

# **Summary Report**

**Tutela Jersey Limited** 

**Home Care Service** 

Ground Floor CTV House La Pouquelaye St Helier JE2 3TP

16 and 18 May 2022

## **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.

#### **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.

Area for Improvement 1	The Registered Provider must ensure that
	arrangements are made to report monthly on the
Ref: Standard 9	quality of care provided and compliance with
	registration requirements. Monthly reports must be
To be completed by: with	made available for inspection by the Jersey Care
immediate effect	Commission.
	Response by registered provider:

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.

#### **Area for Improvement 2**

Ref: Standard 6

To be completed by: with immediate effect

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.

#### Response by registered provider:

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. 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.

### **Area for Improvement 3**

Ref: Standard 3

The Registered Manager must ensure that all care / support staff are given regular opportunities to discuss their role and identify any issues through

To be completed by: 2 months from the date of inspection (16 and 18 July 2022).

formal supervision. Supervision sessions must be carried out at least four times per year and records retained.

#### Response by registered provider:

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.

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.

### **Area for Improvement 4**

Ref: Standard 3

To be completed by: 2 months from the date of inspection (16 and 18 July 2022).

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.

#### Response by registered provider:

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.

#### Area for Improvement 5

Ref: Standard 3

To be completed by: 3 months from the date of inspection (16 and 18 August 2022).

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.

#### Response by registered provider:

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

booked in the immediate future from the training coordinator.

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.

This will be an ongoing monthly continuous process of relevant and mandatory training requirements.

The full report can be accessed from <a href="here.">here.</a>