



Jersey Care
Commission

INSPECTION REPORT

Adult Day Service, Le Geyt – Home Care

**Le Geyt Centre
La Grande Route de St Martin
Five Oaks
St Saviour
JE2 7GS**

14 December 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 Adult Day Service, Le Geyt - Home Care service. The service was registered under the Regulation of Care (Jersey) Law 2014 on 12 November 2020. The service operates from offices located in the same building that provides a day service also run by the same provider. The Registered Manager oversees both services which aims to support adults with any personal care/ personal support needs relating to learning disability, autism and/or physical disability.

The service currently provides a limited number of hours of support to a small number of care receivers, although there are plans to expand the service. At the time of the inspection, the service was not accepting new referrals as it was in the process of undertaking a review of the service provision and options for development. It was identified prior to the initial registration that there was the potential for there to be overlap in that the same care receivers may access both day care and home care provision. It was apparent that this might ensure continuity of care provision as staff primarily employed to work in the day service may also provide support in the community.

Registered Provider	Government of Jersey - Health and Community Services
Registered Manager	Lisa Neely
Regulated Activity	Home Care Service
Conditions of Registration	Maximum number of personal care/ personal support hours to be provided per week is 200 Age range of care receivers is 18 years and above Category of care provided is: Learning Disability Autism Physical disability
Dates of Inspection	14 th December 1.30 – 3 pm
Type of Inspection	Announced
Number of areas for improvement	Three

SUMMARY OF INSPECTION FINDINGS

This was the first inspection of a home care service which had been registered alongside the day care service from which it operates. The same staff are involved in the provision of both services, with managerial oversight and support provided by the same Registered Manager. The findings of the inspection of the day care service were reviewed as part of this inspection, as a result of the close proximity of the two services.

At the time of inspection, there were four care receivers receiving support from the service. It is acknowledged that the service is currently limited in respect of both hours of support provided and staffing. Each care receiver is in receipt of two hours of support per week which relates mainly to supporting social engagement and activities in the community.

The inspection plan was therefore relatively narrow in terms of both scope and focus of enquiry, as this was considered appropriate to the size of the service. The inspection process also considered how the day service and this home care service might further combine with supporting some care receivers who may benefit from

use of both. Although the service is small, it has the potential to provide support to up to 200 hours of care a week for care receivers living in the community.

The Regulation Officer referenced 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 Standards for Home Care were referenced throughout the inspection¹.

The inspection prioritised on the governance arrangements that were in place. How the service utilises staff who primarily are employed to support the associated day care service was also an area of focus. Discussions also took place about the nature of support which is provided in the community and how this care provision is recorded, audited and reviewed by relevant persons.

The Regulation Officer was provided with a summary of where the service might be placed to engage with care packages in the future. It was also highlighted, as to the current limitations on resources and of the significant overlap of the two services. It was apparent that staff members who provide support to care receivers in the community, also have a role and responsibility for the provision of support in the day service. It is important to note that these staff are directly employed to mainly operate within the day service and with limited activity of the home care service at this time.

The Registered Manager and colleague involved in overseeing this service conveyed a good understanding of matters of governance and of their roles and responsibilities. This provided the Regulation Officer with an assurance that their knowledge, experience and understanding was such that reviews and evaluation could be undertaken routinely in ensuring that the Standards continue to be

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

adequately met. As the service expands and develops, this combination of experience is likely to be invaluable.

A limited review of the current recruitment and selection of staff was undertaken. A more thorough review had been undertaken as part of the previous inspection of the day care service. This had been undertaken with the same Registered Manager and was found to be satisfactory. It was however identified that recruitment information relating to some bank staff (who were not directly employed or managed by the service) had not been available for review. This is an area for improvement.

Similarly, policies and procedures were confirmed to be within the same governance system as day care and were unchanged since the inspection of that service. Therefore, these were not reviewed in detail on this occasion.

There were no active complaints ongoing but it was confirmed that associated policy and procedure were in place. The revised Statement of Purpose (SOP) was noted to incorporate all the expected governance arrangements and included clear aims and objectives of the service to enable it to operate in a safe and effective way.

From an analysis of systems and ways of working, it was identified that there were three areas of improvement. These related to: quality assurance audits; record keeping and the need to demonstrate that safe recruitment records are available for managerial audit. Some lack of a clear demarcation between how the service operates and the involvement of other agencies overseeing the same packages of care was noted from some of these anomalies.

INSPECTION PROCESS

Prior to the inspection visit, information submitted to the Commission by the service since registration was reviewed. Primary reference was made to discussions that took place prior to registration and at the inspection of the day care service some months prior to this inspection. Other relevant meetings separate to this process

were also considered as these were relevant to how the service has operated historically prior to and after registration.

A summary of care receivers currently in receipt of support from both this service and the associated day care service was clarified.

It was also established that various healthcare professionals working outside of this service had a role both as clinicians and as key workers.

A review of care records which are maintained on the electronic care recording system was undertaken and contact was made with two healthcare professionals to request feedback about the service.

Training and development of staff had been subject to review previously and was not therefore revisited in detail on this occasion. The Registered Manager confirmed that all of the existing documents and policies, which include records, staff induction programme, appraisal documents, feedback meeting and quality monitoring records, remained current and in place. This related to the same staff team records previously inspected. Three training logs for staff were reviewed to take account of all recent training.

As there were only a small number of care packages to review and as a result of the existing overlap of practice with the day care service, the inspection focused predominantly on an office based review of how the service can express its operational remit more clearly. This helped to establish how the service could best to align with the Standards. It also considered the challenges associated with expanding the service.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager.

INSPECTION FINDINGS

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

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.

During the previous inspection of the day care service, records including policies, care records, staff induction programme and appraisal documents, feedback meetings and quality monitoring records were examined. Copies of some of these documents had also been provided for reference. A sample of recruitment records relating to the staff members most recently employed to work in the centre, had been reviewed separately to the inspection visits at the Provider's Human Resources department.

On this occasion, the Registered Manager confirmed that the same staff team and personnel were being deployed in this service, with all training having the same relevance to practice. A review of three care workers' training logs was subsequently reviewed, which reflected the expected training to have been completed including corporate, mandatory and induction modules. As a result of the positive findings relating to this Standard for the same staff group within the inspection of the associated service, this area was not therefore explored in any further detail.

The Registered Manager reported that they were unable to access training logs and supervision records for "bank staff" for whom they were not directly accountable. This lack of supervisory oversight or involvement of the Registered Manager of all staff deployed within the service was a source of concern. The potential challenges in the event that a complaint was raised about a staff member, was highlighted in discussion with the Registered Manager. Additionally, the Registered Manager had limited knowledge and had limited involvement with the provision of training and

development or the provision of support and supervision for these staff members. This is an area for improvement.

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.”

A discussion took place with both the Registered Manager and a member of care staff. A key objective of the service was described as one which is primarily focussed on promoting social engagement. Whilst care receivers may be supported in their own homes, the priority of the service is to encourage social inclusion while addressing a range of specific care needs.

It was clarified how care staff will engage with care receivers to promote consistency of approach and continuity of care, this achieved by this support being provided by a small team of staff identified from within the larger day care team.

The provision of care and support is focussed on care receivers being encouraged or assisted to participate in different levels of social engagement and activities in the community. The service is currently limited in its provision, but is able to retain its focus on the maintaining and promotion of care receivers’ optimum level of independence and autonomy. It is supported in this through the provision of oversight by associated agencies including clinical practitioner colleagues.

The identified overlap with colleagues working outside of the immediate sphere of activity of the home care service, was discussed in some detail with the Registered Manager. This discussion established some potential gaps in the care planning process. While there were no concerns about the standard of care and support being provided, the role and responsibilities of the staff group responsible for authoring and overseeing the implementation of care plans, and in engaging with care receivers in this process, was not well evidenced. It was noted that had tended to occur as a result of key worker roles often being undertaken by external professionals, who are not employed directly by the service. As a consequence, the

ability of the service to fully demonstrate that they are actively managing the care packages for which they are responsible, in accordance with the Statement of Purpose, was not clearly evidenced.

The inspection process clarified how the service's operations would need to adapt in the event that it expands. In particular, there is a need to differentiate the care planning which the service initiates with care providers, from the involvement of external agencies. This is an area for improvement. This would better demonstrate how care receiver engagement is promoted by the service. This would include evidence that care receivers are encouraged to make decisions about the care which they receive and that they are able to indicate how satisfied they are with the care provision.

It was acknowledged that the area for improvement as to how the service might operate more clearly in line with its Statement of Purpose, would not exclude collaborative work with colleagues working in clinical practice. Rather there is a need to indicate a clear separation of services and operational roles and responsibilities between various agencies and professionals.

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."

A limited review of care workers' records took place for the purpose of this inspection. Primary reference was made to the systems identified and confirmed from a review of staff competency files undertaken during the inspection of the day service. The same personnel are associated with both services and therefore it was appropriate to cross-reference the documentation. All relevant information and guidance was in place, which included, care workers' roles and responsibilities and health and safety policies and procedures that are utilised to ensure that all staff are competent in these areas and have received the necessary training.

It was apparent that care workers understand the limitations and boundaries associated with their roles and of the expected requirements relating to conduct. Staff have direct communication with the Registered Manager and/or their own line management and are able to raise any issues of concern as they arise. Supervision is provided regularly and is incorporated within the day care centre working environment where the service is based.

There is a gap in the system of governance as the Registered Manager does not have direct responsibility for or involvement in the recruitment or management of care workers who are employed as “bank” workers. This may lead to missed opportunities in being able to appropriately supervise and monitor the competence of these care workers. This matter must be addressed to ensure that care receivers are receiving the appropriate level of care and that the Registered Manager retains clear accountability for all staff in the service.

Management of services

Reference was made to Standard 8 of the Home Care Standards which states: “The home care service will be well managed.”
--

It was evident from the information conveyed by the Registered Manager that some areas of how the current service operates need refinement, and that the Statement of Purpose may need to be reviewed accordingly. This would be necessary prior to the service being able to develop and expand this service.

One of the key areas identified as being in need of attention, was that there should be a clear differentiation of roles and responsibilities. Some of these currently appear to overlap with other partner agencies or colleagues working across other services, albeit operated by the same Provider. This causes some difficulty in being able to fully demonstrate the autonomy and independence of this service in delivering care packages. This was particularly evident where the responsibility for compiling and reviewing care plans resides with personnel employed outside of the service.

The Regulation Officer advised of some gaps in the service being able to demonstrate that this Standard was being adequately met. Although there was no indication that wholesale change was needed, there was a need to more clearly demonstrate ownership of care packages which are provided by the service. This could be achieved through a refinements of recording processes and of the compiling of care plans, with systematic reviews taking place thereafter.

The records which are held on Care Partner are utilised by both care staff operating within the service and by clinical practitioners operating as key workers. Where records are produced by the external members of staff, this can result in a difficulty of accountability and ownership, particularly in the event that there are either complaints or safeguarding concerns. The lack of accountability of the Registered Manager in overseeing all care packages was lacking. It is for this reason that this represents an area for improvement.

The service has contingency plans in place to ensure that any care receivers continue to be supported in the event of unforeseen, emergency situations which might require urgent attention i.e., if a care worker was unable to make visit as planned. However, the level of care receiver independence is such that these types of risk are relatively low.

Wider organisational structures are well established and include a comprehensive system for audit, safeguarding and complaints, which is overseen by the Health and Community Support Management Executive. This is underpinned by corporate governance and assurance frameworks which incorporate Quality and Performance, Finance and People and Organisational Development.

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.”
--

While the aforementioned systems reflect a very good system of quality assurance and governance, there was no monthly report available for review. Such reports would demonstrate that the care service is reviewed regularly to resolve any issues which arise at an early stage, and to ensure that the overall service is able to continuously improve. While the associated day care service has well-established monthly quality reports, this has not yet been replicated within the home care service.

Although it was acknowledged that the service is currently small, there is a need to ensure that an auditable process is in place. Consideration may be given to incorporating a monthly report with the day care service's report if this is reasonable and practicable. This might be appropriate in the short term, given that the same personnel are employed across both services. However, this may not be appropriate if the home care service expands beyond its current capacity. This is an area for improvement.

IMPROVEMENT PLAN

There were three areas 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 9.2</p> <p>To be completed by: With immediate effect</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> <p>Response by registered provider: As written in the body of this report, consideration has been given to incorporate the monthly report in with the day service report. This is due to the limited service currently provided in home care. If the service expands this will no longer be appropriate and action will be taken to ensure a robust auditable report process is in place.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 2.7</p> <p>To be completed by: 2 months from the date of inspection (14 February 2022)</p>	<p>Care planning protocols must be refined in order that care workers working for the service and/or the Registered Manager have a more central role in composition and review of care plans. This refinement should eliminate unnecessary duplication but ensure that minimum data is recorded appropriately and consistently.</p> <p>Response by registered provider: Discussions are taking place to clarify the roles and responsibilities of all professionals involved in each community client cases. This will clearly identify the operational roles of each professional providing clear implementation and authorisation of care plans without unnecessary duplication.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 3.6, 3.10, 3.11, 3.14</p> <p>To be completed by: 2 months from the date of inspection (14 February 2022)</p>	<p>The Registered Manager must ensure that they have oversight and access for any recruitment processes and active involvement for supervision of all staff deployed to carry out care. This should be fully auditable and recorded for any inspection if so required and to include all training records also</p>
	<p>Response by registered provider: All employees, including regular bank staff, receive supervisions which are recorded, stored and available to access at any time. As Registered Manager I can request oversight of the recruitment process for all bank staff. Conversations have taken place to gain full access to training records for bank staff, this has been raised higher and requires further investigation. In the interim during supervision bank staff are requested to log on to their electronic training records so they can be viewed and monitored</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 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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
St Helier
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je/

Enquiries: enquiries@carecommission.je