



Jersey Care  
Commission

## **INSPECTION REPORT**

**TESH Healthcare Jersey Limited**

**Home Care Service**

**Maison Lauren  
5 St James Street, 2A  
St Helier  
JE2 3QZ**

**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 TESH Healthcare Jersey Limited home care service. The service was registered under the Regulation of Care (Jersey) Law 2014 on 19 July 2021 and with initial application to register submitted in November 2020. The service has recently relocated to a small office in St Helier and aims to support adults with personal care and personal support by providing a live-in care model.

Due to unforeseen circumstances the service has not yet been in a position to become fully operational and had not taken on any packages of care since initial registration. It was anticipated this would be initiated toward the end of the year at the earliest, once all policy and procedures had been fully established and/or reviewed by the new manager.

Registered Provider	TESH Healthcare Jersey Limited
Registered Manager	Bryan Hill
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 Adult 60+ Physical disability and/or sensory impairment
Dates of Inspection	12 <sup>th</sup> November 9.30 am – 12.30 pm
Type of Inspection	Announced
Number of areas for improvement	Three

The Home Care Service is operated by TESH Healthcare Jersey Limited, and the registered manager is Bryan Hill, most recently appointed 21 October 2021.

## SUMMARY OF INSPECTION FINDINGS

This was the first inspection of a brand new service which had been registered for only four months. However, due to unforeseen circumstances in a recruitment process the appointment of a new manager (replacement for the identified person at registration) had only been completed in recent weeks. Arising from this situation the service had rightly chosen to not engage in providing any care packages to date. This inspection was therefore very limited in scope with no reference available to care receivers, staff, active care plans or any healthcare professionals.

The Regulation Officer nonetheless focused on the following areas during the inspection:

- **the service's Statement of Purpose and Conditions on registration**
- **safeguarding (adults)**
- **complaints**
- **safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)**
- **care planning**
- **monthly quality reports.**

The Standards for Home Care were referenced throughout the inspection<sup>1</sup>.

The inspection focussed on the governance arrangements that were in place and engagement with the new manager for the first time provided an opportunity to review the provider's operational capacity and plans. The Regulation Officer was provided with a very good summary of where the service was currently placed to engage with care packages in the near future. The new manager conveyed a good understanding of matters of governance, and with regard to their managerial roles and responsibilities. This provided the Regulation Officer with assurance of their detailed knowledge, experience and understanding of how best to meet the Standards in their role as manager of this new service.

A review of the current recruitment and selection of staff was undertaken by discussion and some evaluation of employees' details on file. It was however quite evident and highlighted by the manager, that there was a protracted timeline from the initial recruitment of identified staff and information held on file. These identified persons that may take up an active role in care package since date of initial recruitment but which was six months ago, this was not of a standard which would meet best practice. This was agreed as an area for improvement and a review of all the HR files had already been identified as a priority by the manager.

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

All policies and procedures were noted to be the subject of analysis and re-drafting by the new manager to ensure all relevant legislation was incorporated into policy documents, for example referencing local laws and agencies. There were no active complaints for review but with policy and procedures confirmed and in place.

Statement of Purpose and with a key focus to deliver care within a live-in model was explored with the manager and with specific reference to how staff will be recruited, trained and supported within such a care model. The manager was able to demonstrate clear aims and objectives which they would implement once fully operational and which would promote the necessary supervision of all staff.

Care planning principles and the minimum data required for recording all care provided was discussed in some detail and the requirements of staff to do this which would need to be reviewed and audited by manager. This was also considered with the monthly reporting system which was not yet clearly formatted.

Four areas for improvement were made from this inspection which related to systems of governance requiring some refinement or attention. The manager was also advised that due to the understandable lack of information or evidence available at this time, priority would be given to the next annual inspection taking place within the next six months. At that time a wider scope of enquiry would be expected to further inform the usual inspection process.

## **INSPECTION PROCESS**

Prior to the inspection visit, information submitted to the Commission by the service since it became registered was reviewed. This included specifically an issue for recruitment of a new registered manager being necessary soon after registration, this due to an unforeseen issue preventing the first manager taking up their post at that time. Consideration and review of the protracted registration process which had taken place was also undertaken before and during the inspection visit.

With no active care packages on file or having been provided since registration, the inspection was focused on a desk top review of policy and procedures, templates and recruitment and selection records. Information provided to the Regulation Officer by the new manager provided confirmation that they had considered a number of possible operational challenges, and the actions which will address them when care packages begin.

This limited inspection of care records and other information which would otherwise routinely be undertaken did not however detract from obtaining helpful information about how the service will operate to meet the expected standards aligned with the Statement of Purpose (SOP).

During the inspection, records including policies, templates for care records, quality monitoring systems which will be applied in practice and auditable reviews and training were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the registered manager. This report sets out findings and includes areas of good practice identified during the inspection.

## 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 SOP refers to a service which will provide a high quality bespoke service to enable care receivers to remain as independent as possible whilst being cared for at home. It was clarified with the manager this will be facilitated by use of a live-in care model which will have care staff living in the home for set periods i.e. three weeks.

Discussion with the manager established a clear vision and plan as to how these aims and objectives would be met and with reference to both business modelling and the actual delivery of care in peoples' home settings. It was also established that some of the challenges of this model would need to be addressed by the scrutiny and support of care workers who would be working in isolation as lone workers and for long periods of time.

The current managerial structure understandably is very limited based on the current zero caseload and no active care workers. However, it was explored with the manager some of the expected levels of support to be in place as the service develops and that the development of management systems will be required.

The procedures which will be followed for any new care package were confirmed including that all assessments will be undertaken by the manager once the service becomes fully operational. The manager provided a good summary of how they will gather all relevant information and that will be inclusive of the views of the care receiver, relatives and referring agencies as Social Workers for example.

### **Safeguarding (adults)**

The Standards for home care set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.

Discussions with the manager established a clear understanding of all procedures and protocols expected to be incorporated as part of the training and development of staff and which will also be covered at interview stage for all new recruits.

Policies and procedures were being reviewed by the manager prior to the inspection and it was identified with them some of the key personnel who are involved in the Safeguarding Adult Team (SAT) for their reference. The safeguarding referral process which they would need to initiate if they had any concerns about any safeguarding matter for any care receiver was also clarified. The manager acknowledged the nature of the risks and management of these risks when care is provided in relative isolation by lone workers.

The manager also highlighted the attention which will be given to this in practice by reporting systems, training and development of all staff and lone workers to ensure they are adequately resourced to carry out their roles safely and effectively.

It was clarified with the manager their role in submitting notifications to the Commission about any untoward event or incident and that this can also generate safeguarding alerts. The Regulation Officer was assured of the manager's clear understanding of this important area of care, their operational role and responsibility and that the provider must have safeguarding embedded into any training and development for all staff.

The requirement for all staff to have Capacity and Self-Determination Law training with reference to Jersey law was also clarified and any potential issues of concern that may arise when a care receiver may be deemed to lack capacity.

The Regulation Officer discussed how work will be allocated and which may rely on staff being deployed from off island to spend blocks of time as "live in carers". In this matter the necessary oversight and monitoring of care packages will require a high level of scrutiny by the manager. The manager's intention and availability to oversee this as part of their daily work activity was confirmed, with routine and unannounced visits part of a quality assurance process and which will promote the necessary safeguarding review principles as routine.

## **Complaints**

<p>The Standards for home care set out the provider's responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service's staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.</p>
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The provider has a clearly identified complaints procedure in place which includes and the expected response time to a complaint which will be provided within seven days.

There was information in the procedure which includes reference to the Commission if dissatisfied with the provider's response as another option to deal with a complaint and which demonstrates a positive, open and transparent approach to such matters.

The manager also confirmed the review and further development of a staff handbook which will provide guidance and advice for managing any low level complaints in the most appropriate way and review.

It is envisaged that once operational, and with increasing caseloads some review and analysis will be given to care receivers feedback as part of a quality assurance process and any themes for complaints that may come from this can then be addressed.

### **Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)**

<p>The safe recruitment of staff is an important element of contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider's responsibility to ensure that there are always suitably recruited, trained and experienced staff available to meet the needs of care receivers.</p>
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The initial application for registration and information provided at that time recorded 10 potential employees identified to be available to work within this service. The current HR folders were noted to have some filed information from a recruitment process which pre-dated the actual registration date and which was in itself delayed. In addition the original manager was unable to take up post and with the new manager only recently recruited.

With reference to the above, the Regulation Officer noted this delay potentially being an issue of concern when no observed practice of care workers had been available since initial recruitment initiated some eight months ago. The gap between recruitment and engagement with care was not considered best practice but the Regulation Officer was reassured by the same view being volunteered by the manager, and also their clear understanding and appreciation of this potential risk.

An area for improvement was therefore indicated for review of the existing HR folders and with due diligence for Disclosure Barring Service (DBS) records and references to be revisited. The manager confirmed that they had already initiated some actions to review all policies and current files pertaining to safe recruitment practice and would further refine this policy if indicated. They also confirmed their primary role in safe recruitment procedures and which would be a key area for them to both recruit and match appropriately the skills and experience of care workers with care receivers.

The training initiatives that were set out by the manager will incorporate the initial induction package that will be provided prior to staff taking up any direct care role. This will be inclusive of all the expected mandatory topics and it was also stated that once fully operational some local training provision will also be sourced for the staff team. The induction training will have equivalence and/or accreditation to care

certificate standard which will ensure staff are adequately and sufficiently trained to support care receivers in their own homes and without direct supervision.

Training records were not available to view in the absence of any staff currently employed by the provider, this with the exception of the manager, who had provided a comprehensive C.V. with most relevant experience and qualifications for the role. It was however clarified that training and development plans will be wrapped around care workers qualifications and experience, this will be underpinned by regular supervision provided by the manager.

The model of care provided will involve staff working within a care receivers own home and will be for protracted periods of time. It was clarified with the manager how the relevant breaks and time off will be factored into their terms of contract and that also will fit with care receivers own preferences and requests. The manager was able to demonstrate planning and consideration for these issues and with the necessary back up included for staffing resources. At this time it was not possible to evidence in practice any operational procedures carried out with care staff but the underlying principles and best practice which would be applied were confirmed by the manager's summary.

## **Care planning**

The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility to ensure that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.

Care planning principles were clarified with the manager in the absence of any records available to review at this first inspection. It was noted that there was intention for the involvement of care receivers to be at the heart of all decision making and to inform care staff of their needs and wants. The manager was reviewing and revising all templates that will be used from initial referral forms to any care plans generated from the assessment.

The manager highlighted key areas which will be a focus of care planning to include risk assessments and which will have scrutiny being given to the care environment which will be a care receivers own home. Attention will be given to the logistical and practical challenges which may arise from the live in care model which is to be provided.

The expected minimum data for care records was clarified and that these will initially be paper copies. It was also highlighted by the Regulation Officer the potential for error or omission if using duplicated systems, for example retaining copies from original source in the main provider office. This was acknowledged and identified as an area for improvement prior to becoming fully operational, especially how review dates should be clearly referenced and recorded consistently thereafter.



## Monthly quality reports

The quality of services provided by this service should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.

It was noted from inspection that the organisational structure currently in place is quite limited by number and relevant experience, with a heavy reliance on the newly appointed manager. This requires them to oversee all care and employment matters, and while this is not of immediate concern the potential shortfall in governance arrangements were highlighted if the manager were to be absent due to sickness for example.

Although the manager identified systems which will be in place and available to generate monthly reports i.e. training logs, which can clearly identify when a member of staff is due for a training update, this and other information will be subject to review by the manager. In the absence of any deputy manager and/or administration assistance there are some potential gaps in the governance framework for all such matters.

Potential gaps in service could occur if sickness or travel restrictions prevent a care worker carrying out their duties and the on-call responsibilities to deal with such circumstances onto the manager 24/7. While this situation not problematic at this time it would not be considered sustainable for the longer term. This an area for improvement with planning for contingencies to be established that may also incorporate the growing service and that will all be subject to monthly reporting and review.

## IMPROVEMENT PLAN

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

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 8</p> <p><b>To be completed by:</b> 2 months from the date of inspection (12 January 2022)</p>	<p>The registered provider must ensure that there are adequate systems in place/available to support the manager for on-call duties or routine business, this to cover for any unforeseen absence of the manager</p> <hr/> <p><b>Response by registered provider:</b> We will recruit an administrator/ care co-ordinator with care background, who will be able to work alongside the registered manager. The registered manager will further train the staff on aspects of the business management so that he/she will be able to handle issues in his absence.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 9</p> <p><b>To be completed by:</b> 2 months from the date of inspection (12 January 2022)</p>	<p>The quality of services provided should be kept under regular review. The provider has a responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.</p> <hr/> <p><b>Response by registered provider:</b> We have appointed our non active Director to conduct the monthly audits and submit the required report as per Jersey Care Commission requirements.</p> <p>The non active Director will seek guidance and training from a local company with whom this has been discussed already.</p>

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 3.5, 3.6, 3.7</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered provider must ensure that all recruitment processes and due diligence carried out for all new employees is within an acceptable time frame. This with reference to employee's date of contract and first engagement with care receivers. This should be fully auditable and recorded for inspection</p> <hr/> <p><b>Response by registered provider:</b> We have noted the above and an auditable recruitment system is now in place.</p>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 2.5, 2.6, 2.7</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>Identification of the minimum data requirements for care records should be clearly established and recorded in relevant policy and procedures and subject to routine review</p> <hr/> <p><b>Response by registered provider:</b> We have identified the minimum requirements for care records and we are working on them. We have also approached local companies for all our policies requirements and they are happy to work with us.</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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