



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Personal Touch Care Services Limited**

**Home Care Service**

**The Studio  
La Chasse  
La Rue de la Vallee  
St Mary  
JE3 3DL**

**5 July 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 Personal Touch Care Services Limited. The service's office is located in St Mary. According to the Statement of Purpose, "*the service cares for clients with a diverse range of needs and aims to provide the highest quality of care based on personal centred care planning*". The service provides personal care and social support to people living in their own homes across the Island and the Provider and Registered Manager maintain close links with people using the service.

This was the second statutory inspection carried out since the service was registered on 8 August 2019.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u>  Type of care: personal care/ personal support  Category of care: adult 60+, dementia care, physical disability, mental health, learning disability  Maximum number of personal care/support hours that may be provided : 600 per week  Age range of care receivers:18 years and above

Date of Inspection	5 July 2022
Time of Inspection	11.15 am – 2.30pm
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers using the service on the day of the inspection	36

The Home Care Service is operated by Personal Touch Care Services Limited, and the Registered Manager is Lynda Cotillard.

## **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.

Care receivers and their families continue to be very happy with the quality of care and support they receive, and care staff knew their needs and were flexible in their approach to requests for support. Care receivers said that they knew their care workers well and had been introduced to them in advance of them coming into their home and they had a team of regular care staff. Care staff are recruited safely and are provided with relevant training and opportunities to discuss and reflect on their work, which means that the Standards relating to safe recruitment and supervision of care workers are adequately met.

Assessments are completed before people are admitted into the service and care plans are devised based on their assessed needs. Care receivers are provided with care and support based on their wishes and preferences and are fully involved in developing their care plans. The service is aware of its limitations and will arrange for alternative care provision if needs increase to an extent that the service cannot continue safely providing care.

Quality monitoring processes are in place which ensures the service is operating in line with its registration conditions, Statement of Purpose and is meeting Standards.

This includes monitoring care workers' practices and conduct whilst in care receivers' homes. An examination of records showed care workers are consistently working to expected Standards. Care receivers confirmed that their visit times were always completed in full, and they were always informed in advance of any changes to their planned visits.

There are policies and procedures in place to guide care workers in their day-to-day roles, however there was an absence of a management of finances policy which is considered essential in view of one care receiver's support needs. This is an area for improvement.

## INSPECTION PROCESS

This inspection was announced, and the Regulation Officer visited the service's office on 5 July 2022. The Regulation Officer who undertook this inspection completed the previous inspection, which was completed on 21 January 2021. The Registered Manager was given one days' notice of the inspection, which was to ensure she would be available to facilitate the inspection process.

The Regulation Officer met with the Registered Manager and Provider at the Commission's offices on 2 December 2021 at their request.

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**

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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/>

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report. On the day of the inspection visit, the Registered Manager, at the request of the Regulation Officer contacted fourteen care staff and invited them to make contact about their experiences of working for the service; one care worker provide a response.

Telephone calls were made to three care receivers and one family member on 8 July 2022 to hear of their views of the service. The views of two health and social care professionals were requested as part of the process; and one response was received. During the inspection, records including care assessments, training records, recruitment records, induction records and the client agreement document were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Provider and Registered Manager. This report sets out our findings and includes areas of good practice identified during the inspection.

## **INSPECTION FINDINGS**

At the last inspection, two areas for improvement were identified and the Provider set out how these areas would be addressed by submitting an Improvement Plan to the Commission.

The Improvement Plan was discussed at the outset of the inspection, and it was positive to note that, both improvements had been made. This meant that the service's recruitment policy is based on best practice standards and quality monitoring processes are now in place.

## 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 examination of three new staff members' personnel folders confirmed that a consistent and safe approach to recruitment is followed and all safe recruitment checks are provided in advance of staff starting work. There was evidence of interview notes, identity checks and worker's immigration status. Three care workers had been successfully recruited and their start dates were to be confirmed once criminal records checks are issued. New staff go through an induction process, which varies according to their prior experience and work history. As a minimum, all new staff work alongside more experienced staff or the management team until they are assessed as competent to work alone. Records of their abilities and competencies are maintained and a sample of records confirmed this to be the case. They are provided with the service's policies and procedures to aid them in their work.

A sample of records confirmed evidence of new care workers' competencies to provide aspects of fundamental care, including personal hygiene and their ability to communicate effectively is assessed by the management team through direct, observed practice. This approach is also taken as part of the service's ongoing arrangements in ensuring that all care staff are also delivering care and support in accordance with Standards required by the Provider. Records examined confirmed care workers' personal appearances are checked so that they are in line with the uniform policy, care receivers support needs, records and environment are all maintained to an acceptable Standard. One care receiver told the Regulation Officer that one of their care worker's practice and conduct had been assessed during one of their visits.

All staff are introduced to care receivers, so they have a chance to meet with them in advance of starting work. Care receivers and one family member confirmed this to the Regulation Officer, which, they described as making them feel safe and secure in the knowledge that they knew who would be coming into their homes.

Care staff are provided with regular opportunities to discuss their roles and staff receive 1:1 supervision four times per year as required by the Standards. A discussion was held with the Registered Manager about how supervision discussions could become more meaningful and valuable for the staff. Appraisals are carried out annually and were being scheduled at the time of the inspection visit. The Registered Manager monitors the working hours of staff and ensures that they are not rostered, on a regular basis, to work more than 48 hours per week.

The service has notified the Commission of notifiable incidences and, in addition the Registered Manager had maintained telephone contact with the Regulation Officer as issues have arisen. Safeguarding concerns have also been raised to adult safeguarding by the Registered Manager when information has been brought to her attention. The Registered Manager indicated that care receivers are advised about fire and gas hazards in their homes and are advised to have smoke and carbon monoxide alarms installed and routinely checked where necessary.

The service keeps the Statement of Purpose under regular review and a revised copy was provided during the inspection. The Registered Manager monitors how many care and support hours are provided weekly so that the service is working within its registration conditions. On the day of inspection, the service was providing 440.5 hours per week to 36 care receivers. When care receivers' health care needs change or deteriorate to the extent that the service cannot continue to support them, arrangements are made for care to be provided elsewhere. This was confirmed by one health and social care professional who said the service proactively seek appropriate professional input.

One family member who was spoken with described that they had been fully involved in discussions with the management team and health and social care professionals about their relative's move into a nursing care environment, due to changing health needs. The Registered Manager advised the Commission of the termination of a care package due to the care receiver requiring admission into a care home.

Monthly quality monitoring reports are now completed to monitor the quality and safety of the service which meets the area for improvement identified on the previous inspection.

### **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 Registered Manager or Deputy assesses each person who is referred into the service and considers any relevant information shared by other agencies. A sample assessment was reviewed which identified care receiver's personal preferences and care and support needs. The Regulation Officer offered some suggestions to the Registered Manager to enhance the client assessment form.

Personal plans are developed thereafter and recorded electronically so that all carers can access relevant support plans. The personal plans included clear descriptions of care needs and how these needs were to be met by staff. In addition, paper copies are retained in care receivers' homes so that they have access to their records. This was confirmed during discussion with care receivers, who referred to care plans in their possession and seeing their care workers complete records after each visit. Family members can access electronic care records with care receiver's consent and the Registered Manager reported that this is helpful for one family member who is living outside Jersey.

Care packages vary in their duration depending upon assessed needs and currently range from 30 minutes per day through to 24-hour packages. Care needs vary from supporting social opportunities and outings, shopping, and household tasks to support with personal hygiene and medication to those with a higher level of need. The Registered Manager and Provider also maintain close contact with some care receivers and provide support when necessary, and this was evidenced at the time of inspection.



Feedback from people referred to the approachability of the management team and confirmed that they knew how they could be contacted.

One care receiver relies upon assistance from staff to manage their personal finances and care staff use their bank card to make payments for weekly shopping. The Registered Manager explained the safeguards in place which included clear records of all purchases with receipts retained and relatives kept informed of all transactions. The service does not have a policy for the handling of care receivers' finances, and this is an area for improvement.

Unannounced 'spot checks' are carried out periodically to confirm that care receivers are happy with the service and care and support is provided as planned. Records that were examined, confirmed that care staff were working to the expected Standards. Additionally, the service seeks formal care receiver feedback through questionnaires, and the Registered Manager also telephones care receivers to hear of their views.

Feedback from care receivers and one family member was positive about the care staff, the management team, and the quality of care they receive. They told the Regulation Officer that care workers were always punctual and conscientious about completing tasks and they had established good relationships with them.

Comments included:

"The ladies are at the top of their game, they are very knowledgeable and top notch. They always discuss things, and they do things with me and not for me. They are prompt and courteous and I'd have to dig really hard to find something to pick them up on. I feel very confident with the girls, and I'm fully involved in everything".

"My carers are absolutely lovely, everything is fine. I've only got to say something, and they do it and I really couldn't manage without them. I always know who is coming and I have been introduced to every carer first. They never shy away from work, they go above and beyond what they should do. We have a laugh and knowing they are coming is the highlight of my day".

“I have had no problems at all, they’ve been absolutely brilliant. They do everything and more and X has a great rapport with the girls, and I know X enjoys seeing them. They’re kind and gentle and they keep me posted on everything and keep me very much involved and they always communicate with me, so I’m never left in the dark. I’ve nothing but praise for them, I have never had any issues and they kept X safe and still provided really good standards of care during Covid” [from a relative]

“They are my lifeline and I wouldn’t change them at all. They are helpful and so good to me, they’re all amazing and I met them all before they started working with me and they come into my home and make me feel so relaxed. They clock in and out and they always stay the full time, they sometimes go over, and they never rush off. Today I went for a drive and had a bacon roll and they get me out as I do not go out otherwise so for me it’s my lifeline”.

The Commission received some information about the service from an anonymous source on 16 June 2022, which was brought to the Manager’s attention during the inspection visit. During conversation with care receivers, the Regulation Officer did not find any evidence to substantiate the information that had been provided.

One health and social care professional contacted the Regulation Officer to explain that they have always found the service to be very person centred and holistic in their dealings with care receivers. Examples were provided which related to the service’s “compassionate and caring” approach and their ability to quickly recognise when care receivers’ needs had changed which was always communicated to relevant health professionals. The health professional has also received direct positive feedback from families about the quality of the service.

The Commission received telephone and email contact from a representative of a care receiver in February 2022, which related to their disappointment at having received a letter from the service terminating their care package, which they had perceived to be at short notice. This was discussed with the Registered Manager during the inspection visit. An example was provided which related to a change in care receivers’ needs the service recognised they could no longer provide care and the notice period given to the individual was one month’s duration.

A sample written agreement was examined which set out the terms and conditions, payment arrangements and informs care receivers that staff have undergone a safe recruitment process. Some aspects of the contract would be worthy of review which was discussed with the Registered Manager for her consideration.

## **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.

Care receivers all described confidence in the abilities and competencies of the care staff and described their practice positively. All new care staff are provided with an induction programme which is completed and varied according to the employee's prior experience. Samples of induction records were examined which showed that core training is provided and observed practice, aimed at assessing staff competency to deliver safe care through 1:1 managerial supervision. Records are maintained of the shadowing period and staff are provided with a copy of the health care worker code of conduct. An emphasis is also placed on care staffs' personal qualities as part of the initial assessment including their values, friendliness, communication, and attentiveness.

The service has in house trainers who have completed accredited training to deliver training in areas such as moving and handling and first aid. One member of the management team has also completed the Level 3 Assessor's Award so that she can assess staff undergoing either a Regulated Qualifications Framework (RQF) Level 2 or Level 3 Award in Health and Social Care. Four members of staff have completed a Level 2 award, three are progressing through it and one person is completing a Level 3. One member of staff told the Regulation Officer that the management team have been "extremely supportive with doing my RQF Level 2".

Training undertaken by staff is consistent with the Statement of Purpose and is reflective of the mandatory training requirements as described in the Standards. Some handling equipment is provided in the offices, so that staff can become more familiar and confident using equipment that some care receivers may have in their homes. Annual reviews are carried out on staff to review their competencies in

relation to medication administration. All care staff have undergone recognised training in medicine administration as the Standards require and this is an area of good practice. Samples of records showed that assessments of learning are completed, which included evidencing care staff knowledge in the application of topical medication. Some staff have attended end of life training provided by Hospice. The Manager confirmed that staff receive information about capacity and decision making but acknowledged the training needs to be specific to local legislation and practice. She indicated that she would make contact with the relevant Government department to seek information about the provision of further training.

In addition to service policies and procedures to guide staff in their practice, the Registered Manager has developed reminder cards in the principles of safeguarding and infection control for example, which have been provided to staff to remind them of their day-to-day responsibilities. Whilst aspects of training are provided in house, the benefit and usefulness of using external, accredited training providers should always be considered as it allows the chance to learn from industry experts.

Team meetings, individual supervision sessions and observed practice sessions of care staff are ways in which the Registered Manager ensures staff are working towards best practice Standards. Care staff receive supervision four times yearly as is required and records maintained to evidence these discussions.

One care worker provided feedback to the Regulation Officer and described the management team as supportive and approachable and said the service is the “best company they have worked with and genuinely loves working here”. Care receivers described their care workers as professional, helpful and had confidence in their abilities.

## 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.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 4.8, Appendix 2</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The Provider should develop a policy for the safe handling and storage of care receivers' monies.</p>
	<p><b>Response by registered provider:</b></p> <p><b>A robust policy has been sent to all staff. Including a reminder to fill out finance sheets and asking client to sign if a cheque has been given to staff members for their invoice payment. Receipts are left in clients houses.</b></p> <p><b>A letter has been sent to clients asking for cash for shopping or a revolut card where family members can see when it is being used.</b></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 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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