



**Jersey Care
Commission**

INSPECTION REPORT

RJ Response Services Limited

Home Care Service

**Roslyn Farm
Rue du Douet
St Ouen
JE3 2HN**

18 May 2022

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 RJ Response Services Limited. The service provides a 24 hour call out service to people in their own homes, in order to provide practical help and support in an emergency. There is a small team of care staff, who deliver support and First Aid at a time of need. The service can also provide social support and help with personal care tasks. This is the second inspection since the service was registered on 14 December 2020.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u> Type of care: personal care Category of care: Adult 60+, dementia care mental health Maximum number of personal care hours to be provided each week: 80 Age range of care receivers: 18 years and above
Date of Inspection	18 May 2022
Time of Inspection	2.20pm – 5.20pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	191 in total

The Home Care Service is operated by RJ Response Services Limited and the Registered Manager is Jonathan Mauger.

Since the last inspection, which was completed on 23 July 2021, the Commission received an updated copy of the service's Statement of Purpose. This described the structural changes to the organisation and that the service will offer some basic personal care tasks as necessary. In addition, the Registered Manager has advised the Commission of changes to working practices and service developments.

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 evidence gathered as part of this inspection shows that the service is operating in accordance with the Statement of Purpose and meeting Standards. Clients, family members and social care workers spoke highly of the service and described it as responsive, effective and meets their expectations. They described the service as professional and of a very good quality to support independent living and described the small, consistent staff team as one of its strengths.

Clients feel comfortable and safe in the knowledge of having a service that has responded to their requests for help. Their experiences confirmed that they had received constant timely care and support. Social care professionals spoke highly and positively of the service and confirmed that the service supports clients to have maximum control of their lives and to be supported in the least restrictive way possible. The operational policies and systems in the service supported this practice.

Safe recruitment practices are followed and staff are inducted and provided with training relevant to their roles. There are clear guidelines and protocols in place to support staff practice when providing a response to clients' calls for assistance to ensure all staff work within their boundaries and recognise their limitations.

The service has continued to develop since the previous inspection, with the appointment of a Deputy Manager and review of working practices and implementation of further safe systems of work. The Registered Manager is committed to continually striving to maintain and improve Standards.

There were no areas for improvement made as a result of this inspection.

INSPECTION PROCESS

This inspection was announced and was completed on 18 May 2022. One Regulation Officer carried out the inspection and gave the Registered Manager two days' notice of the inspection. This was to ensure that he would be available during the visit in view of the small service and the Registered Manager having a role to play in providing a response service.

The Home Care Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report. The Regulation Officer sought the views of five clients and one family member, and spoke with managerial and three members of care staff. This contact was made by telephone after the inspection visit at the office.

The views of three health and social care workers were also obtained as part of the inspection process. During the inspection, records including working policies and

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

procedures, staff recruitment files, training records, falls incident protocols and client report forms 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.

INSPECTION FINDINGS

At the last inspection, no areas for improvement were identified that required any follow up on this visit.

Safety

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.

Feedback from clients was positive, they consistently described feeling reassured and safe knowing that they can rely upon the service at times in need.

They told the Regulation Officer of their experiences when they had called for assistance and described that they felt safe and reassured when staff had responded to them. Clients spoke of the various responses they had received which ranged from verbal communication, to having an ambulance called on their behalf.

One client described that they live alone and due to their health condition were at increased risk of falling, had fallen on numerous occasions and been unable to get from the floor independently. They described previously having had to rely upon elderly neighbours to request assistance, however following hospital admission decided to sign up to the service. They explained that they had fallen on numerous occasions and received an immediate response; as a result their confidence has increased, and they feel safer living at home alone. They said that it "was the best thing I ever did" and explained the handling equipment used by the staff made them feel safe and more dignified in getting from the floor.

Other clients told the Regulation Officer of their experiences and they all confirmed having confidence, trust and feeling safe with the service they have received. One client commented “I absolutely trust they will come to me if I press the alarm which makes me feel safe”.

The service also offers an assistive technology service where Global Positioning System (GPS) alarm devices are provided to clients who are living with dementia, which allows them to retain a degree of freedom and independence. This system is designed to keep track of clients who may become lost or disorientated whilst on their own or in unfamiliar areas. At the time of inspection, there were several clients using this system, with relevant care plans in place taking into account that this had been discussed with relevant family members and case workers, demonstrating that this is the least restrictive option for them, and recognising the right to balance freedom of movement with safety.

One health and social care worker described how the GPS system has been advantageous to clients with dementia. They described some examples where clients with dementia had become lost whilst out in the community and the service was able to respond to them and ascertain their whereabouts. They said “it’s amazing as one of my clients has a tendency to get lost due to dementia and the device allows them the freedom to get out and about but it’s equally safe knowing they’ll get help straight away if they need”.

The service is aware of their safeguarding responsibilities and obligations to inform the Commission of notifiable events. The service also has clear systems in place to monitor clients’ well-being and welfare following a fall event and make referrals to relevant agencies to provide additional support. This was evidenced through information contained within the notifications submitted to the Commission and discussion with the management team and from support staff also. The Manager described the outcome of a safeguarding alert that they had raised which resulted in the client receiving additional support at home.

One staff member described that they had noticed one client’s health was deteriorating and they escalated their concerns to the Registered Manager who in

turn notified relevant professionals, including social services and the GP. This resulted in a better outcome for the client, as this communication triggered the need for an assessment, which resulted in a higher level of support being provided. Their family member commented that their health had improved and the level of support allowed them to remain at home as they wished.

One family member described a situation, where they felt that their loved ones required an increased level of support. They said that they had approached the management who responded positively and professionally and discussed the level and type of support that could be provided. They told the Regulation Officer that they have received the service that they had expected to receive and that their loved ones have improved as a result. They said “[names] really look forward to the carers coming in” and “it’s a big help knowing [names] are in perfectly safe hands”.

An examination of a sample of staff recruitment files confirmed the Standards relating to safe recruitment are consistently met. All required checks are in place before staff are introduced to clients and the recruitment process for one new member of staff was underway. The Registered Manager explained that their start date would be confirmed once a secondary reference had been provided and this was demonstrated from a review of the records on file.

Staff are supported in their roles by a detailed induction process and working policies and procedures to refer to. One staff member told the Regulation Officer that they received a good induction and had been provided with relevant training to prepare them for their role. Staff spoke of the various policies available to them to guide them in their work.

The Registered Manager has developed additional protocols and working procedures for the staff team since the last inspection, and a sample of these were examined during the inspection visit.

This included working protocols relating to the responder system and included falls algorithms, red flag observations (which indicate possible signs of ill health which would require an ambulance call), and scope of practice which sets out the

parameters, limitations and expectations of support staff in this role. This was recognised as an area of good practice as the documents were clear, easy to follow and provides clarity around the role of the worker.

In addition, a guide is available for staff to follow when they receive a call requesting assistance which prompts them to establish client safety in the first instance and to maintain records of all communications and interactions. Clients are also provided with laminated easy to follow instructions, which reminds them how to use the pendant alarm and charging instructions. This was developed in recognition that some clients may require additional support to remember how to use the technology.

Care and support

The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.

The Statement of Purpose (SoP) is clear in outlining what the service can and cannot provide. The evidence gathered during this inspection confirmed that the service is operating in line with the SoP and discussions with the management, staff and health and social care workers confirmed clarity around the aims and objectives of the service. Two health and social care workers told the Regulation Officer that the referral process into the service is very easy and the clients that they have assessed have received a service completely suited to their needs.

The Regulation Officer spoke with clients, one family member and health and social care workers to gain their views and experiences of the service and they commented;

“Anything I wanted they did and all I had to do was ask. The service is A1”

“I’ve had a lot of experiences of care workers and this service has exceeded my expectations. It’s very good and I look forward to the carer coming, in fact my life has been turned around. They all know what I want and I would say it’s a very professional service”.

“I’ve only used the pendant once and I wasn’t sure how it would work but it was very good and they were very kind.”

“I get on really well with my carer and we have lots in common due to the age compatibility. I find the service absolutely brilliant and I’ve got trust and faith in the carer”.

“We’ve received the exact service that we were told about and we see the same carer 85-90% of the time and they get on so well with [names] and they look forward to the carer coming in. I feel very confident with the carer and they respect [names] home. They’re very proactive in asking what can be done to support [names] and I couldn’t be happier and haven’t got anything negative or even average to say as it’s excellent” (from a family member).

“This is the best thing I ever did as it’s great. The chap came out and explained how it worked and I’m really happy with it. Since I’ve had the pendant I’ve got more confidence and I see the same staff coming to help me. I’ve pressed it a few times by mistake and they always asked me if I’m alright, I’m so pleased with everything”.

“RJ Response is extremely beneficial in supporting our clientele to have every opportunity to remain in their own homes. The team are always happy for us to call and work with us to see how their support can be personalised to meet an individual’s needs. The team are always willing to work with our ideas, offer their own experience, expertise and perspective to ultimately reduce risk, problem solve and keep individuals safe. They are warm, welcoming and caring individual with a work ethic and mind set which is about respecting people’s wishes and being person centred” (from a health and social care worker).

“It’s reassuring to have them as it supports our service provision which is Monday to Friday 9-5 and all my interactions with them have been really positive and brilliant. They will always work alongside you and try and find a solution, and they always give lots of useful advice and signpost to other services” (from a health and social care worker).

“I’ve found them to be really accommodating and they’re very clear and explicit in letting me know what they can and can’t do. The communication from them is great, they always keep me in the loop with what is going on with my clients. With my client, she is the director of her own care and they are really understanding and do everything to suit her needs” (from a health and social care worker).

During the inspection visit, the Regulation Officer observed the action taken in response to two separate pendant alarms being triggered. On both occasions, a staff member spoke directly with clients which necessitated a call to check on their wellbeing. One family member was also notified and was overheard contacting the service to gain information on their relative’s wellbeing.

Staff and health and social care workers commented about the effective communication systems in place, so that relevant information is shared across the team. Records of all client communications/ contacts/ interactions are maintained and stored securely. The Registered Manager explained the plans to transfer records over to a new electronic system which will also enhance and improve invoicing systems for the benefit of clients.

Samples of record forms that are used following a call out were examined which showed that certain performance indicators including time of call, arrival time and outcome of interventions are recorded. Records are also maintained to reflect clients’ support needs and details of any issues regarding their support. Clients spoken with all described the service taking account and being respectful of their wishes and preferences.

Training

The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.
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There is a small staff team employed and since the last inspection a new Deputy Manager has been appointed, who has a Level 3 vocational Award in Health and Social Care. One staff member has a Level 2 Award and one is progressing through Level 3. It is expected that the Deputy Manager will commence the Level 5

Management and Leadership Award in the coming months. One new member of staff had completed the Care Certificate which provided them with foundation skills to provide support.

An examination of staff training records showed that fundamental training in areas including food hygiene, data protection, safeguarding are provided to all staff. Face to face practical training is provided by external training providers in basic life support, infection control, emergency First Aid and moving and handling. In addition, staff are trained in the use of equipment used for specific handling requirements. The Registered Manager has arranged for staff to receive training relating to the requirements of the Capacity and Self Determination (Jersey) Law 2016 and Probate (Jersey) Law 1998.

Policies are available to support staff practice in identifying what is expected of them and working within the parameters and boundaries of their roles and clarity around professional clinical decision making. Staff spoken with as part of the inspection process confirmed to the Regulation Officer that they felt well equipped and knowledgeable to carry out their roles effectively and in accordance with their scope of responsibility. Clients also described having confidence in care workers abilities' and competencies. One way of the Registered Manager having oversight and monitoring staff performance, includes the implementation of a framework 'learning from experiences'. Samples of staff reflective practice accounts were examined, which showed staff reflecting on their experiences of enabling client independence and taking action to improve client safety.

IMPROVEMENT PLAN

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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