



**Jersey Care
Commission**

INSPECTION REPORT

1-2-1 Care Limited

Home Care Service

**Second Floor
JEC Powerhouse Building
Queen's Road
St Helier
JE2 3AP**

12 November 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 1-2-1 Care Limited. The offices are situated on a retail site on the outskirts of St Helier and the service provided is island wide. The service became registered with the Jersey Care Commission ('the Commission') on 2 October 2019.

Regulated Activity	Home Care
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care, personal support</p> <p>Category of care: Adult 60+, dementia care, physical disability and/or sensory impairment, learning disability, substance misuse, mental health</p> <p>Maximum number of personal care / personal support hours to be provided per week: 2250 hours</p> <p>Age range of care receivers: 18 years to end of life</p> <p><u>Discretionary</u></p> <p>As the Registered Manager Dania Pereira must either provide formal confirmation from an appropriate educational source that her academic qualifications have equivalence to QCF Level 5 Diploma in Management and Leadership in Health and Social Care Module or obtain this specific qualification by 3 February 2023.</p>
Dates of Inspection	12 November 2021

Times of Inspection	09:30am to 2pm
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers using the service on the day of the inspection	55

The home care service is operated by 1-2-1 Care Limited and the Registered Manager is Dania Pereira.

Through discussions with the Registered Manager, the Regulation Officer was satisfied that the service is meeting the requirements of the mandatory conditions 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 the terminology used. Changes were confirmed following the inspection and a new certificate issued on 17 November 2021.

The discretionary condition on the service's registration was discussed and the Registered Manager informed the Regulation Officer that she is undertaking her last assignment and hopes to have completed the course work by February 2022. This time frame falls within the requirements of the discretionary condition.

Since the last inspection on 3 December 2020, the Commission received a notification of absence of the Registered Manager in January 2021. The notification included details of the registered provider's arrangements to ensure that the service had a suitable interim management plan in place. This arrangement ended in June 2021 when the Registered Manager returned to work.

An updated copy of the service's Statement of Purpose was received the day before the inspection visit. This was at the request of the Regulation Officer.

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 well-established recruitment processes in place, underpinned by a robust recruitment policy. Induction for new staff is robust, with a range of mandatory

training opportunities in place to support the development of care staff in their roles. Additional training is also offered to support specialist needs of care receivers.

Care planning documents are generated through an online system which staff have access to remotely. Initial assessments are undertaken by the Registered Manager and Deputy Manager, to establish the level of care and support required. Care receivers and their families are fully involved in the process and are regularly consulted as changes occur.

The service has been proactive in identifying the contingency measures required in relation to Covid 19 and any consequent staffing shortages. This is reviewed and updated on a regular basis.

Strong evidence was found in relation to the service's provision of reliable and competent staff who are appropriately trained and work within the boundaries of their individual competencies. There is currently a focus upon developing the skills of key individuals within the service to strengthen the delivery and ongoing competency of medication training and administration.

Professional, carers and relatives who provided feedback as part of the inspection process spoke positively of the services provided and the professionalism demonstrated by both care staff and management. The management team were also praised for their willingness to be adaptive and responsive to changes in the requirements of care receivers' circumstances.

There is a strong management structure in place with clear lines of accountability. In addition to the care team, there is a finance officer and regular support is provided by the Company Director. The management team were recognised for their professionalism and flexible approach in feedback received from care receivers, families and professionals.

The service is reviewed regularly through a variety of methods. Monthly quality assurance reports are undertaken by the Company Director. All policies and procedures are reviewed on a six-monthly basis and care receivers are sent questionnaires on an annual basis. In addition, there is a robust system in place for the reporting, monitoring and reviewing of incidents and accident.

There is an up-to-date Statement of Purpose in Place which is reflective of the services provided by 1-2-1 Care Limited.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the Registered Manager two 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 12 November 2021 at 1-2-1 Care Limited 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 our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection reports, notifications, correspondence and the Statement of Purpose.

The Regulation Officer sought the views of the people who use the service, and or their representatives, and spoke with the Registered Manager and Deputy Manager at the time of the inspection.

As there were no care receivers present during the inspection, the Regulation Officer randomly selected a sample of care receivers who were contacted by the Registered Manager to offer the opportunity to participate in the inspection. Subsequent to this, the Regulation Officer established contact with three care receivers and four family members. All contacts were made by telephone.

The views of four professionals and two staff members were also obtained via e-mail as part of the inspection process.

During the inspection, records including policies, care records, training records, recruitment files, inductions, incidents, staffing rotas 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 is attached at the end of the report.

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

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 this would be addressed.

The improvement plan was discussed during this inspection and it was positive to note that the improvements had been made. This means that there was evidence of quality assurance reports being undertaken on a monthly basis, as per the requirements of Standard 9.2 of the Care Home Standards.

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 ten full time staff. The permanent team is supported by 25 zero hours contracted staff and currently provide a range of services to 55 care receivers over 850 to 950 hours per week. Support hours provided to care receivers range from one hour per week to 15 hours per day and sleep-in cover. The service is island wide and the type of support provided ranges from assistance with shopping, supporting care needs in the home, assistance in attending appointments and engagement in social activities.

The Registered Manager reported that the staff team has remained stable with some new recruits joining the team in recent months. The monthly quality assurance reports reflected the issues currently being faced in the recruitment of new staff and the impact this is having on the ability to accept new packages of care. However, the service continues to advertise for new staff.

The Regulation Officer undertook an audit of five recruitment files which contained information relating to application forms, 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.

There is a comprehensive induction programme in place. One recently completed competency booklet was viewed at the inspection visit. Each new recruit spends 30 hours shadowing a senior member of staff and they complete a competency booklet as part of the process, with each element being signed off by a mentor as the staff member progresses. There is also a clear focus upon establishing the scope of their role and the associated tasks. Other topics covered include infection control, manual handling, personal care, pressure care, communication and record keeping.

There is a database to record and monitor all training undertaken by staff. It is kept up to date using a colour coding system which shows when training is in date, approaching renewal and out of date. Mandatory training for staff includes First Aid,

food hygiene, safeguarding, infection control and manual handling. Training sessions are delivered through a mixture of on-line and face to face courses. Additional training is available for staff who work with care receivers who have specific needs, such as learning disability and dementia. A review of the database by the Regulation Officer confirmed that all relevant training is up to date.

At the time of inspection, 27 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 that the minimum requirement set out in Standard 3.9 of the Home Care Standards is being met.

There are currently no formal arrangements in place for structured supervision sessions for staff. The Registered Manager described the range of informal processes that are available to staff. This includes phone calls, staff dropping into the office and spot checks. The Regulation Officer discussed with the Registered Manager the benefits to staff of having regular, formal opportunities to discuss their roles and identify any issues they may be experiencing. This is an area for improvement.

Appraisals are undertaken on an annual basis and are overseen by the Registered Manager. All staff are asked to undertake a self-assessment. A face-to-face meeting then takes place with the Registered Manager where the self-assessment is reviewed, staff progress is reviewed, and goals are set for the coming year.

Staffing rotas were reviewed by the Regulation Officer. They are compiled electronically a few weeks in advance. There were sufficient staff in place to cover workload. All care visits are highlighted in red until a staff member is assigned to provide cover.

The service operates an on-call system for staff who are working outside of office hours. On-call commences at 5:30pm, at which point all calls are diverted to the person identified through the on-call rota, which is either a member of the management team or a senior carer. The Deputy Manager and Registered Manager reported that the volume and intensity of calls varies and can range from minor queries to sickness reporting and arranging cover for shifts. The on-call staff will cover any deficits in shifts until appropriate cover can be found.

Staff reported that they felt supported in their roles and that the training opportunities were good. One member of staff spoke positively of the opportunities they had been given to progress to a senior carer role.

A range of HR policies were made available to the Regulation Officer prior to the inspection visit which included recruitment and whistleblowing. 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."

The Regulation Officer reviewed the care plans and risk assessments in place for five care receivers. Records are stored on an electronic system called Zuri. The care plans were found to be informative, with the level of detail proportionate to the level of support required. Where a care receiver was in receipt of a higher level of daily support, the plans were found to contain appropriate information relating the care receiver's wishes and preferences on how their care should be delivered. This was confirmed by care receivers who stated that they are involved in deciding how they are supported. Family members also stated that they felt they were well-informed and included in the planning of their relative's care.

During the review of one care plan, it was noted by the Regulation Officer that the care receiver had seizures. While this was referenced in the documentation, there was no specific care plan for recognising and managing their seizure activity. This was pointed out to the Registered Manager who took immediate steps to put an appropriate plan of care in place. This was subsequently shared with the Regulation Officer and was found to be of high standard, with clear descriptions and guidance on how to respond when seizures occur.

There was clear evidence that care plans are reviewed regularly. One family member has remote access to their relative's care plans and daily notes. They stated that they found this very useful in keeping up to date with their relative's progress each day.

The Registered Manager explained the ways in which the team promotes independence and choice for care receivers. There is a focus on maintenance and reablement of skills. This was reflected in the care plans where staff were advised to prompt care receivers, rather than doing things for them. The Registered Manager also spoke of the importance of developing good relationships with clients and gave the example of one care receiver, with the support of a regular staff team, was able to build trust with their team and was now accepting support with personal care.

At the point of initial assessment by the service, care plans are devised with the care receivers and they will be asked for feedback at regular intervals, or when there is a change in need. The communication styles and needs of care receivers is always taken into consideration. The Registered Manager described some of the tools that have been utilised by the team to aid effective communication, this includes a voice output communication aid and flash cards. The Registered Manager is also aware of the support that can be accessed via the Speech and Language Therapy department.

The Registered Manager reported that there were no Significant Restrictions on Liberty (SROL) authorisations in place. All staff receive training in the Capacity and Self Determination (Jersey) Law 2014 CSDL), and the Registered Manager is

looking into the possibility of update sessions for staff. The service has good links with the CSDL team and the Registered Manager gave an example where they had worked collaboratively with the team to determine the needs of specific care receivers.

The Regulation Officer discussed the impact of Covid 19 with the Registered Manager and Deputy Manager, which has presented significant challenges for the team. The Registered Manager described some of the measures taken to support care receivers during the periods of lockdown. A contingency plan was devised which included a “traffic light” system for determining a scale of measures that could be put in place, based upon levels of dependency and support networks available to individuals. This is an area of good practice

Feedback from care receivers and relatives was consistently positive in relation to the staff team and the care provided. Some of the comments received are captured as follows.

“Girls are fantastic”.

“They are like family”.

“Excellent, can’t praise them enough”.

Really, really excellent”.

Several professionals commented on the individualised approach that the service has towards the care and support of the care receivers. One spoke of the benefits to their client of having a small team of support staff as this has helped to develop positive relationships. Another stated “the care agency seems to advocate and cater for individualised 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 an experienced staff member with whom the care receiver is already familiar. Both staff will work together for a period of time until both the new staff member and the care receiver are comfortable. During feedback, one care receiver shared their experience of not being comfortable with one new member of staff. They discussed their concerns with the Registered Manager and immediate steps were taken to change the staff rota in accordance with the care receiver’s wishes.

The preferences of care receivers to know in advance which staff members will be visiting is varied. Some people will receive a copy of rotas in advance and will be informed of any changes. Others are happy for the staff members to let them know who is coming in the following day. This was confirmed by the care receivers and the family members who were spoken with.

Staff have access to an electronic recording system called Zuri. This allows for easy access to all relevant paperwork which may need to be completed, such as care plan entries or incident reports. Staff record their starting and finishing times on the system. Care receivers also have access to all relevant contact numbers for the office and managers. Care receivers confirmed that they have the relevant contact details and always receive prompt responses to calls. There is agreement in the care receivers' contracts that visits can commence 15 minutes either side of the agreed time. Care receivers reported that late visits are infrequent and that they will receive a phone call informing them if carers are going to be later than 15 minutes.

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 due to the Covid 19 pandemic. However, onsite training has been planned for early 2022.

Staff receive training in the administration of medication. Initially, this is undertaken in-house with staff members progressing towards the RQF level 3 unit in administration of medication. The in-house training programme consists of knowledge-based learning which is completed online. Competency checks are then undertaken by the Deputy Manager and senior carers a minimum of five times. Initial competency checks are recorded in the staff members' competency booklet. The Deputy Manager and one of the senior carers are currently undertaking a "Train the Trainer" course in medication administration via the UK Home Care Association. The Deputy Manager explained that they will then look at devising a more formalised system for medication training. The Regulation Officer discussed with the Deputy Manager of the need for all competency checks undertaken during initial training to be recorded against a set of key objectives, and that once trained, there needs to be provision for annual competency checks.

For care receivers who have additional health needs, assistance will be sought from relevant professionals to provide training and develop appropriate care plans. In-house training opportunities are delivered by suitably qualified trainers within the team who have specialist skills and qualifications, such as catheter care and manual handling. The Registered Manager was able to describe instances where other types of specialist training was required and the steps taken to secure appropriate training and competency checks for staff before commencing a package of support.

Training in the use of specialist equipment is incorporated into the manual handling training sessions and training is also conducted in care receivers' homes to assess competency of staff in practice. This is undertaken by the Deputy Manager who is a manual handling trainer.

The Registered Manager has a good understanding of the professionals and agencies available to support the delivery of care and gave examples of previous

joint working undertaken with Family Nursing and Homecare, Safeguarding and the Adult Social Care team.

Both the management team and care staff are aware of the limitations and boundaries within their roles. This is evident in their approach to training and development, as well as in their willingness to work collaboratively with specialist services. It is also a key feature of the induction process. Evidence of this was found by the Regulation Officer in the service's induction booklet and also in the care receivers' care plans. During feedback, a staff member spoke of their experiences when they joined the service where the expectations and limitations of their role were clearly defined for them.

One professional commented on the support given by the care team to family members, as well as to the care receiver.

This was also evidenced by the feedback of one professional who said that "relevant training appears to be in place and staff have a good understanding of care receivers' needs".

A care receiver and a family member made particular note of the efforts that the care staff take to promote good skin integrity, including their proactive approaches towards the prevention and early intervention in pressure care management.

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 two and half years. There is a secure entrance to the building, with visitors required to gain access through a buzzer and intercom system. The office is situated on the second floor. There is no lift access, therefore access is limited for people with mobility needs. There is a large open plan office area with computer access available for care staff and the management team. The space also has a meeting / training room which in recent times has been used to store personal protective equipment (PPE) in response to the demands of the Covid 19 pandemic. Although all care plan information is stored electronically, there are facilities for the secure storage of confidential information.

There is a management structure in place with clear lines of accountability. Care staff are supported by two senior support workers for day-to-day issues. Senior staff also have additional responsibilities which include staff rotas, overseeing the training database, undertaking competency reviews whilst working alongside team members in the delivery of care and staff inductions. They are supported in their roles by the Deputy Manager and Registered Manager who are available for advice and support.

The Registered Manager described an "open door policy" for staff. This was also reflected in the monthly reports. Under normal circumstances, staff are encouraged to come into the office during breaks, where refreshments and comfortable seating areas are available. This provides an opportunity to discuss any issues with the

management team face to face. Due to Covid restrictions, opportunities to attend the office have been limited, however efforts are made by the management team to keep in regular contact with staff.

A finance officer supports the management team. Invoicing and salaries are generated using the Zuri system which records the support hours and visit times for each care receiver. This is overseen by the finance officer.

Policies and procedures are readily available to all staff via the Zuri system. All policies are updated on a 6 to 12 monthly basis by the Director, Registered Manager and Deputy Manager.

Contracts are in place for all packages of support provided by the service. The content is discussed at the initial assessment visit and signed by the care receivers prior to the commencement of the service. A sample of the contract was viewed at the inspection visit. It contains information in relation to charges, complaints, cancellations, staffing and confidentiality. During subsequent discussion with the Registered Manager, examples were given of contract terminations. The Registered Manager explained that the service will make every effort to work proactively with care receivers and will not withdraw from service provision until alternative arrangements can be found.

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 had spoken to during feedback were clear of the processes they would follow if they wished to raise a concern.

Feedback from carers and relatives on the management team was consistently positive. They were described as being quick to respond to any issues raised and prompt in resolving matters to the care receivers' satisfaction. One relative stated that they always "feel listened to".

This was echoed by professionals, with one stating,

"Whenever there are issues that need to be resolved the management are open to discuss these and take on board suggestions offered. I have found they are also willing to accept when things may not have gone to plan and work on this".

One member of staff stated that they felt they had "full support at all times"

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 was reflective of the range of services provided. However, it did not contain all of the information required by the Commission such as details of the staffing, training, and organisational structure. A discussion was held between the Regulation Officer and Registered Manager at the inspection, and it was agreed that the service would re-submit the Statement of Purpose using the Commission’s template to ensure that all information required is included. This was completed and sent to the Commission within one week of the inspection visit. The Registered Manager confirmed that the Statement of Purpose is reviewed at six-monthly intervals.

The previous inspection on 3 December 2020 highlighted the following as an area for improvement:

“The provider must put suitable arrangements in place to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations”.

The provider response highlighted that moving forward, the Director of 1-2-1 Care Limited would take responsibility for reporting on care provision and regulation compliance.

The Regulation officer found that quality monitoring reports are now being undertaken by the Director on a monthly basis. Copies of the three most recent reports were made available at the time of inspection. The reports contained information on health and safety checks, incident reporting, complaints, staffing, capacity issues and the outcomes of any issues identified.

The Registered Manager explained that monthly spot checks are in place for all care staff. This provides an opportunity for senior members of the team to assess staff competency on a regular basis. It is also an opportunity for staff to address any issues they may be experiencing. All spot checks are recorded, along with details of the areas covered.

The service conducts annual feedback questionnaires with care receivers and their families. A copy of the questionnaire was sent to the Regulation Officer for review following the inspection visit. Opinions are sought on preferences and wishes, communication, accurate assessments of care receivers needs and professionalism of staff. The Registered Manager will follow up on any comments or suggestions made with individual care receivers. Regular feedback is also sought during spot check visits.

The Regulation Officer reviewed the incident records for five care receivers. Care staff are able to submit online incident forms via Zuri. They will also follow this up

with a telephone call to the office. The system will create an e-mail alert for management who will investigate and record any actions or outcomes undertaken following the incident. An overview of all incidents is available on Zuri which is reviewed as part of the monthly quality reporting.

During review of the incident reports, the Regulation Officer noted some reports met the criteria for notification to the Commission as detailed in Standard 4.3 of the Home Care Standards. This was discussed with the Registered Manager and guidance given on when incidents meet the criteria for notification. It is positive to note that following the inspection visit, the service has submitted notifications to the Commission.

There are a range of policies and procedures in place to support the governance of the service. These include health and safety, safeguarding, complaints and financial management. Other approaches, such as contingency planning for adverse events and an on-call system are also in place.

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>Area for Improvement 1</p> <p>Ref: Standard 3.14</p> <p>To be completed by: 3 months from the date of inspection (12 November 2021).</p>	<p>The Registered Manager must ensure that all care/support staff are given regular opportunities to discuss their role and identify any issues through formal supervision which must take place a minimum of four times per year.</p> <p>Response by registered provider:</p> <p>From January 2022 I will put in place regular discussions through formal supervision to all care staff to give them an opportunity to discuss their role and any issues.</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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