager advised that they have access to other facilities within the LV care group which they can access as and when required.

There is a management structure in place which has clear lines of accountability. The Registered Manager explained that he has support from another registered manager within the LV Care group to assist with duties such as, staffing rotas, supervisions, and appraisals. There is also a Team Leader in place to support specific support packages within the service. Through feedback with staff members, it was clear that they understand the management structure and know who to report to. As previously stated, the service plans to expand in the coming months. In preparation for this there has been recruitment of additional care staff and a new manager. The service also intends to recruit two deputy managers. The Registered Manager plans to expand the service slowly, ensuring that all the required staff are in place and fully inducted. The future focus of the service will be to support hospital discharges back in to care receivers' own homes.

The Registered Manager reported that there is provision for staff meetings on a quarterly basis. However, attendance can be varied as the meetings can fall on staff members days off and may conflict with other commitments. The Registered Manager explained that they are looking at ways to improve attendance rates.

Contracts are in place for all packages of support and the Registered Manager explained that they are reviewed on an annual basis. Mechanisms are also in place to refer back to the commissioning service if reviews are required due to changes in the needs of care receivers.

There is a complaints policy in place. The Registered Manager reported that there have been no complaints received since the last inspection. Relatives and care receivers that the Regulation Officer spoke to during feedback were clear of the processes they would follow if they wished to raise a concern.

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

Feedback from staff in relation to management support was consistently positive. One member of staff talked of feeling respected and listened to. Another stated

“they are very good people”. Further comments described the “support” and “empathy” shown by management towards staff.

### **The service will be reviewed regularly**

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

There is an up-to-date Statement of Purpose in place. This was discussed with the Registered Manager on the day of the inspection and found to be reflective of the range of services provided.

Monthly quality monitoring reports are undertaken by the LV care group Compliance Officer. Copies of the last three reports were made available to the Regulation Officer. Actions points are clearly identified, and progress recorded on the following months’ report.

The Registered Manager explained that the service conducts quarterly feedback surveys with care receivers and staff. The information received allows the service to evaluate the quality of the service and make required changes.

There is a clearly defined process for the reporting and review of incidents. Staff have access to online incident forms which once completed are sent to the Registered Manager and Compliance Officer. All incidents are reviewed and investigated by the Compliance Officer and outcomes shared with the Registered Manager, relevant staff and care receivers if required.

There are a range of policies and procedures in place to support the governance of the service. A sample were reviewed by the Regulation Officer including safeguarding, complaints, health and safety, training and use of equipment and devices. These were found to be current with clearly defined review dates and reflective of best practice.

## IMPROVEMENT PLAN

There were two areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 2.3 and 5.3</p> <p><b>To be completed by:</b> 3 months from the date of inspection (18 October 2021).</p>	<p>The Registered Manager must ensure that appropriate plans are in place to support the social opportunities and activities of care receivers with complex needs. This will provide a consistent approach to, and structure for, regular participation in activities of their choice.</p>
	<p><b>Response by registered provider:</b></p> <p>The care plans although already extensive have been addressed in the area such as activities to provide a consistent approach, structure, regular and activities of choice. LV have started working already with the clients, the team, and the LD Lead to enhance the care plans.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 3.9</p> <p><b>To be completed by:</b> 1 months from the date of inspection (18 October 2021).</p>	<p>The current on- call system needs to be further developed to include a defined rota for on-call shifts and a recording system for all calls received.</p>
	<p><b>Response by registered provider:</b></p> <p>The on-call system has been made more official with a rota and with an accompanying Manager or Director there to assist the designated on-call person. All calls and activity will be logged and emailed in every week.</p>

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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