



**Jersey Care
Commission**

INSPECTION REPORT

Boak and Associates

Home Care Service

**4 Jardin de la Chapelle
Rue au Blancq
Grouville
JE3 9HR**

10 June 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 Boak and Associates. The service's office is situated in the parish of Grouville. The size of packages ranges from approximately four hours to 45 hours per week. Support takes place in care receivers' own homes or within the community. The service provides bespoke packages of support to individuals with brain injury, as part of a comprehensive re-enablement plan. The service became registered with the Commission on 10 December 2022.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support Category of care: Physical Disability and/or Sensory Impairment, Brain Injury Maximum number of personal care / personal support hours: less than 112 hours per week Age range of care receivers: 19 to 35 <u>Discretionary</u> Verity Boak registered as manager of Boak and Associates must complete a Level 5 Diploma in

	Leadership in Health and Social Care by 27 December 2022.
Date of Inspection	10 June 2022
Time of Inspection	10:30am to 1:45pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	Two

The Home Care Service is operated by Boak and Associates and the Registered Manager is Verity Boak.

This the first inspection that has been undertaken by the Commission following initial registration on 10 December 2021.

Upon registration the Commission received an application from the Registered Provider to extend the completion date for the discretionary condition on the service's registration. This condition relates to the attainment of a Level 5 Diploma in Leadership in Health and Social Care by the Registered Manager. An extension of six months was granted by the Commission on 13 December 2021.

The discretionary condition on the service's registration was discussed at the inspection visit. The Registered Manager reported that she is making progress with her diploma studies and is confident that that she will meet the deadline for completion.

The service's Statement of Purpose was reviewed as part of the inspection process and was found to be reflective of the services provided.

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.

Overall, the findings of this inspection were positive. The Registered Manager engaged fully in the inspection process and ensured that all requests for information and records were fully met. In addition, arrangements were made for a care receiver and staff member to meet the Regulation Officer as part of the inspection visit. Feedback provided was consistently high, complimenting the professionalism and commitment of the staff team and Registered Manager.

The Regulation Officer undertook a review of the organisational policies and procedures. These were found to be reflective of the requirements of the Care Home Standards. Safer recruitment practices were found to be in place. There is an induction policy and checklist for new staff which will be developed as the service expands.

There are several mechanisms for staff supervision which is recorded at regular intervals. Appraisals dates have been set for later in the year once the service has had time to become established. A review of one personnel file showed that all mandatory training was noted to have been completed. There was also evidence of ongoing training and support for staff in relation the categories of care which the service is registered to provide.

Care plans showed that they were detailed, reflective of the needs of care receivers and considerate of individual wishes, preferences, and communication styles.

The team were knowledgeable, positive in attitude and demonstrated a high level of understanding of care receivers' needs. There was also strong evidence that the service works in partnership with other agencies and professionals to achieve positive outcomes for care receivers.

INSPECTION PROCESS

This inspection was announced and was completed on 10 June 2022. Notice of the inspection visit was given to the Registered Manager nine days before the visit. This was to ensure that the Registered Manager would be available during the visit and to confirm the service's infection prevention and control arrangements.

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 Statement of Purpose and communication records.

During the inspection visit, the Regulation Officer sought the views of one care receiver and spoke with the Registered Manager, Director, and a member of the support team. The views of two professionals were also obtained via telephone and e-mail as part of the inspection process.

During the inspection, records including policies, care records, training records and personnel files were examined.

At the conclusion of the inspection, the Regulation Officer provided initial feedback to Registered Manager. This was followed by final written feedback 6 days after the inspection visit. This report sets out our findings and includes areas of good practice identified during the inspection.

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

INSPECTION FINDINGS

This is the first inspection of Boak and Associates since becoming registered on 10 December 2021.

The service is currently providing an average of 50 hours of support each week to two care receivers. There is one permanent member of staff employed on a full-time basis who is supported by a zero hour contracted member of staff.

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.

An existing member of staff transferred to Boak and Associates following the closure of another regulated service. All relevant personnel files were transferred with existing documentation relating to safe recruitment. The personnel file of one other member of staff was viewed at the time of inspection and all relevant safe recruitment checks were found to be in place.

All staff are registered with the Disclosure and Barring Service (DBS) update service and annual checks are undertaken.

The service has an induction policy and checklist in place for new members of staff to follow. This will be developed as the service develops and new members of staff are recruited.

The Registered Manager was able to demonstrate an understanding of her responsibilities in relation to safe recruitment practices and the processes in place to manage issues relating to performance.

A review of policies and procedures was undertaken by the Regulation Officer. All relevant policies were found to be in place for the service. A discussion was held in relation to developing the current insurance policy for the service to include the requirements for staff using their own vehicles as part of their duties.

There have been no submissions of notification of incidents to the Commission since the service became registered. The Registered Manager was able to demonstrate her knowledge and understanding of the process for notification of incidents. All incidents and accidents are recorded and reviewed by the Registered Manager. It is recognised that this is a small service and as such there was no evidence to suggest any under reporting of incidents.

There are clear complaints and safeguarding policies in place. There have been no complaints received by the service. One safeguarding alert was raised by the Registered Manager. Through a discussion of the circumstances of the alert, it was evident that the Registered Manager was aware of thresholds for raising safeguarding alerts and the processes to be followed.

There were no Significant Restriction of Liberty (SROL) authorisations in place at the time of the inspection. Training in Capacity and Self Determination (Jersey) Law 2016 (CSDL) has been undertaken by the staff team. The Registered Manager explained that capacity is continually under review as part of the multi-agency team working process.

The focus of the support provided is to enable care receivers to develop their everyday living skills to the best of their abilities, participate as active members of the community and make their own decisions relating to wishes, preferences and aspirations. The Registered Manager and staff are aware of the need to balance this against the risks for care receivers and staff. Several examples were given of situations where care receivers were guided through the risk assessment process by the team, to ensure that they were aware of risk factors and potential consequences when making decisions.

The service undertakes monthly quality assurance reports which provide an overview of the service and identify any actions which may be required in relation to compliance with the Home Care Standards. The reports are undertaken by one of the service Directors and then shared with the Registered Manager.

Security and storage of records was examined. Most information is stored electronically. All paper files are stored in securely in a designated area which has restricted access and a locked storage area.

The Registered Manager confirmed that the service is registered with the Jersey Office of the Information Commissioner (JOIC).

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>

The service provides bespoke packages of support to individuals who have a brain injury. The support provided focuses on rehabilitation and re-enablement, with the role of the support worker focusing on maximising independence, coaching and support to access activities and interests of the care receiver's choice.

The Registered Manager places an emphasis on the delivery of quality care which promotes re-enablement and this is a key consideration when assessing care receivers. Packages of support will not be accepted unless all care needs can be consistently met by appropriately trained staff. A full assessment is carried out by the Registered Manager prior to offering a service.

There are care plans in place for all care receivers which provide full description of the person's needs and the type of support which is required during each visit. Monthly reviews are carried out and the staff team contribute to the review process.

The Regulation Officer found the information in the care plans to be centred around the care receiver's wishes and preferences, as well as providing structure and routine. One care receiver told the Regulation Officer that they valued the support that they received and felt that they were listened to, giving several examples of positive personal outcomes. They also felt that they could voice their opinions when they wanted to change things and were working on developing their negotiating skills. One positive example of this was that they were encouraged to text their thoughts to the staff as they can become flustered when they have to verbalise their wishes and feelings. This is an area of good practice.

Feedback from care receivers and professionals was consistently high for the staff team. They were praised for their skill and professionalism with one professional stating, "We have found them to be extremely conscientious and diligent in their duties". Another commented, "The service really does meet the specificity of the needs and they are fully understood, they are absolutely delivering everything that they say they will/do".

There were several examples demonstrated of the collaborative working undertaken by the service as part of a rehabilitation programme for care receivers. This includes work with psychology, occupational therapy, speech and language therapy and physiotherapy.

There is provision in place for professional feedback on a six-monthly basis. Due to the nature of the needs of the care receivers more naturalistic approach to feedback, such as short topic specific conversations while engaged in related activities. Information gained is then used to improve and develop service delivery.

Training

<p>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.</p>

The full-time member of staff member has been specifically recruited to the service for the specialist skills and knowledge that they have, along with previous experience of working with people who have a brain injury.

All previous training undertaken by staff was in date and matched the mandatory requirements for the Care Home Standards. The Registered Manager explained that there is a plan in place to scope out and define the training requirements for the service as part of the appraisal process which is due to be undertaken in September 2022. This has allowed time for the new service to become established.

Potential training providers have been identified and there will be a blend of online, accredited and in-house training available, based upon the specific needs of care receivers and the requirements of the Care Home Standards.

In relation to specific categories of care for which the service is registered to provide, there are a variety of in-house initiatives provided by the Registered Manager and other professional involved in the care of individuals. Staff also have access to a web-based portal called Google Workspace. This provides a forum to engage with other services and employees, share knowledge and explore best practice.

Supervision is undertaken in a variety of ways. This includes case load specific, personal and professional supervision, the frequency of which is determined by the needs of the care receiver. This is recorded in a variety of ways and examples were viewed by the Regulation Officer. During feedback, a member of staff described the support available to them by professionals involved in a care receiver's care. This was described as invaluable in helping them to support the care receiver appropriately. As previously stated, there are plans in place to commence the appraisal process in September 2022.

The Registered Manager reported that one member of staff holds a Level 3 Regulated Qualification Framework (RQF) or National Vocational Qualification (NVQ) in Health and Social Care, with another currently undertaking the award. This constitutes over 50% of the total staff team, which is the minimum requirement as set out in Standard 3.9 of the Care Home Standards.

There are currently no tasks being undertaken which require delegation or specialist knowledge and training. There is a medication policy in place, but no medication administration is currently undertaken by staff. One staff member holds a level 3 RQF in administration of medication, and one is undertaking the qualification. A discussion was held with the Registered Manager regarding the need to have a system in place to check ongoing competency of staff should they be required to administer medication in the future.

There are no manual handling practices or specialist equipment / devices utilised by the service. The Registered Manager explained that this is out with the scope of the service.

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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