



**Jersey Care
Commission**

INSPECTION REPORT

Tutela Jersey Limited

Home Care Service

**Ground Floor
CTV House
La Pouquelaye
St Helier
JE2 3TP**

16 and 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 Tutela Jersey Ltd (Tutela). The service is situated in the parish of St Helier within a commercial property which provides accommodation to multiple businesses. Tutela provide an Island wide service which ranges from one hour per week, to the provision of 24-hour care in a person's own home. The service became registered with the Commission on 9 August 2019.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support Category of care: Old Age, Dementia Care, Physical Disability, Mental Health, Learning Disability, Autism, Substance Misuse Maximum number of personal care / personal support hours: 2500+ hours per week Age range of care receivers: 16 years 8 months and over

	<u>Discretionary</u> There are no discretionary conditions
Dates of Inspection	16 and 18 May 2022
Times of Inspection	1pm to 5:15pm and 11:10am to 3pm
Type of Inspection	Announced
Number of areas for improvement	Five
Number of care receivers using the service on the day of the inspection	73

The Home Care Service is operated by Tutela Jersey Ltd and the Registered Manager is Martin Shotbolt.

Since the last inspection on 9 February 2021, the Commission approved an application to appoint Martin Shotbolt as the Registered Manager on the 23 April 2021.

An application from the registered provider to vary a condition on the service's registration was submitted on the 11 November 2021. The request was for a variation in the age range from 18 years and over, to 16 years and 8 months and over, in order to support care receiver transitions to adult services. The application was approved on 15 November 2022. An updated Statement of Purpose was submitted on 11 November 2021 as part of the variation application.

The Regulation Officer reviewed the Statement of Purpose as part of the inspection process and it was found to be reflective of the service provided, however some minor amendments were identified. The Registered Manager acknowledged the changes required and submitted an updated Statement of Purpose within one day of the inspection visit.

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.

There have been recent changes to the operational structure of the service in recent months with a number of team members having just commenced in their new roles. This has meant a period of adjustment while individuals settle into their posts.

Recruitment practices were reviewed in detail, which included the examination of twenty two recruitment folders. All the requirements for safe recruitment were found to be in place.

There was evidence of appropriate periods of shadowing and supervised practice for new members of staff. However, induction training and ongoing assessment of competency during the first few months of employment was not in place. There was also no evidence of formalised recordings of the induction process and the outcomes achieved. This is an area for improvement.

Annual appraisals are in place for all support staff. There were many opportunities identified for the provision of informal support and staff were complimentary of management responses when issues are raised. Nonetheless there is no mechanism for formalised supervision. This is an area for improvement

Training for staff was examined in detail. Due to the restrictions of Covid19 and the introduction of a significant number of new members of staff, training logs were not up to date. It was also noted that that a significant number of support staff and team leaders do not have a Regulated Qualification Framework (RQF) or National Vocational Qualification (NVQ) in Health and Social Care or equivalent. A Skills Co-ordinator has recently been appointed who will be responsible for meeting the requirements for statutory, mandatory and specialist training. This is an area for improvement.

The Regulation Officer undertook a review of the policies and procedures in place which were found to be robust in their content.

Assessments and care plans were found to be person centred, respecting the wishes and preferences of care receivers. This was confirmed in the feedback received from care receivers and their representatives. Care receivers' feedback is sought on a regular basis. Examples of good practice were given by staff on engagement with care receivers, which showed that opportunities to experience a range of activities and experiences are available.

Procedures for staff to access support from management outside of office hours are in place, however it was noted that there is no such system for care receivers. This is required for people who receive support out of office hours and may need to report missed or late visits. This is an area for improvement.

Care receivers, families and professionals spoke positively of the services provided by Tutela. Some identified communication and multiple staff changes as a challenge in recent months, but reported that this had improved. They valued the willingness of the team to adapt to meet individual needs. There was also praise for the ability to support care receivers with complex needs.

INSPECTION PROCESS

This inspection was announced and was completed on 16 and 18 May 2022. Notice of the inspection visit was given to the service three 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

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

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 service's Statement of Purpose, communication records, notification of incidents, safeguarding referrals and complaints.

During the inspection, the Regulation Officer spoke with the Registered Manager, Human Resources (HR) Officer, Client Co-ordinator, Operations Co-ordinator and Skills Co-ordinator.

Following the inspection visit, the Regulation Officer sought the views of the people who use the service, and / or their representatives. Contact was made by telephone with two care receivers and five family members who had given prior consent to be contacted.

The views of six professionals and seven staff members were also obtained as part of the inspection process.

During the inspection, records including policies, care records, training records, recruitment files, inductions and incident reports and were examined.

At the conclusion of the inspection, the Regulation Officer provided with initial feedback to the Registered Manager. This was followed by final written feedback one week after the inspection visit.

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, two areas for improvement were identified and an improvement plan was submitted to the Commission by the registered provider setting out how these areas would be addressed.

The improvement plan was discussed during this inspection and it was positive to note that one of the improvements had been made. This means that there was evidence of the complaints policy being shared with care receivers and their families.

It was concerning to note that insufficient progress had been made to address the area for improvement relating to monthly reports. This means that the registered provider has not met the required Standards. This is explored in more detail within the inspection findings.

The service is currently providing a total of 2540 hours of support each week to 73 care receivers. The size of packages ranges from one hour per week, to 24 hour support within care receivers' own homes. There are 58 permanent members of staff employed on a mixture of full and part time contracts. The service is also supported by a pool of zero hour contracted 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 examination of the current policies and procedures was undertaken by the Regulation Officer. The content was found to be robust with references to key legislation and supporting agencies where appropriate. A recent review of the recruitment policy had been undertaken to reflect learning outcomes following a complaint. It was noted that the majority of policies are due for review in 2022 and this was brought to the attention of the Registered Manager.

There were no formal complaints raised with the service since the last inspection. One informal complaint was received and the HR Officer was able to demonstrate the actions taken to resolve matters to the care receiver's satisfaction. One further complaint was raised via the Commission relating to a data breach. Tutela took the necessary steps to resolve the issue which involved referral to the Jersey Office of the Information Commission (JOIC) and amendments to relevant policies.

There have been no safeguarding alerts raised since the last inspection. A policy is in place and safeguarding training is included within the mandatory training for the service, however it was noted that twelve members of staff were awaiting safeguarding training.

Recruitment files for twenty two members of staff employed since the last inspection were reviewed. All safe recruitment checks were found to be in place and personnel files had the relevant information in place.

The Regulation Officer provided some direction for the HR Officer in relation to records of online Disclosure and Barring Service (DBS) checks and what is required as part of the inspection process. The HR Officer took immediate steps to update internal procedures.

A sample of staff time sheets were examined and all were found to be within the requirement of a maximum of 48 hours per week. The staff handbook contains information on the limitations for weekly hours and the HR Officer explained that e-mail reminders are sent to staff. A discussion was held regarding the monitoring of staff who work on a zero-hour contract, who may have additional employment. This was acknowledged by the HR Officer who immediately sent an e-mail to all staff reminding them of their responsibilities to ensure that they do not exceed 48 hours per week combined. The HR Officer acknowledged that maintaining this standard has been difficult at times during the pandemic when multiple staff have been required to isolate. This was viewed as extra-ordinary circumstances and would not be seen as normal working practice.

The Regulation Officer discussed with the HR Officer the processes in place to manage staff issues in relation to performance. The HR Officer was able to provide examples of how this would be managed, provided evidence of the systems in place to remind staff of their responsibilities and the options available to staff who may require additional support.

Support for staff and clients is available via the Tutela main office, with care receivers and family members confirming that responses to enquiries are prompt. There is a clear policy in place for on-call support for staff out with office hours, however there were no guidelines for care receivers. Written information needs to be in place for clients in order that they can contact Tutela out of office hours. This is required for people who receive support that may need to report late or missed visits. This is an area for improvement.

Notifications to the Commission since the last inspection were reviewed and cross referenced with the incident reports for the service. A further four care receivers files were randomly selected for review. One incident was noted which met the requirements for notification. This was pointed out to the Client Co-ordinator and Operational Co-ordinator and a discussion held regarding the thresholds for reporting incidents to the Commission.

There was one Significant Restriction of Liberty (SROL) authorisation in place at the time of the inspection. Training in Capacity and Self Determination (Jersey) Law 2016 (CSDL) has been undertaken by established members of the team, with training currently being sourced for newly recruited members of staff. A discussion was held with the Client Co-ordinator and Operations Co-ordinator on the benefits of senior members of the team, who will have responsibility for making SROL applications, to receive further training.

The previous inspection of Tutela on 9 February 2021 highlighted the following as an area for improvement:

“A monthly report will have oversight by the interim Registered Manager “

This was discussed with the Registered Manager on the day of the inspection. The Regulation Officer was informed that monthly reports had not been undertaken since March 2021 and this had been an oversight by the Registered Manager. The requirement for monthly reports was re-iterated by the Regulation Officer and direction given on how this should be undertaken. It was also noted that the areas for improvement detailed within this report may have been identified and addressed by the service had the monthly reports been undertaken on a regular basis. This remains an area 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>

The Registered Manager gave an overview of the current service provision and the plans to re-structure the management team. It was felt by the Registered Manager that the service had expanded considerably in recent times. The focus was now upon the delivery of person centred services where care receivers direct the support that they receive. The service also wants to ensure that it can consistently meet the changing needs of existing care receivers

There is a structure in place which allows for devolvement of day-to-day management of services to a team leader level, with specific co-ordinator roles (client, operational, skills, HR and finance) supporting the overall management of the service.

The service would also like to specialise in the support of people who have complex needs and social support needs, as opposed to care delivery. Several professionals spoke of the Tutela's skills and experience in supporting people with complex needs, their willingness to work as part of a multi professional team in order to meet changing needs and their approach to positive risk taking.

There is a comprehensive assessment form in place which is completed with the input of care receivers and from assessment information obtained from the referring agency.

All new care receivers receive a customer pack. This includes information on the scope of the support, raising concerns, fees and payments, confidentiality, complaints, notice for cancellation of visits and termination of services.

Each care receiver has an identified team of support workers and a team leader whose skills are matched to the care receivers needs. The service is also in the process of creating team hubs. This involves matching teams who have similar skills and support care receivers with similar needs. Each hub will then be able to support for emergency cover and share best practice and training initiatives.

Staffing levels for the service are determined within each team and based upon the assessed needs of individual care receivers. Team leaders have responsibility for staffing rotas and will refer to the Operations Co-ordinator if there are any anticipated deficits.

A total of eight care plans were reviewed by the Regulation Officer, taking into consideration a sample of all the categories of care and level of support provided by the service. The service uses an electronic system called "Log My Care". This consists of a care receiver profile, daily logs, care plans, risk assessments and various other documentation relevant to the care receiver.

All care plans provided clear guidance on the tasks and level of support required for each individual. They also acknowledged the independence levels, communication styles, wishes and preferences of each individual. Where specialist support was identified, there were clear guidelines of the processes to be followed.

Positive examples were relayed to the Regulation Officer by staff of ways in which they have created new opportunities for care receivers. One example given described the encouragement for a care receiver to resume access to a vehicle. This has opened up many opportunities to develop new experiences and activities within the wider community. This is an area of good practice.

The Client Co-ordinator conducts a client survey with community clients every six months and makes unannounced visits to 24-hour support packages every three months to check standards are being met and to seek the opinions of care receivers. All feedback is reviewed by the Client Co-ordinator and improvement plans put in place with clear timescales for improvements to be made. All feedback is shared with the staff team and team leaders. Examples of feedback received and the actions taken were viewed at the inspection visit. This is an area of good practice.

Feedback from a professional was positive. As previously stated the service was praised for a willingness to support care receivers with complex needs, adapt to changing needs, work collaboratively and accept constructive feedback. Some comments highlighted some difficulties with communication and a high turnover of staff; however, it was reported that this has improved in recent months.

Care receiver and family feedback gave consistent praise to the staff who support them. Some comments included.

“They have been marvellous”

“Wonderful, very caring”

“I know Xxxx is looked after when they are out”

“Very experienced staff who understand my needs”

“I am happy with my support”

“Xxxx is always out and about”

Some family members reiterated that they had experienced issues with clear communication between management and staff and directly to families, but also confirmed that this had now improved.

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.

The service's Statement of Purpose describes a three-day training programme which forms a "core component" of Tutela's Induction programme. Upon inspection, no evidence could be found of the training programme taking place for new recruits. There was no induction policy or induction programme for staff to follow during the first few months of employment. This needs to detail what needs to be achieved and should be signed off when completed. There should also be provision to review progress at regular intervals during the induction period. During feedback with staff members all confirmed that they had undergone a period of shadowing with experienced members of staff before working independently, but this is not formally recorded. This is an area for improvement.

Staff members do receive a staff handbook when they commence employment. This details key information relation to standards of practice and condition of employment.

Staff receive an annual appraisal and there are opportunities available within individual teams to review learning and best practice. This was confirmed by staff who provided feedback to the Regulation Officer. There was no mechanism in place for the provision of regular supervision sessions for all staff which are conducted away from the work environment and are formally recorded. It was noted that the HR Officer was in the process of devising documentation to support the introduction of supervision but it had not yet commenced. This is an area for improvement.

Staff training logs were examined in detail. Tutela use "learnpac" to provide online training which covers most elements of the care certificate and the majority of staff had completed this or were in the process of doing so.

There is a blended approach to training with classroom-based sessions being undertaken where appropriate. It was noted that there were some instances where training was found not to have been undertaken or was out of date. The newly appointed Skills Co-ordinator acknowledged this and explained that due to the restrictions of Covid19 and the introduction of a significant number of new members of staff, training logs were not up to date.

The Skills Co-ordinator was able to give a detailed overview of the training to be put in place for staff, over the next few months to ensure that they meet the requirements of statutory and mandatory training. It was also noted that the service does not have a Training and Development policy.

In addition, a significant number of support staff do not have a Regulated Qualification Framework (RQF) or National Vocational Qualification (NVQ) in Health and Social Care. Some Team Leaders have been appointed without any previous RQF training or equivalent.

In relation to specific categories of care for which the service is registered to provide, initial online training is provided. It was discussed with the Skills Co-ordinator the need to identify appropriate training resources for the categories of care to aid staff development and record staff progress as part of the training log. Staff training and development is an area for improvement.

All staff undertake online medication training and then undergo observations in practice, by staff who have a RQF level 3 qualification, prior to commencing the administration of medication with clients. All observations are recorded. It was noted by the Regulation Officer that competency was not measured against a checklist and this was brought to the attention of the Skills Co-ordinator who implemented new working practices within one week of the inspection.

Staff views on training were mixed. Members of staff who had worked for Tutela for some time referenced receiving a thorough training programme when they commenced employment.

Newer members of staff referenced not yet being able to access the programme. All felt well supported through the shadowing opportunities that they had received. A number of staff also commented on the support that they had received from the management team.

IMPROVEMENT PLAN

There were five 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 9</p> <p>To be completed by: with immediate effect</p>	<p>The Registered Provider must ensure that arrangements are made to report monthly on the quality of care provided and compliance with registration requirements. Monthly reports must be made available for inspection by the Jersey Care Commission.</p> <hr/> <p>Response by registered provider:</p> <p>Further To the JCC inspection and acknowledgement of the oversight of the monthly reporting. This process has now been rectified with immediate effect and the delegated task has now been allocated to our Client Service Co-Ordinator, with a further introduction of our Skills Co-Ordinator to cover absences. I have attached the current report to this email for your records.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 6</p> <p>To be completed by: with immediate effect</p>	<p>Written procedures are required to be in place for care receivers detailing who to contact out of office hours. This is required for people who receive support out of office hours who may need to report a missed or late visit and require alternative arrangements to be put in place.</p> <hr/> <p>Response by registered provider:</p> <p>We have contacted our web developer to include "How to contact out of hours support in an emergency" on our front page of our website under the tab "Support for Carers & delegates" also at the top of the front home page which is simple to click "for emergencies, contact out of hours support" this should be live by tomorrow evening.</p> <p>We have also updated our voicemail with the Emergency out of hours telephone number and produced a leaflet for emergencies, please call the on call telephone number for individuals with care out of office hours.</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 3</p>	<p>The Registered Manager must ensure that all care / support staff are given regular opportunities to discuss their role and identify any issues through</p>

<p>To be completed by: 2 months from the date of inspection (16 and 18 July 2022).</p>	<p>formal supervision. Supervision sessions must be carried out at least four times per year and records retained.</p>
<p>Area for Improvement 4</p> <p>Ref: Standard 3</p> <p>To be completed by: 2 months from the date of inspection (16 and 18 July 2022).</p>	<p>Response by registered provider:</p> <p>The Registered Manager provides monthly supervision to senior staff members which we can provide proof of and also monthly clinical supervision for staff teams working with complex needs, again proof of these meetings i.e., minutes are available should you need them.</p> <p>We have scheduled all supervisions plus coaching sessions for all Support Workers to be conducted in a timely process and within the JCC requirement guidelines.</p> <hr/> <p>The Registered Manager must ensure that there is an Induction policy in place and a structured induction programme for staff to follow during the first few months of employment which includes an assessment of competency.</p> <p>Response by registered provider:</p> <p>I have attached our 3 day induction presentation for your records and review, we are currently working on a simplified 1 day induction day for both new staff and existing staff as a refresher of which I will forward upon completion. Also, a staff checklist to be finalised and forwarded shortly. This is to be completed within in the probation period to enable staff to be fully supported within their new role.</p>
<p>Area for Improvement 5</p> <p>Ref: Standard 3</p> <p>To be completed by: 3 months from the date of inspection (16 and 18 August 2022).</p>	<p>Training and Development for staff must include a policy which clearly identifies the statutory and mandatory training required and provision of specialist training in relation to the categories of care provided by the service. This will also include the provision of appropriate qualifications for staff members who hold supervisory / senior positions. Staff training must be completed within agreed timeframes and recorded accurately within a training database.</p> <p>Response by registered provider:</p> <p>We have been working hard to improve the training within Tutela, I have attached our current training spreadsheet, as you review you will see training has been conducted and an update below of training</p>

	<p>booked in the immediate future from the training coordinator.</p> <p>I'm just waiting to confirm the food hygiene level 2 courses and availability, I'm waiting for the last dates for the manual handling and first aid training and we are waiting for dates for SPELL training as well. I've also been in contact regarding courses specialised for Down's syndrome and other speciality training, I have also contacted a few companies regarding level 3 medication training. The medication team is being formed and the competency checks for medication will begin from August.</p> <p>This will be an ongoing monthly continuous process of relevant and mandatory training requirements.</p>
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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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