



**Jersey Care
Commission**

INSPECTION REPORT

**Complete Individual
Home Care Service**

Home Care Service

**Suite 3 Longueville Business Centre,
Longueville Road, St Saviour JE2 7SA**

16 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 Complete Individual Home Care. The offices are situated on a business development in the parish of St Saviour and the service provided is island wide. The service became registered with the Commission on 2 October 2019.

Regulated Activity	Home Care
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support Category of care: Adult 60+, Dementia care, Physical Disability and/or Sensory Impairment, Mental Health Maximum number of personal care / personal support / nursing hours to be provided per week: 2250 Age range of care receivers: 18 years and over <u>Discretionary</u>

	As the Registered Manager Nicola Heath 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 or obtain this specific qualification by 01 July 2023.
Dates of Inspection	16 November 2021
Times of Inspection	11am to 4pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	58

The Home Care Service is operated by Evergreen Home Care Services Ltd, and the Registered Manager is Nicola Heath.

Following discussions with the Registered Manager, the Regulation Officer was satisfied that the service was meeting the requirements of the mandatory conditions in place. There was further discussion in relation to the categories of care and 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 13 December 2021.

The discretionary condition on the service's registration was discussed with the Registered Manager who reported that she commenced a Level 5 Diploma course in September 2020 and has completed three modules to date. Progress has been significantly impacted due to the pandemic. Prior to the inspection visit, the Regulation Officer noted that no discretionary condition had been recorded on the

proposal document for the current Registered Manager. This was explained at the inspection and an amended letter was sent to the Registered Manager on 18 November 2021.

Since the last inspection on 20 November 2021, one informal visit was made to the service on 24 May 2021 by a Regulation Officer to introduce themselves to the Registered Manager, and to discuss the inspection process.

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.

Care receivers and relatives who provided feedback were happy with the services provided by Complete Individual Home Care, with particular references being made to the positive approaches to care by both care staff and the management team.

There are a range of policies, procedures and practices in place to support staff. This includes recruitment and selection, induction and ongoing training and development opportunities. Recruitment practices were examined in detail. They were found to be generally of a good standard and in line with the requirements of the service's policy and safe recruitment practices. However, some adjustments are required, and these are discussed in more detail within the inspection findings.

The service is pro-active in ensuring that care staff are competent in their roles through access to appropriate training to meet specific needs of care receivers. The service was also able to demonstrate an understanding of the specialist services available to support them in providing effective and appropriate care. Several examples were found of working collaboratively with professionals in order to effectively meet the needs of care receivers.

There is a defined management structure in place for the service which provides clear lines of accountability for staff. This is underpinned by a system of regular communication/contacts between management, staff and care receivers, in order to ensure standards are maintained, regular opportunities are created to address any issues or concerns and support care staff to develop in their roles. In addition to the care team, there is a finance and compliance officer, and the Company Director is closely involved in the management of the service. Feedback from care staff was consistently high in relation to the management team.

The service is reviewed regularly through a variety of methods such as staff and care receiver surveys. Monthly quality assurance reports are overseen and compiled by the Compliance Officer, with input from the Registered Manager and Deputy Manager. All policies and procedures are reviewed and updated regularly and 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 Complete Individual Home Care.

INSPECTION PROCES

This inspection was announced and notice of the inspection visit was given to the Registered Manager on the day 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 16 November 2021 at the Complete Individual Home Care 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 report, 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 Compliance Officer at the time of the inspection.

As there were no care receivers present during the inspection, the Regulation Officer requested the contact details for a sample of care receivers who were then contacted by the Registered Manager to offer the opportunity to participate in the inspection. Contact details were received by the Regulation Officer on 9 December 2021. Subsequent to this, the Regulation Officer established contact with three care receivers and three family members. All contacts were made by telephone. The

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

views of two professionals and three staff members were also sought 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 and Compliance Officer.

This report sets out our findings and includes areas of good practice identified during the inspection.

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 employs a total of 34 staff. This includes both staff who provide home care support and those who deliver live-in care packages. Currently there are ten full time and 14 part time staff working in home care and ten staff providing live-in care. The permanent team are also supported by two zero hours contracted staff. At the time of inspection there were 58 people in receipt of a service, with an average of 1674 hours of support being provided each week. Support hours provided to care receivers range from one hour per day to waking nights and live-in support. The service is island-wide, and the type of support provided ranges from assistance with shopping, meal preparation and engagement in social activities.

Live-in carers work for two-week periods with two weeks off. They receive a two hour break each day, cover for which can be provided by home care staff or family members if support is required, however some care receivers are able to manage independently. During feedback, one live-in carer stated that they did not have daily breaks. This was reported back to the Deputy Manager for further investigation.

As part of the inspection process, the Regulation Officer reviewed a sample of five recruitment files. There was evidence of appropriate Disclosure and Barring Service (DBS) checks and certificates were available for review. Two files were noted to contain only one reference. Upon further discussion with both the Compliance Officer and Registered Manager they explained that following the last inspection they concluded that this was appropriate providing an evidence trail was retained to confirm that the reference had been requested and appropriate reminders sent. The Regulation Officer affirmed that two references must be obtained, in order to meet the requirements of Standard 3.6 of the Home Care Standards. This was acknowledged by the Registered Manager and steps were immediately taken to amend the process. The Regulation Officer further advised that Commission staff are always available to give advice and support to providers and registered managers regarding the Standards.

There are appropriate induction processes in place for staff. A copy of a completed induction logbook was viewed at inspection. There was evidence of reviews at one, two and four months. Topics covered during induction include the philosophy of care, policies, health and safety, use of equipment and training to be undertaken. Staff are also issued with a staff handbook which provides information on the terms and conditions of service, as well as general guidance on conduct, attendance, safeguarding and occupational health.

The service keeps a database of all staff training. There are clear indications of the mandatory requirements for training which include First Aid, food hygiene, manual handling, safeguarding and infection control. The Registered Manager reported that it has been a challenge to keep up to date with certain types of training which require practical elements because of the restrictions in place due to Covid 19. Online training has been completed where possible and classroom based First Aid sessions

have been booked for early 2022. The service is also investing in face-to-face training sessions for Capacity and Self Determination (Jersey) Law 2014 (CSDL) as they do not feel that appropriate training, relevant to Jersey law, could be sourced online. Some staff have already undertaken the training and reported to the Regulation Officer that they had found it very informative and beneficial to their practice. This is an area of good practice.

At the time of inspection, 17 members of the staff team were in possession of, or working towards, a level 2 or level 3 Regulated Qualification Framework (RQF) or National Vocational Qualification (NVQ) in Health and Social Care. Once outstanding awards are completed, the minimum requirement set out in Standard 3.9 of the Home Care Standards will be met. The Registered Manager and Compliance Officer explained that this is an area of training which has been affected by the pandemic, as many courses are not available due to the restrictions in place. This has also impacted access to the level 3 RQF in the administration of medication.

Staff supervision sessions are conducted four times per year and are carried out by senior support staff and managers. Staff spoken to by the Regulation Officer confirmed that this was in place.

Appraisals are undertaken annually. All were in date at the time of inspection with the exception of staff members who were on maternity and compassionate leave. A number of appraisals were due for renewal towards the end of the year. The Registered Manager was aware of this and a schedule had been put in place in order to ensure completion within appropriate timescales. This was reflected in the monthly reports.

The rotas are compiled electronically through a system called Care Line Live. The Registered Manager demonstrated the system to the Regulation Officer and highlighted the safeguards in place to ensure that all care visits are assigned and working hours for staff do not exceed 48 hours per week. Any changes to the system must be authorised by a manager.

The service operates an on-call system for staff who are working outside of office hours and is supported by the management team and senior carers. A rota is prepared in advance and each person will cover a seven days at a time. The on-call staff will cover any deficits in shifts until appropriate cover can be found.

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. Staff have access to policies via the Care Line Live system and are sent alerts to inform them when policies have been updated.

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."

Prior to commencing services, an initial assessment is undertaken by the service in order to determine suitability of the referral. A welcome letter and leaflet are issued to all care receivers. The Registered Manager will also discuss the terms and conditions of services and the complaints policy at the initial care plan meeting.

The Regulation Officer reviewed the care plans in place for five care receivers. The volume and type of information is indicative of the level of support being delivered. Individuals who are in receipt of intensive packages of support have detailed descriptions of the tasks to be performed during visits. This also includes information in relation to the care receivers wishes and preferences as to how tasks are undertaken. For individuals who are in receipt of short visits for very specific and time limited tasks, descriptors were found to be concise. The Regulation Officer was satisfied that the level of information within the care plans was proportionate to the level of need of individual care receivers.

General information relating to contact details, emergency contacts, environment, equipment and manual handling tasks were present in all care plans. The

Regulation Officer found evidence that all care plans were reviewed a minimum of every six months.

The Regulation Officer discussed with the Registered Manager how the service balances respecting the independence of care receivers within their own homes, while maintaining a safe and effective working environments for care staff. The Registered Manager gave some examples of situations where care staff have provided advice to care receivers but ultimately have to respect their right to make their own choices. Any such instances are always recorded in care receivers' notes. A family member relayed that they had witnessed staff demonstrating understanding and respect for another member of the family who lived with a care receiver, showing patience and understanding of their routines within the home environment.

The Registered Manager reported that there were no Significant Restrictions on Liberty (SROL) authorisations in place. The Registered Manager reported recent contact with the CSDL team for advice in relation to specific care receivers and this may result in some SROL applications being made.

The Regulation Officer discussed the impact of Covid 19 with the Registered Manager and Deputy Manager, which has presented challenges for the team. The Registered Manager described some of the measures put in place to maintain levels and continuity of staff during the periods of lockdown. The Registered Manager felt that despite the challenges faced, the service was able to maintain the levels of support required for care receivers.

The Registered Manager shared with the Regulation Officer that the service provides access to a vehicle for emergency cover. This is felt to be necessary as care staff use their own vehicles on a daily basis. In the event of emergencies, such as breakdown, staff can access the service vehicle as an alternative

Feedback from care receivers and staff was consistently positive regarding the attitude, knowledge and competence of care staff. Individuals commented on the confidence that they had in the team, with one commenting "*I find them very good,*

very caring. I am happy with them". A relative commented on the willingness to be flexible stating "*They co-operate with what we want*".

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."

Arrival and departure times of staff are recorded through Care Line Live. This is monitored by the management team and audited weekly. If any visits do not commence within 15 minutes of the agreed start time an alert is sent to the Registered Manager and Deputy Manager.

The service aims to provide consistent teams of staff to care receivers which would range from two to six carers dependant upon the volume of support required. Care receivers and relatives confirmed this during discussions with the Regulation Officer, however some noted that there had been a greater number of staff in recent times. This was not highlighted as an issue by anyone and there were no reports of any decrease in the standards of care delivery. Generally, people were aware of the impacts that Covid 19 and recruitment within the care sector were having on staffing within the service.

While there is no involvement of care receivers in the recruitment, steps are taken to ensure that people have choices in relation to the care staff who support them. One care receiver informed the Regulation Officer that new carers are always properly introduced and undergo a period of shadowing before undertaking duties by themselves. The care receiver is also given the opportunity say if they are happy for the staff member to start working with them. Others spoke of times where they have requested changes to their support team or asked for additional support time for staff and this has always been met by the service. Copies of staffing rotas are provided to those who wish to know in advance who is attending, and this is discussed with care receivers at their initial assessment visits.

Through discussion with members of the team, the Regulation Officer was satisfied that care staff are aware of the limitations and boundaries within their roles. There are clear pathways for reporting concerns or seeking advice through the management structure, as well as systems for reporting incidents and accidents. Competence and maintenance of agreed standards of care are regularly reviewed through spot checks and care receivers and their families have the opportunity to contribute to the process. The service and individual staff members are aware of the specialist services in place to support in the management of specialist tasks.

Where there is a need for delegated tasks the service ensures that the correct professionals are involved in the assessment of individual needs, development of appropriate care plans and subsequent training for staff. The Registered Manager gave several examples of working collaboratively with other professionals and services

Feedback from professionals highlighted the willingness of the service to communicate effectively and respond adaptively to changes in need. They were also praised for their person-centred approach to care.

Additional training for specific conditions is provided when required. The service currently provides support to a number of care receivers who have a diagnosis of dementia and all staff have undertaken online Dementia awareness training. This is an area where the Registered Manager feels that more advanced training would be beneficial which could be sourced in Jersey. Staff spoke of being able to highlight training needs in areas of particular interest, in order to develop their skills and knowledge. One member of staff has expressed an interest in further training in end-of-life care and this is being supported by management.

There is a medication policy in place and an in-house training programme for staff. This consists of an online knowledge-based course. Staff are then observed in practice a minimum of three times. This is undertaken by senior carers. Progress is also monitored at induction reviews. There is provision for yearly competency updates. The Compliance Officer reported that they have recently commenced monthly audits of medication administration charts. Any discrepancies are followed

up by the Compliance Officer with individual staff members and improvement plans put in place if required. The Regulation Officer discussed with the Compliance Officer and Registered Manager the importance of ensuring that all care staff progress to the level 3 RQF in administration of medication.

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 well established within the current premises. The office is situated on the first floor. There is no lift access, therefore access is limited for people with mobility needs. There is a single office for the Registered Manager and a double office adjacent with computer facilities which is accessed by the Deputy Manager and care staff. There is also a large training / meeting room which also has computer access. The registered manager explained that this is used infrequently at present due to Covid 19 restrictions. All private meetings such as, supervisions and appraisals are conducted in the Registered Manager’s office.

Care plans and personnel files are currently kept in paper form and secure storage is available within the offices. The service also has a contract in place for secure archiving of paper files which are retained for ten years. The Registered Manager explained that there are plans to look at transferring to an online system in the future. However, it will take some time to source and implement an appropriate system.

There is a management structure in place with clear lines of accountability. The team of care staff are supported by four senior support workers within home care and one senior carer for live-in care. Senior staff will conduct spot checks, support inductions and undertake supervisions with carers as part of their role. The Registered Manager oversees all day-to-day operations with the support of the Deputy Manager.

A finance officer supports the management team. Invoicing and salaries are generated using the Care Line Live system which records the support hours and visit times for each care receiver.

The Compliance Officer works closely with the Registered Manager and has responsibility for governance, policy and standards within the service.

Contracts are in place for all packages of support provided by the service. These are financed through Long Term Care benefit or through private funding. A copy of the contract agreement was viewed at the time of inspection which sets out the terms and conditions of service provision and the fees that will be charged. Conditions for termination are clearly detailed. This was discussed with the Registered Manager who gave an example of an instance where notice was given to terminate a contract. The decision was taken as a last resort and support was not withdrawn until another provider was secured.

A complaints policy is in place for the service and complaints forms are available in the care plan folder within each care receivers' home. The complaints folder was reviewed at the time of inspection. There had been one formal complaint received since the last inspection. The Registered Manager explained the steps taken to investigate the complaint and details of the outcomes identified. This was undertaken in line with the service's complaints policy. Informal complaints are recorded in the care receivers' files and are responded to within 24 to 48 hours by a phone call, e-mail or visit to the care receiver. During discussions with care receivers and relatives, confirmation was given that any concerns raised are dealt with promptly and resolved appropriately. The service also has a compliments folder and any positive feedback received is shared with care staff via e-mail through the Care Line Live system.

Overall, the feedback from care receivers, relatives and professionals on the management team was positive. The Registered Manager was described as "approachable" and "responsive". Communication was highlighted as being a strength, with a combination of regular reviews, updates and phone calls used to check that care packages were working well.

Staff consistently reported that they felt well supported by management and were appreciative of their willingness to provide “hands on” support when required.

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

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. Some minor amendments were agreed, and a discussion was held in relation to the categories of care which the service is currently registered under. The Regulation Officer explained that the categories of care detailed in the Statement of Purpose must be reflective of the mandatory conditions of registration. Changes can only be made following the submission of an application to vary conditions. An updated Statement of Purpose which took account of the amendments discussed was subsequently submitted to the Commission on 13 December 2021

Monthly reports are undertaken by the Compliance Officer with direct input from both the Registered Manager and Deputy Manager. The process incorporates a monthly meeting to review the data submitted for the report. This also gives the Compliance Officer the opportunity to analyse the information in more detail and clarify outstanding queries with the appropriate members of the management team before compiling the report. The Compliance Officer explained that they are looking at ways to improve the efficiency of the reports and have recently incorporated a traffic light system for the analysis of training, supervisions, spot checks and client reviews. Copies of the reports for September and October 2021 were made available to the Regulation Officer at the time of inspection. The reports were found to review a range of topics, such as recruitment, training, incidents, complaints and feedback.

Senior Carers and members of the management team undertake regular spot checks to review the standards of care being provided. This is achieved by working alongside carers when undertaking visits or dropping in during a visit to review progress. The Registered Manager reported that approximately six checks per month are undertaken on rolling programme, in order that all staff receive a check within a certain time period. Staff viewed the process as supportive and felt that it gave them the opportunity to discuss any concerns that may have arisen or take the opportunity to review their practice in a proactive way. Any issues identified are recorded and followed up in a variety of ways which may include one to one discussion, identification of training needs or follow up within supervision.

The Regulation Officer viewed the accidents and incidents log at the time of inspection and all relevant information was found to be in place. A discussion took place with the Registered Manager and Compliance Officer regarding requirements for notifications to the Commission, as it was noted that a minor number of reports met the criteria for notification as detailed in Standard 4.3 of the Home Care Standards. This was in relation to incidents where medical attention was sought. This was acknowledged by the Registered Manager who agreed to take steps to ensure that future incidents are reported 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 use of equipment. The service uses an online service for policy development called QCS UK. The policies are then reviewed by the Compliance officer and modified to meet Jersey laws, policies and agencies. During a review of the policies, the Regulation Officer noted that the complaints policy contained information relating to a UK regulatory body. This was brought to the attention of the Compliance Officer who agreed to amend the policy to reflect details the local regulatory body.

The service also has suitable arrangements in place for contingency planning for adverse events which include Covid 19, staff sickness and inclement weather.

The service is proactive in seeking feedback from both care receivers and staff. Questionnaires are given to care receivers and their families on a regular basis. This is spread out over the year with an average of six per month being undertaken. A copy of the questionnaire template and results received was viewed by the Regulation Officer at the inspection visit. Opinions are sought on quality of information, involvement in plan of care, wishes and preferences, safety, raising concerns, management and quality of carers. Any issues identified are discussed at the management meetings and actions agreed upon. Regular feedback is also sought during spot check visits.

The service has also recently undertaken a staff survey and focused upon empowerment, growth, reward and recognition, wellbeing and diversity/inclusion. At the point of inspection, the survey deadline had been extended, therefore final results were not available. However, some initial results had prompted the exploration of new initiatives to improve upon terms and conditions for staff.

The Compliance Officer explained that all feedback received from the care receiver and staff surveys is then used to inform the future planning of the service.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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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