



Jersey Care
Commission

INSPECTION REPORT

All Care Home Care

**7 ½ Commercial Buildings
St Helier
JE2 3NB**

15 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 All Care Home Care service. The service was originally registered with the Commission on 10 February 2020, and this is the second inspection since registration. There have been no changes to registration since the last inspection.

Regulated Activity	Home Care Service
Conditions of Registration	<u>Mandatory</u> Type of care: Personal care, personal support Category of care: Adult 60+, dementia, physical disability, learning disability, autism, mental health Maximum number of personal care/personal support hours to be provided per week is 2,250 Age range of care receivers: 18 years and above
Date of Inspection	15 October 2021
Time of Inspection	12 noon to 3pm
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers using the service on the day of the inspection	20

The home care service is operated by All Care Jersey Limited and the Registered Manager is Claire Hudson.

The Registered Manager has a Level 5 Leadership and Management qualification. In addition to this they have undertaken an RQF (Regulated Qualification

Framework) Level 3 in Health and Social Care. The course is complete, and confirmation of results are pending. The Registered Manager is also studying for the RQF Level 5 Diploma in Leadership and Management in Adult Care and is progressing well with this award.

An updated copy of the service's Statement of Purpose was received during the period of inspection.

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.

There are staff vacancies which have an impact on the current staff and on the Registered Manager, who is covering many shifts in addition to their management role. It is acknowledged that this is a general issue across the care sector. The recruitment policy is robust and safe recruitment practices are in place. There is a good training and development programme, and staff were positive about the support which is in place.

Staff reported that informal support is provided on a regular basis and the Registered Manager is approachable. Appropriate measures have been put in place to ensure safe working during the period of the pandemic. The Registered Manager also provided counselling services to support the well-being of staff, and this remains available as necessary. However, the Registered Manager has not been able to provide formal and recorded supervision four times during the year and this is an area for improvement.

The service is now using an electronic care planning system which is clear and ensures that the Registered Manager is alerted if a care visit is not attended. Care plans demonstrate that care receivers are encouraged to live independently and to make as many of their own choices as possible. The care planning system can be shared appropriately with relatives and professionals. Care receivers are supported by small teams who have a good understanding of their needs.

All staff are encouraged to develop and undertake RQF (Regulated Qualification Framework) training, with most staff having completed at least Level 2 training. All staff complete RQF Level 3 medications management training. Additional specialist training is provided to care staff as necessary. All staff had received training in dementia support and there were plans to provide mental health training.

Care staff request reviews or support from allied healthcare professionals where a change is noticed in the needs of the care receiver. Notifications of incidents or safeguarding concerns are made appropriately to the Commission.

Information is provided to care receivers in a format appropriate to their level of understanding. There was evidence of choice being offered to care receivers and that, where possible, they are involved in all daily living activities.

The service has been well managed during the period of the pandemic. Risk assessments were completed for all care receivers, which involved any informal support which could be provided if All Care was unable to provide a service during the pandemic. This was evidence of good practice.

The Registered Manager has taken a pragmatic approach to any new requests for care packages and decided to continue to provide care only to those care receivers already in receipt of a service. This is due to the pressure on the service following the reduction of the care team and difficulties faced across the sector in recruiting appropriate staff.

Positive feedback was provided by both staff working for this service and health and social care professionals.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the Registered Manager a week before the visit. The Regulation Officer had intended to visit on 5 October 2021, but the Registered Manager had to cover several shifts during that week, and it was agreed that the visit could be delayed until 15 October 2021.

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 the information held by the Commission about this service was reviewed, including the 2020 inspection report.

The Regulation Officer met with two people who use the service and contacted four members of staff. Three members of staff provided feedback, two by email and one by telephone. Three professionals were contacted and provided feedback by phone or email.

During the inspection, records including policies, care records, incidents and complaints were examined.

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

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.

INSPECTION FINDINGS

At the last inspection, no areas for improvement were identified for this service.

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."

All Care Home Care has 15 staff, with one vacancy at the time of inspection. It is acknowledged that staffing is currently a general issue across the care sector in Jersey. The Registered Manager stated that they have been providing care which is in addition to their management duties, and this causes some difficulties in managing the service.

There have been no new employees recruited to the service since the last inspection. However, the Registered Manager has a process in place to ensure safe recruitment.

Five members of staff have RQF (Regulated Qualification Framework) Level 3 in Health and Social Care, and two members of staff are currently studying for this qualification. Of those staff members who do not have this qualification, the remainder have either completed or started the RQF Level 3 module in medications management.

The Registered Manager maintains a record of training undertaken and seeks to ensure yearly updates. Where there are delegated tasks, there was a record that appropriate training had been given and the care worker agreed as competent. The Regulation Officer reviewed the training record and all staff members have completed training in the mandatory areas of Safe Handling, Food Safety, First Aid, Infection Prevention and Control and Safeguarding. Overall, there is a good system in place to ensure that mandatory training is kept up to date and that there is evidence of additional specialist training provided where necessary.

One member of staff reported that they felt supported to complete all training and if there are areas that they have not fully understood that the Registered Manager makes time to help them. They stated that they have a particular interest in

supporting care receivers with palliative and end of life care and have been supported to access specific training in this area.

Another member of staff reported that, although they did not currently work with a care receiver with dementia, they were invited to attend dementia training, and this had helped to develop their knowledge in this area.

All staff members who provided feedback stated that they were well supported by the Registered Manager. Regular informal support is given, and staff members reported that the Registered Manager is flexible with working hours where these had been requested. Staff members reported that risk assessments and safe working practices had been put in place during the period of the pandemic. One member of staff stated, "I couldn't have found a better boss". Another stated that because the Registered Manager supports with covering shifts, this helps them to understand the pressure that staff are under.

During the period of the pandemic, the Registered Manager had arranged for a counsellor to support staff through group sessions. Where requested, additional one-to-one sessions were organised for some staff members. The Registered Manager reported that this had been helpful at a time when there was additional pressure on the service.

However, although informal support has been given on a regular basis and was confirmed by staff members, formal supervision has not been completed in accordance with Standard 3.14, which stipulates at least four times per year. This is an area for improvement.

The service has a complaints policy and procedures in place which set out the actions to be taken for receiving, handling, and responding to complaints. This is clearly set out in a handbook which is given to all care receivers. This handbook has been updated and clearly includes the contact details of the Commission. This has been an improvement since the last inspection.

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 demonstrated the electronic care planning system, which is accessible both in the office, and by care staff when in the home of the care receiver. Additionally, the Registered Manager can grant access to parts of the system to the care receiver, family members or representatives and professionals, which is reported to have been well received. The Registered Manager gave an example where family members were able to check that staff have completed their visit and can see an overview of the wellbeing of their relative.

Most care plans are now on the main electronic care planning system, with just a few small packages of care remaining in paper format. The Registered Manager intends

to have all care plans on the new system by the end of November. Currently the care planning system does not enable clear reviews. The Registered Manager is aware that the system needs to include a demonstration that care plans are reviewed on a regular basis and is working with the system provider to resolve this. This will continue to be an area for consideration at the next inspection.

One member of staff reported that they found the electronic care planning supported them in their role, stating “we used to struggle to read some people’s writing so reading the plans and notes in the app saves time.”

The Regulation Officer reviewed four electronic care plans and one in paper format. The care plans were observed to be of good quality, with information about personal preferences, contact details, aims and objectives of the care plan.

The Regulation Officer visited one care receiver and saw how the care plan was viewed by the care worker during the visit. The care planning system ensures that tasks are clear and must be marked as completed before the end of the visit. If the care worker has concerns, these can be immediately recorded and are automatically sent to the Registered Manager. At the home of a care receiver, the Regulation Officer saw a whiteboard which set out activities to be completed and a rota in order that the care receiver knew who to expect on duty. There is an alarm linked to this system, which sends out an alert to the Registered Manager if the care worker does not arrive for their shift.

Care receivers are encouraged to make informed choices. Their right to refuse care is respected, but this will be recorded on the electronic system and where necessary, referrals are made to appropriate professionals for further advice or assessment.

There was evidence at the home of a care receiver that they are involved in choice within their care plan. They are encouraged to maintain independence, but their wishes are also respected, if they wish for additional support. The care plan demonstrated that there has been progress within the care plan.

The Regulation Officer was able to accompany a care worker who was undertaking a visit at the home of a care receiver who does not communicate verbally. During this visit, it was observed that the care worker had a very good understanding of the needs and methods of communication of the care receiver. The care worker explained how the team supports the care receiver in a range of activities and provided examples of positive communication with family members. The care team have been creative during the period of the pandemic when safety was the priority. The care worker described new activities which were provided within the care receiver’s home. However, it was positive to note that the team are now supporting the care receiver to undertake activities outside of the home.

Where incidents had occurred, appropriate notifications had been made to the Commission. Staff had highlighted a safeguarding concern and a referral had been made to the Adult Safeguarding Team.

The Registered Manager described how a care receiver had been supported with end-of-life care at home, with staff who had worked with them for six years. This

was possible with multi-agency support from Jersey Hospice Care. The care was appreciated by family members as demonstrated by a card of thanks received by the service.

A healthcare professional commented that care staff are “very efficient and communication is very good.” Staff have followed up when a review has been completed and requested the new care plan. Care staff have requested reviews and made referrals appropriately and have kept the client informed.

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.”
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The electronic care planning system also ensures continuity of care. Each care worker records their start and finish time, and if they do not log into the system within 15 minutes of planned arrival, an alert is sent to the Registered Manager. Each care receiver has a copy of the staff rota in a format which is appropriate to their abilities. One care receiver reported that, although they have a written copy of the rota each week, they are also encouraged to telephone the Registered Manager for reassurance if they have any concerns. This demonstrated an open and understanding relationship of the needs of this care receiver.

All care receivers have information about their staff rota provided in a way which is appropriate to their capacity and level of understanding. For those care receivers who do not have full-time care, the electronic care planning system alerts the Registered Manager if the care worker does not arrive. Additionally, one care receiver confirmed that they have contact details for the Registered Manager and were confident that they could contact them if they were concerned.

Care workers who provided feedback were able to describe situations when they would request additional medical advice from the Registered Manager. One care worker described how they would know that the care receiver was uncomfortable or in pain and that they would ensure good communication with family members before seeking outside medical support. All care workers had either been trained in RQF Level 3 medication management or were working towards this qualification.

Specialist training is provided according to the needs of the care receivers. For example, there was evidence of some members of staff completing training in Percutaneous Endoscopic Gastrostomy (PEG) management, to equip them with the skills to carry out this task. All staff have completed training in Dementia Awareness. The Registered Manager plans to offer training in a specific mental health condition to all staff.

There was evidence that staff receive training relating to the Capacity and Self-Determination (Jersey) Law 2016. The Registered Manager understands their responsibility in notifying the Commission of any authorisations relating to Significant Restrictions on Liberty.

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 both owned and managed by Claire Hudson. The Registered Manager reported that the service was currently subject to a Data Protection Audit and was working with the Office of the Information Commissioner to provide necessary information. A final report had not yet been received at the time of the inspection. The Registered Manager plans to organise training in data protection for all staff.

The Registered Manager has taken the pragmatic decision not to accept further requests for care packages due to the current staffing issues. Therefore, the service has reduced from providing care to 26 care receivers at the time of the last inspection, to now providing care to 20 care receivers.

During the period of the pandemic, the Registered Manager had completed risk assessments for all care receivers. This was to plan for the possibility of not being able to provide a service if care staff numbers were to fall due to Covid-19. Plans were put in place which included a rating for priority care and contingency planning which included family members where possible. This was an example of good practice.

There is a robust system to record the arrival and departure times for care workers in order that an accurate calculation can be made of the charges for the service provided. The Registered Manager undertakes “spot checks” to ensure the quality of care given and to support staff where necessary.

One professional stated that the staff from this service “bend over backwards even in the most challenging of circumstances.” They described the “resilience and spirit” of care workers and stated that their willingness not to give up was much appreciated. Another healthcare professional stated that “at times staff go above and beyond to meet the individual’s needs.”

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.”

In situations where the Registered Manager is also the Provider of a service, as is the case in respect of All Care, there is no requirement for a monthly report to be produced. However, it was positive to note that the Registered Manager was proactive in using the Commission’s template to assure themselves of actions taken and areas for improvement each month.

The Registered Manager visits care receivers on a regular basis and works as part of the care team when necessary. One care receiver reported that they can raise issues and are confident that they will be listened to and that action will be taken where necessary.

The monthly report includes any complaints, both formal and informal which have been made and action taken. A client satisfaction survey was sent out in May 2021 and there was evidence in the monthly reports that consideration was given to support care receivers who may need support to complete this.

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: with immediate effect</p>	<p>Supervision to be carried out at least four times a year, and records to be retained within personnel files.</p>
	<p>Response by registered provider:</p> <p>A response was not received within the stipulated 28-day period. The Provider was contacted and confirmed that this was an oversight on their part. A response was subsequently received and is recorded below.</p> <p>I acknowledge that this Standard has not been met. Staff absence and resourcing has been extremely hard to manage this year and whilst the formal Supervisions have not been completed as they should have been, all staff have had regular contact with me which has been on more of an 'informal' nature. I will ensure that regular Supervisions and their documentation are completed going forward.</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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