



**Jersey Care
Commission**

INSPECTION REPORT

Golden Gate Care Services

Home Care Service

**Studio 17
Wharf Street
St Helier
JE2 3NR**

Dates of inspection

23 and 30 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 of Golden Gate Care Services. The service is situated in St Helier and operates from an office suite in a shared office space. The service became registered with the Jersey Care Commission ('the Commission') on 13 May 2021.

Registered Provider	Golden Gate Care Services
Registered Manager	Rita Pontes
Regulated Activity	Home Care Service
Conditions of Registration	<u>Mandatory</u> Maximum number of personal care/personal support care hours to be provided is: 600 hours per week Maximum number of nursing hours: 36 hours (to be included within the 600 hours) Age range of care receivers is: 40 and above Category of care is: Age 60+ Dementia Care Physical disability/ sensory impairment, End of life care

	<u>Discretionary</u> Rita Pontes registered as manager of Golden Gate Home Care must complete a Level 5 Diploma in Leadership in Health and Social Care by 13 May 2024
Dates of Inspection	23 December and 30 December 2021
Times of Inspection	1.30-3.30pm and 11am-1pm
Type of Inspection	Announced
Number of areas for improvement	Four

The Home Care Service is operated by Rita Pontes, who also holds the Registered Manager position for this service.

The service became registered with the Commission on 13 May 2021. At the time of this inspection, there were 11 people receiving care from the service. The care packages are varied depending upon the needs of care receivers and include the provision of a range of interventions to support care receivers in their own homes. Such interventions range from assistance in meeting personal care needs to welfare checks undertaken at different times of the day.

The discretionary condition on the service's registration was discussed and the Registered Manager is fully aware of the requirements in relation to this condition.

This is the first inspection of this service since it was registered on 13 May 2021.

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.

The service is a new service having been operational since May 2021. It has a Registered Manager who has experience in the care industry in Jersey in a number of environments including home care and care homes.

The Statement of Purpose includes the aims and objectives of the service and sets out staffing requirements for the service. It was apparent at the time of the inspection that there were insufficient staff within the service and as a consequence the Registered Manager was directly providing much of the care herself. While the majority of care receivers were positive about the care they receive providing a stable staff team is an area for improvement.

The Registered Manager recognises that due to staff shortages, supervision and appraisals have not been provided to staff in the period that she has been supporting care receivers directly. The Registered Manager has given an assurance that outstanding supervision will be completed with her staff team. This is an area for improvement.

The Provider is currently registered to provide nursing care. The service can provide 36 hours of nursing care. It was noted that while the service employs two nurses on zero hours contracts, no nursing care was being provided at the time of the inspection. The Registered Manager agreed that removal of this category of care was therefore indicated.

The Provider has described the challenges in recruiting an experienced staff team and related this to there being a general shortage of such staff seeking employment island-wide.

The Provider also discussed the challenges associated with the Covid 19 pandemic and its impact on providing care to care receivers who had tested positive for Covid 19. The Provider advised that the service had responded well to this challenge and testimony from a care receiver supported this view. Accessing training, especially face to face training was also a challenge throughout the pandemic. The service has

engaged a training provider for ongoing training for the staff team. This will also ensure compliance with mandatory training.

The requirements in relation to notifications of incidents was discussed with the Registered Manager. Various types of event/incident need to be reported to the Commission in the form of a notification. It was noted that the Commission has not received any such notifications since the service was registered. This was explored with the Registered Manager who will ensure that notifications are submitted to the Commission. This is an area for improvement.

The service does not currently undertake any form of quality assurance or audit. This is primarily due to work pressure on the Registered Manager caused by staff shortages. The Registered Manager understands the requirements in relation to quality assurance reports. This is an area for improvement.

INSPECTION PROCESS

This inspection was announced and was undertaken on two days. The dates of inspections visits were 23 and 30 December 2021. The inspection was announced 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 was undertaken at the service's registered office in St Helier.

The Home Care Standards were referenced throughout the inspection.¹

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**

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

- **Management of services**
- **The service will be reviewed regularly**

Prior to our inspection visit, all the information held by the Commission about this service was reviewed.

The Regulation Officer sought the views of the people who use the service, and or their representatives, and spoke with managerial and other staff.

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

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

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an action plan attached at the end of the report.

INSPECTION FINDINGS

This was the first inspection of this service which was registered with the Commission on 13 May 2021.

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 current staff structure was discussed in detail. The team currently consists of the Registered Manager with two full time members of staff and six bank staff on zero hours contracts delivering the care packages. An office manager covers the administration of the service.

The nursing element of the service was discussed, and the Registered Manager explained that the 36 hours of nursing care is provided by two nurses, who were on zero hours contracts. These nurses were employed full time in a different service. The Registered Manager advised that nursing care hours were not being provided. After discussion, the Registered Manager agreed that nursing care will be removed from their categories of care and that a variation request would be submitted.

The Registered Manager and Office Manager discussed the challenges in recruiting and retaining a suitably qualified and experienced staff team. They described several employees who had been recruited and trained but who had subsequently left to work for another service. The service continues to advertise for staff and has utilised a number of means to attract applications including social media. They have reviewed their pay and conditions and believe that their offer is competitive.

The Office Manager will prepare a written development plan for the service outlining how it will balance the recruitment challenges for the sector against the demands for more care support packages to be delivered in the community.

At the time of the inspection, it was apparent that there have been challenges associated with ensuring that a stable staff team is in place. For the service to be viable, there must be sufficient staff numbers in place to support the care packages which are established. It is not appropriate that either the manager or any other staff members is required to work excessive hours to ensure that a service can be provided consistently and safely. The service must formulate plans to ensure that an adequate staffing structure is in place. This is an area of improvement.

The Regulation Officer reviewed the HR files for the two full time members of staff. Safe recruitment practices include the sourcing of references and DBS (Enhanced Disclosure and Barring Service) certificates. Both folders contained these documents. They also included all training certificates in relation to mandatory training which included:

- First aid
- Moving and Handling
- Infection Control
- Safeguarding
- Food Hygiene

The Provider confirmed challenges in relation to sourcing face to face training during the pandemic, and this is recognised by the Commission. The Registered Manager confirmed that the Service has signed a contract with the Care College to provide future training for staff members and this will ensure mandatory training remains up to date. The Registered Manager will also consider specialist training in relation to dementia care.

A member of staff was spoken with, and they confirmed that their recruitment had felt positive in relation to the interview and induction. They also advised that they were yet to have supervision and believed this was due to them being short staffed. Records of supervision were also not evident in the HR files, and this is an area for improvement.

Feedback from care receivers and relatives was generally positive. It was noted that one formal complaint had been received and that the allegation cited in the complaint was, at the time of the inspection, the subject of a safeguarding review.

Approaches to care and welfare of care receivers

Reference was made to Standard 5 of the Home Care Standards which states: "You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences."

The Registered Manager discussed in detail her approach to supporting care receivers which confirms her understanding of client led support. Highlighted the Registered Manager will meet with all prospective care receivers prior to agreeing care packages to ensure that their individual needs, wishes and preferences are accurately recorded and understood. This process also helps to ensure that it is determined as to whether the service can consistently meet a care receiver's needs prior to the care package being established.

Once a care package is agreed, a contract is provided to the care receiver which outlines the care to be delivered and how this will be undertaken. It also outlines the complaints policy. This plan also includes details of relatives or friends that the care receiver would like to be involved in care planning.

The care plans which were reviewed by the Regulation Officer were sufficiently detailed. The Regulation Officer suggested further improvements to case files in relation to summary sheets for each client. This could better enable bank carers to quickly understand the needs and preferences of each care receiver. It was evident that care plans are regularly reviewed and updated between the care receiver and Registered Manager and these reviews are recorded in the care files.

The care files also contain detailed plans in relation to individual support with recordings for diet and fluid intake, weight charts and temperature recorded daily.

The service has invested in Care Line Live. This is a care recording system which allows real time recording of care being provided. It is a task-based system which requires carers to update the system through an app following completion of a task. If the task is not completed then this alerts management of the incomplete task. It is intended that, once this system is fully implemented, service delivery will be further enhanced.

The Registered Manager discussed their work with other agencies and highlighted several occasions in which joint care planning and support has occurred. This included work with district nurses from Family Nursing and Home Care and occupational therapy. This demonstrates a clear understanding of care capabilities for the service.

There was evidence that care staff communicate well with family members, informing them of any concerns or issues as they arise. There was evidence that care staff engage with care receivers' GP's when there is a need to inform them of concerns.

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."

The Provider has a Statement of Purpose which sets out the staffing requirements for the service to provide care. The service is currently registered to provide 36 hours of nursing care a week. This was discussed by the Regulation Officer. The

Registered Manager advised that they currently employ two nurses on zero hours contracts to provide this care. These nurses are actively employed in another service. The Registered Manager advised that, in practice, such care has not been provided. Consequently, it was agreed that the Provider would remove this category of care from their registration.

At the time of the inspection, the service employed two full time carers and six bank carers. The two full time members of staff are qualified to Level 3 RQF (Regulated Qualification Framework). The bank staff are all qualified to Level 2. It is noted that recruitment challenges have impacted on the stability of the staff team.

The service is supported by a full-time office manager. Their role covers the administration of the recruitment of new staff, references and DBS checks. They are also developing the integration of Care Line Live.

While noting that the staff are qualified and experienced, ongoing supervision and appraisals are still be undertaken. This is an area for improvement.

The Registered Manager described her plans for the service which include observations of practice for her staff team. This will help identify training needs.

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 service was registered with the Commission on 13 May 2021. The Registered Manager has experience in a number of care settings and meets the initial qualification requirement to be a Registered Manger.

The service is supported by an officer manager who undertakes administration for the Provider.

The Commission was aware of an ongoing safeguarding enquiry in relation to this service and the care provided to one care receiver. The Commission will consider if any further action is required following the completion of the enquiry.

Due to staffing issues the Registered Manager has undertaken significant care delivery in recent weeks and has been unable to give time to management functions including supervision and appraisals. An assurance has been provided in relation to staffing and recruitment which will enable the Registered Manager to undertake management tasks.

The Regulation Officer discussed notifications with the Registered Manager. It is a requirement that the Commission be notified incidents involving care receivers and carers.

This includes:

- Any incident where harm has occurred.
- Any incident where medical attention was sought.
- Any incident which affects people's well-being e.g., fire, theft, burglary, interruption of power/heat etc.
- Safeguarding/child protection referrals
- Absconding
- Infectious diseases
- All pressure ulcers grade 2 and above (please supply body map) and a separate notification of a deterioration of any previously notified pressure ulcer.
- Referral of employee/volunteer to police or Regulatory Body
- Restrictive physical intervention (The Jersey Care Commission will be notified of any use of restrictive physical intervention which was found to be unlawful or not in the best interest of the person or where harm occurred).
- Authorisation of Significant Restriction of Liberty

(The term incident is used to refer to incidents, accidents and near misses.)

It was a cause of concern that the Commission had received no notifications prior to the inspection, despite there being evidence that some notifications would have been warranted. This is an area for improvement.

The Office Manager discussed contracts which are provided to care receivers at the start of a care support package. This includes the complaints policy and level of fees. This information also includes how the package of support will be reviewed.

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 Regulation Officer discussed the requirement for the care service to undertake regular audits of the service it is providing. The service is yet to undertake any checks either internally or externally to help drive improvement and to ensure the quality of the service provision is safe. They will also ensure that they are working within the terms of its Statement of Purpose.

The Registered Manager and Office Manager confirmed that they understand the requirements in relation to professional and corporate governance and agreed that this is an area for improvement.

Registered Manager understands the need to undertake quality assurance checks and will advise the Commission of their plans to undertake audits in the near future.

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>Area for Improvement 1</p> <p>Ref: Standard 3 and 8</p> <p>To be completed by: Within 3 months from date of inspection</p>	<p>The Provider must ensure a staffing structure is in place which is able to meet the support needs of all care receivers. This will include a review of recruitment policies and procedures.</p> <hr/> <p>Response by registered provider: Unfortunate circumstances that lead us to a staffing crisis at the time of the inspection was resolved shortly after. This was made worse by other staff contracting COVID-19 at the same time. We have made a concerted effort to recruit new staff and have successfully recruited nine new staff members to date and will continue to grow our team.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 3 and 6</p> <p>To be completed by: Within 2 months from date inspection</p>	<p>The Registered Manager will ensure that supervision and appraisals for staff are completed within a defined timescale.</p> <hr/> <p>Response by registered provider: At the time of inspection, we had not yet had a member of staff with us long enough to warrant appraisals as per our policies and procedures despite already having all the relevant documents in place. Since beginning trading we made sure that all new starters were shadowed and trained by the registered manager herself to ensure their performance was to a satisfactory level. Now that we are in a position where we have retained staff for an appropriate period of time we have began to schedule these appraisals and supervisions.</p>

Area for Improvement 3 Ref: Standard 8 To be completed by: With immediate effect.	The Registered Manager will ensure that all notifications of incidents are reported to the Commission and will undertake a review to ensure that any notifications which should have been submitted are submitted retrospectively.
	Response by registered provider: Prior to the inspection being conducted we were made to believe that we were to only submit notifications for significant events, such as death or major incidents. We learned during our inspect that it was quite the contrary. Since then we have made sure to regularly submit notifications with any and all relevant incidents that have arisen.

Area for Improvement 4 Ref: Standard 9 To be completed by: Within 3 months of inspection	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.
	Response by registered provider: A new a Co-Director for the company will be responsible for independently to report on the the quality of the service and ensure compliance with registration requirements, Standards and Regulations. At the time of this inspection audits were not requested but may be produced at any time through our care management system. In addition to this, meetings within the Senior Management team are carried out routinely to consistently look to address areas for improvement to ensure the service we offer our clients is the best possible.

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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