



Jersey Care
Commission

INSPECTION REPORT

**Home Care Independent Living –
Learning Disability Services**

Home Care Service

**Health and Community Services
19-21 Broad Street
St Helier
JE2 3RR**

25 May 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 Home Care Independent Living – Learning Disability Services. The service was registered under the Regulation of Care (Jersey) Law 2014 on 12 April 2021. The registered manager is Carla Agrela.

Registered Provider	Government of Jersey
Registered Manager	Carla Agrela
Regulated Activity	Home Care Service
Conditions of Registration	Maximum number of personal care/ personal support hours to be provided per week is 600 Age range of care receivers is 18 years and above Category of care provided is learning disability Discretionary conditions in place for the registered manager to complete Level 5 Diploma in Leadership in Health and Social Care by 5 January 2024
Date of Inspection	25 May 2021
Time of Inspection	11.30am – 3.30pm
Type of Inspection	Announced
Number of areas for improvement	None

At the time of this inspection, there was one person receiving care from the service.

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.

At the time of the inspection, the home care service provided an intensive service to one person which consisted of a staff presence in their home throughout the 24-hour period.

The findings from this inspection confirmed that the service's quality of care and support was of a good standard. This was evidenced from both discussions with the staff team and health professionals, who reported that they were happy with the service, and a review of information, which demonstrated that there had been positive change in some areas of the care plan.

There is a consistent staff team who have knowledge and experience, and feel valued and part of care planning, know the care receiver and are creative in their support. This was noted in comments from healthcare and advocacy professionals. The respect for the care receiver, support for good outcomes and creativity of the staff team was an area of good practice.

Staff are recruited safely. There is an induction programme which ensures that staff members have appropriate knowledge of the needs of the care receiver before they are integrated into staff numbers. Appropriate additional training is provided and updated as necessary. Overall, staff felt that there were opportunities for training and development and that they were well supported by the registered manager.

A robust induction process and the practice of only deploying staff who have a good understanding of the needs of this care receiver is evidence of good practice. There is evidence of good multi-agency working and the staff are fully involved in the care planning and preparing for future changes. Care planning is person-centred, and the staff team have been able to introduce more choice and activity into the daily living plan.

The Regulation Officer reviewed care plans which provided evidence of improvement in the choice offered, and in promoting good levels of communication with the care receiver. The staff team are focussed on the needs of the care receiver and advocate for them appropriately. They seek healthcare advice when necessary and look for opportunities to improve quality of life. This is an area of good practice.

The service is of an appropriate size and staff are suitably qualified to meet the needs of this care receiver. The registered manager is available as necessary and there is an on-call system for any out of hours requirements.

There are no areas for improvement resulting from this inspection.

INSPECTION PROCESS

This was the first inspection undertaken since the service was registered and took place on 25 May 2021. The inspection was announced with two weeks' notice given to ensure that the manager would be available during the visit and the needs of the care receiver were considered.

Prior to the inspection visit, information submitted to the Commission by the service since registration, was reviewed. This included any notifications and any changes to the service's Statement of Purpose. The Standards for Home Care¹ were referenced throughout the inspection.

The Regulation Officer focussed on the following areas during the inspection:

- **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**

The Regulation Officer spoke with the registered manager. Following the inspection, contact was made by email with a relative, three health and social care professionals and nine members of staff to obtain their views of the service. A relative, two professionals and six members of staff provided feedback by telephone and email.

During the inspection, records including policies, care records, quality monitoring reports, staffing rosters, staff folders and training records 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. There were no areas for improvement identified.

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

INSPECTION FINDINGS

The service's Statement of Purpose and Conditions on registration

The Standards outline the provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The home care service's Statement of Purpose was reviewed and continues to reflect the service provided to the care receiver. The inspection findings confirmed that the mandatory conditions on registration were being complied with.

The home care service is, as part of the registration process, subject to the following mandatory conditions:

Conditions of Registration	<p><u>Mandatory</u></p> <p>Maximum number of personal care/ personal support hours that can be provided is 600 per week Age range of care receivers is 18 years and above Category of care provided is: Learning disability</p> <p><u>Discretionary</u></p> <p>The registered manager to complete Level 5 Diploma in Leadership in health and Social Care by 5 January 2024</p>
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A discussion with the registered manager and an examination of records, provided confirmation that these conditions on registration were being fully complied with and are intended to remain unchanged.

A discussion with the registered manager confirmed that they are aware of their responsibilities and limitations in the type of services that can be offered. The service currently provides personal care and support to one care receiver. When necessary, there was evidence that requests for assessments and involvement of healthcare services has been requested.

A relative is involved in care planning and there was evidence of good communication and support in maintaining positive relationships with the care receiver.

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."

Staff are recruited in accordance with the Government of Jersey's policy and this is managed centrally by a Human Resources team. The Regulation Officer reviewed the recruitment records of two members of staff who had been recruited in the last 18 months and was satisfied that safe recruitment processes had been followed. One member of staff did not have two references on file before starting employment, but they had moved internally. The Regulation Officer was assured that two references are now required for all care staff. The Human Resources representative also demonstrated that there is a process in place to ensure that the registered manager confirms that they have seen the applicant's information, criminal records check and references prior to the date they start to work in the service.

Three staff members are qualified to Level 2 in Health and Social Care and the registered manager maintains a record to ensure that all areas of mandatory training are kept up to date. Three staff members were out of date with infection control training, but records demonstrated that the staff were booked into training sessions. In addition to mandatory training, staff also receive training in autism awareness (SPELL), conflict management (MAYBO) and positive behaviour support. The Regulation Officer was informed that there were some difficulties in accessing online training at the offices, but staff had been offered the opportunity to undertake training at the hospital library.

A member of staff who joined the team in 2020 reported that their induction was over a period of four weeks, including shadowing until they were confident and were able to be part of the team of two staff who provided care. This member of staff reported that the training was appropriate to their needs and that they are regularly invited to take part in courses. There is a six-month probation period, during which time this member of staff reported that they were given the opportunity to understand relevant Government of Jersey, and service-specific policies and procedures and how they apply in practice. The probation period is signed off by the manager once completed. This was an area of good practice.

The registered manager aims to provide supervision on a bi-monthly basis, although some staff reported that they receive at least an informal supervision on a monthly basis and can request a discussion if they feel this is needed. However, one member of staff reported that supervision has not been consistent and another stated that they did not feel supervision was robust or that recommended training was then provided. The template for supervision was reviewed and covers areas such as training and development as well as any concerns or areas for improvement. The Regulation Officer discussed with the registered manager that it was important for the staff team to reflect on positive outcomes and development. Overall, staff consulted felt well supported and that the registered manager is available as necessary. One staff member described the registered manager as "very efficient, gets the job done, can't fault her."

Two staff members reflected that they had been given opportunities for development and would like the opportunity to take further qualifications. One staff member stated that training sometimes had to be undertaken on their days off. Another was concerned that they had not been put forward to take the RQF Level 3, although they were working with a care receiver with complex needs. The registered manager reported that all training is included in work hours, and staff members would be given time off if they must attend training on a day off. Another member of staff felt that they had been given opportunities to act up in a more senior role and that this had been a positive experience for them. All staff who participated in this inspection reported that they felt valued by the registered manager and their suggestions regarding increasing the care receiver's choice and independence were adopted.

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 noted that staff were committed to identifying and increasing opportunities and choices. Daily activity logs encouraged structure but were in line with preferences for activities and contact with family members. The care receiver's communication needs were supported with the use of photographs of daily activities and a range of items of food to enable them to make choices. A notice board is in place which indicates the member of staff on duty for that day and the activity to be undertaken.

A Significant Restriction on Liberty (SRoL) authorisation is in place in light of an assessment of the care receiver's capacity to consent to their plan of care. The SRoL and care plan highlighted the care receiver's needs and the level of support, which is required to ensure their safety, whilst still maintaining and promoting independence skills. For example, the registered manager demonstrated that there had been change to the environment to support the care receiver to be part of the preparation of lunchtime meals and snacks.

An advocacy professional reported that they had visited the care receiver and reported that "(they) have many tools available... to be able to express (their) wishes and communicate with the team." A healthcare professional reported that improvements in communication have "increased (their) ability to make choices and enabled (their) team to incorporate new activities." This professional stated that the information collated by the staff team ensures that all decisions are evidence-based. This is an area of good practice.

The Regulation Officer noted that the staff team had supported the care receiver to experience more independence within their home environment by making adjustments to the environment. Working at the pace of the care receiver, and with advice from the multi-disciplinary team, it was evident that positive risk taking was a part of the process to improve outcomes for the care receiver. Improvements were

already apparent but with further ideas from the team to continue to enhance quality of life.

All staff who were consulted as part of this inspection, spoke with respect about the care receiver and advocated for their care. In respect of the support provided to the care receiver, there was a plan in place to ensure that the care receiver can access activities in the local community, according to their preferences. A discussion with one member of staff demonstrated that there had been improvement in the ability of the care receiver to take part in activities.

The Regulation Officer noted that the staff team were trained in the safe handling and storage of food. Staff were aware of when to notify professionals of concerns regarding nutritional intake and there was evidence that relevant healthcare professionals had been contacted and that staff were following the advice given.

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."

This home care service benefits from having a consistent team of nine staff plus the manager, all of whom have been working for the service for over a year. A notice board highlights with photographs the members of staff on duty that day, and the next members of staff who will be taking over the shift. The registered manager reported that no staff members work with this care receiver unless they have had the detailed induction already described. At times of staff sickness, there are suitable arrangements in place to ensure that either named staff who have been introduced to the care receiver or the registered manager covers the shift. This was an area of good practice.

The healthcare professional consulted stated that they were "very comfortable" with the staff team as it was important for them to be consistent in order to build trust and communication with the care receiver. Additionally, the healthcare professional stated that all staff understood physical signs of pain or discomfort and would seek appropriate support when necessary. The Regulation Officer noted that when a plan has been put in place, staff were able to evidence that they both follow the advice, record the care receiver's progress and recovery and seek further support and advice as and when needed.

Where it has been identified, staff have received training appropriate to the needs of the care receiver. It was evident that any incidents were logged and reviewed by the registered manager to ensure that any learning is recorded and embedded into practice. Where necessary, additional plans are put in place.

The healthcare of the care receiver is overseen by a healthcare professional and there was evidence that the plans were then included in the support which is overseen by the registered manager. The healthcare professional reported that the staff team "need to understand (the care receiver's) world", and forms of

communication and they were assured that the staff team have this knowledge. There is a consistent staff team who have a rounded understanding of the care receiver's communication needs and behaviours and this is a positive area of the care provided.

The team includes several members of staff who have been trained in the administration of medication which is subject to annual review. If there are no trained staff on duty when medication is due, there is always an on-call nurse who would attend to provide this service. All staff providing a service have experience and knowledge of the needs of this care receiver.

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 home care service's premises include office accommodation and a training room. Staff who work in this service also have access to a small staff room located adjacent to the care receiver's home

This is a small service dedicated to the care of one person. However, the staff team of nine reflects the need to ensure that staff on duty have a good knowledge and understanding of the care receiver and can cover sickness and annual leave.

Staff were able to report that they were able to contact the manager for advice and guidance as necessary. The care receiver has a case co-ordinator who provides an initial assessment and puts a plan of care in place, with particular regard to physical and mental health. The case co-ordinator reported that the manager has "a high level of availability." They stated that the "motivation and enthusiasm" of the registered manager is a positive element of the care provided. The Regulation Officer also noted that in general, the staff team are motivated to improve outcomes, and this was evident in the addition of skills being promoted and developed by the care receiver.

The Commission has been provided with updated risk assessments and is satisfied that measures are in place to ensure continuity of care and safety of staff and the care receiver.

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."
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The management of this service including multi-disciplinary support and line management is appropriate to the needs, size and complexity of this service. This includes provision of an out of hours nursing service which staff reported was available as necessary.

As a Government of Jersey service, there are structures and policies in place for finance, health and safety and information management, among others. Staff are expected to familiarise themselves with appropriate policies during their probation period.

A monthly reviewing system is in place by a manager of another Government of Jersey service. During the period of the pandemic, this took place remotely, however it is positive to note that the review now includes a visit to the registered premises, with visits to the care receiver if appropriate.

If there are adverse incidents, these are reported using the Government of Jersey Datix system and are reviewed by the registered manager. These are included in the monthly report with evidence of a plan in place to avoid future incidents where appropriate. The Regulation Officer reviewed incidents and was satisfied that where necessary, notifications had been made to the Commission.

There was evidence of regular contact with a relative and that their views are considered when making change to the service. Staff members have been included in future planning for this service.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection.

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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