



**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**

**13 April 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 Home Care Independent Living – Learning Disability Services. The service became registered with the Commission on 12 April 2021. This is the second inspection since the service became registered.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u> Type of care: personal care/personal support  Category of care: Learning disability  Maximum number of hours to be provided per week is 600  Age range of care receivers: 18 years and above  <u>Discretionary</u> Carla Agrela as Registered Manager to complete Level 5 Diploma in Leadership in Health and Social Care by 5 January 2024.
Date of Inspection	13 April 2022
Time of Inspection	2pm – 5pm
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers using the service on the day of the inspection	One

The Home Care Service is operated by Government of Jersey and the Registered Manager is Carla Agrela.

The discretionary condition on the service's registration was discussed and it was positive to note that the Registered Manager is enrolled on a course for the Level 5 Leadership qualification, starting September 2022. Given the significant workload of this qualification, the Provider should ensure that sufficient time is given to enable the Registered Manager to complete the course within the timescale given.

Since the last inspection on 25 May 2021, there have been no applications to vary a condition on the service's registration.

The Registered Manager has continued to keep the Commission updated with regard to proposed changes to the service to better meet the needs of this individual care receiver.

## **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 adheres to safe recruitment practices. There are currently vacancies in the staff team, and this appears to be having a negative impact on the morale of the staff team.

The Registered Manager reported that they regularly provide care and support as part of the staff team. It is essential that they have protected time to complete their managerial tasks, particularly as they are also responsible for another service.

There is a robust training package for staff and this has supported the service to ensure there are a low number of incidents which need to be reported to the Commission. Where necessary, the Registered Manager understands when notifications must be made to the Commission.

Staff and relative's responses indicate a caring staff team who actively promote new skills and positive outcomes for the care receiver. There was evidence of new skills and activities since the last inspection, and this was an area of good practice.

Monthly reports are completed by another manager within Government of Jersey Learning Disability Service, and these provided assurance that this home care service continues to meet the Standards.

The Statement of Purpose had not been reviewed and required an update to bring it up to date. This is an area for improvement.

The Registered Manager has applied to start the Level 5 Diploma in Leadership in September 2022. This is a discretionary condition on registration and, as this Manager is also responsible for another service, the Provider should ensure that

adequate support is in place for the Manager to complete the course within the timescale given.

## INSPECTION PROCESS

This inspection was announced and was completed on 13 April 2022. Notice of the inspection was given to the Registered Manager a week before the visit; to ensure that they would be available and able to confirm the service's infection control and prevention arrangements.

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

This inspection focussed on the following lines of enquiry:

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

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

The Regulation Officer sought the views of a representative of the person who uses the service. Contact was made with all members of staff by email, and feedback given from four members of staff.

The views of four professionals were sought as part of the inspection process, however two professionals advised that they had not worked with this care receiver since the last inspection.

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

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

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. Where areas for improvement have been identified, these are described in the report and an improvement plan is attached at the end of the report.

## 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.

One new member of staff had been employed since the last inspection and safe recruitment checks were completed. The Regulation Officer was satisfied that the Registered Manager understood the need to adhere to safe recruitment practices.

There is a Personal Emergency Evacuation Plan (PEEP) in place, which ensures the safety of the care receiver in the event of a fire.

It is positive to note that there had been no significant incidents reported to the Commission, which indicates that the high level of training provided has had a positive impact for the care receiver.

The Registered Manager is aware of legislation regarding capacity and the authorisation needed if there are restrictions on liberty of a care receiver.

A relative reported that the care receiver "has a nice staff team, very caring." They were, however, concerned that the care plan is risk averse and that this prevents the

care receiver from taking part in some activities which they would enjoy. However, this activity had been discussed with the Registered Manager during the inspection visit and it was evident that efforts were being made to find a suitable premises. Unfortunately, the previous premises had become unavailable during the period of the pandemic.

The Regulation Officer reviewed a number of risk assessments on file and did not consider this service to be risk averse. The Registered Manager reported that there was regular communication with the relative and it would be helpful for there to be an open and honest discussion about any concerns and plans to address this.

Monthly reports are completed by a manager of another care service within Government of Jersey. The Regulation Officer reviewed two monthly reports which demonstrated that all Standards are considered on a regular basis and the information provided is helpful to assure the Provider and Registered Manager of any areas for improvement.

### **Care and support**

<p>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.</p>
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The Statement of Purpose had not been updated since registration and required a review to bring it up to date. It is the responsibility of the Registered Manager to ensure this is reviewed and updated on a regular basis and this is an area for improvement.

This service has a full-time equivalent staff team of 9.5. However, due to absence there are currently only 6.5 members of staff available to cover the rota. The service also has the benefit of two staff members on a zero-hour contract who are experienced in working with this care receiver. Where there have been difficulties in covering the rota, the Registered Manager will work a shift themselves. It is important that this does not happen on a regular basis as the Manager must utilise

their time for the management of the service. One member of staff is due to be redeployed from another service and there is an ongoing recruitment campaign. On review, the Registered Manager confirmed that staff are limited with the number of hours they can work in addition to their contracted hours which confirms that staff are working safely in line with Standard 3.

It was positive to note that care plans aim to promote new activities. There was evidence that there has been improvement in the skills of the care receiver and that care plans had been further reviewed to ensure that the team are consistently aiming for new opportunities.

The care receiver has been involved in making choices of decoration for the move to the new service. The Registered Manager also reported that further advice is being sought from an appropriate professional which aims to improve communication and health for the care receiver. This was evidence of good practice.

## **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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All staff undertake at least a four-week induction period to ensure they understand the needs of the care receiver. During this induction period, the new member of staff is additional to the usual staff team of two. Where necessary, there was evidence that induction periods had been extended to ensure staff were confident and knowledgeable in supporting this care receiver. When reviewing the induction period, the Registered Manager considers the non-verbal views of the care receiver and also the views of other staff members who have worked alongside the new member of staff. This is an area of good practice.

The four-week induction period is part of a Government of Jersey six-month probation period within the Learning Disability service, which is signed off on completion by the Registered Manager.



Staff at this service receive specific training in Positive Behaviour Support, Spell (autism awareness), and MAYBO (behaviour management) in addition to mandatory training areas in the Standards.

All staff must have completed the behaviour management training before starting work with this care receiver and this is delivered at a higher level to ensure staff are able to support safely. Staff also receive training in the management of a specific medical condition of the care receiver.

It was positive to note that staff regularly practice their behaviour management techniques before each shift. This has enabled all staff to feel confident in the use of these techniques and, as stated earlier, there have been no notifications where the care receiver or staff member has come to harm. This is evidence of good practice.

Some training has remained online and can be completed on shift during times when the care receiver is having time on their own. The Registered Manager records training and there was evidence that the monthly reports had identified members of staff who needed updates in some areas of training.

Five members of staff have at least RQF (Regulated Qualifications Framework) Level 2 training in Health and Social Care. Two members of staff are studying for this qualification. Three members of staff have RQF Level 3 in Health and Social Care, with one member of staff studying towards this qualification, and two members of staff studying towards RQF Level 2.

All grade 2 staff have passed medications training and are assessed annually on their competence in administering medication. Where necessary, there is always a member of staff on call who is qualified in administering medication.

The Registered Manager has submitted an application for the Level 5 Leadership course due to start in September 2022. A discretionary condition of this registration is for the Registered Manager to complete this qualification by 5 January 2024.

There is a significant amount of work involved in this qualification and it is important that due to the delay in the start of the course, that the Registered Manager be given time to undertake the work involved.

There was evidence of specific training by qualified health professionals to ensure the team were able to support at the time of medical treatment being needed.

Overall, feedback from staff indicated that morale is low. This is a significant change from feedback given at the time of the inspection in 2021. Three staff members have left the service since the last inspection.

Staff members reported feeling supported by the Registered Manager and recognised that, at times, the Manager also steps in to support the needs of the care receiver due to the current vacancies. One staff member stated that they “have a very supportive and much present manager that goes above and beyond to support us and our client.” However, one staff member stated that although they are supported by the Registered Manager, they felt that the supervision provided was not based on the development needed by the individual staff member and focussed solely on operational matters.

As there have been significant changes in the staff team and morale, the service should ensure exit interviews are completed and that any themes are recognised and addressed. It should, however, be noted that care sector staff have been under considerable stress during the period of the pandemic, and this has had an impact on the health and wellbeing of care sector staff.

Staff reported receiving good training and that the role gave good job satisfaction.

There was evidence that staff supervision is completed on a regular basis.

## IMPROVEMENT PLAN

There was one area for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 1  <b>To be completed by:</b> 3 June 2022	The Statement of Purpose will be regularly reviewed and updated.
	<b>Response by registered provider:</b>  SoP was reviewed, updated to reflect any changes to service and copy sent to the Regulation Officer.

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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