





ANNUAL  
REPORT

Jersey Care  
Commission



Providing independent  
assurance, promoting best  
practice and improving health  
and social care outcomes for  
the people of Jersey.



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# Highlights & Achievements


at a glance


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## OUR ROLE

The Commission was appointed to:

 provide the people of Jersey with independent assurance about the quality, safety and effectiveness of their health and social care services

 promote and support best practice in the delivery of health and social care by setting high standards and challenging poor performance

 engage with service users and their families and carers to improve their experience of health and social care and achieve better outcomes

 facilitate the registration of a range of health and social care professionals in order that they may lawfully practise in Jersey

 undertake regulatory functions prescribed by the Regulation of Care (Jersey) Law 2014 and other laws

## ACHIEVEMENTS

 Completed **105** inspections of regulated activities

 Registered **338** health/care professionals

 Registered **53** dental health professionals

 Published **73** inspection reports

 Appointed **one new Commissioner**

 Appointed **2 regulation officers and 1 Administrative Assistant**

 Successfully completed the move to new office premises

 Registered **127 medical** practitioners (doctors)

 Successfully processed the renewals of the registration of **2219** health/care professionals

 Successfully recruited a new **Chief Inspector**



# INTRODUCTION

The Jersey Care Commission, (the Commission), was established on 1st January 2019, with the enactment of the Regulation of Care (Jersey) Law 2014 (the 2014 Law), and the Regulation of Care (Transfer of Functions) (Jersey) Regulations 2018.

## The Commission was appointed to:

- provide the people of Jersey with independent assurance about the quality, safety and effectiveness of their health and social care services
- promote and support best practice in the delivery of health and social care by setting high standards and challenging poor performance
- engage with service users and their families and carers to improve their experience of health and social care and achieve better outcomes
- facilitate the registration of a range of health and social care professionals in order that they may lawfully practise in Jersey
- undertake regulatory functions prescribed by the Regulation of Care (Jersey) Law 2014 and other laws; the regulatory responsibilities having been transferred from the Minister for Health and Social Services to the Commission on 1st January 2019

This is the Commission's third annual report and describes our performance against the strategic and operational objectives set out in our 2021 Business Plan.

The impact of Covid-19 in Jersey continued to be felt in respect of the Commission's operations throughout 2021. This report, whilst setting out our achievements, describes the impact of the challenges associated with Covid-19 and identifies areas where further progress is needed in 2022.



# FOREWORD

I wish to express my sincere thanks and appreciation to the Team and to Commissioners for their excellent contribution to the work of the organisation over the past year, particularly in light of continuing challenges associated with Covid-19.

I would commend all those employed in the front line of delivery of health and social care in Jersey for their continuing dedication and commitment to supporting the most vulnerable in society, sometimes at considerable personal cost. Families too have made great personal sacrifices in abiding by the visiting restrictions imposed on care Homes during the height of the pandemic.

The Board held six scheduled meetings during 2021. Some were held remotely, due to travel and social distancing restrictions. During the second half of the year Commissioners met in person, in Jersey. The minutes of our meetings are accessible on the Commission's website.

In 2021 we bade farewell to our first Chief Inspector who led the Team during the Commission's formative years and had established a firm foundation. The search for a replacement concluded with the appointment of Becky Sherrington. Becky is a qualified nurse and an experienced healthcare leader. Before joining the Commission in December 2021, Becky was responsible for the Covid vaccination programme in Jersey.

We said farewell to Lisa Jacobs, our Island based Commissioner, and welcomed Lesley Bratch, appointed for a three-year term. Lisa had made a significant contribution since 2018, and we have found an able replacement in Lesley. We appointed two new Regulation Officers and an Administrative Assistant.

In April, the Commission published an Overview Report of inspections of the seven registered care homes for children and young people in Jersey. Much of the fieldwork was undertaken in 2020. The report highlighted concerns about children going missing from care, the quality of the monthly monitoring reports, recruitment records and staff accommodation.

In July, the Commission published a review of arrangements for the regulation and inspection of Independent Home Care Workers (IHCWs). Of the 35 registered IHCWs, 12 voluntarily cancelled their registrations and the remaining 23 successfully applied to have their registrations renewed. In August, we published Procedures for Registration, a step-by-step guide for healthcare practitioners required, under the Healthcare Registration (Jersey) Law 1995, to register with the Commission.



We invited senior officials to Board meetings. In January the Director General for Strategic Policy, Planning and Performance (SPPP) outlined the key challenges facing the Government in respect of Covid-19 and the Government's plans for the extension of regulatory oversight of Children's Services. In July, a Policy Principal introduced the proposed new Regulations for services for children and young people, coming into effect in 2022.

The Children's Commissioner, attended the Board in September and outlined the findings of the publication 'Life on the Rock', stories of 21 young people living in Jersey. The Children's Commissioner highlighted the need to provide suitable accommodation for children and young people who are 'Looked After' by the State, and the provision of effective support for those leaving care.

All regulated activities received at least one planned inspection. Inspection reports identify best practice and areas for improvement and are accessible on our website. The Commission placed discretionary conditions on some care home and home care providers, where appropriate.

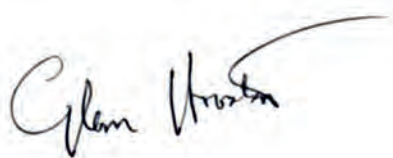
In the first half of the year the Commission responded to requests made under the Regulation of Care (Standards and Requirements) (Covid-19 – Temporary Amendments) (Jersey) Regulations 2020, to temporarily suspend conditions for some providers experiencing staffing shortages.

Throughout the year we met with Ministers, the Chief Executive and with other senior representatives of the States of Jersey. We strengthened our Governance arrangements in accordance with the recommendations of an Advisory Audit, undertaken by BDO on behalf of Internal Audit.

The search for suitable office accommodation concluded with a move, in December, to the new offices in Church Street, which provide the Team with much needed additional space in an environment conforming to the access requirements of the Discrimination (Disability) (Jersey) Regulations 2018.

Looking forward, we are preparing to extend registration and inspection to social work services for children and young people, to include fostering, adoption, child and adolescent mental health services and some other associated activities.

I hope you find this report both interesting and informative.



**Glenn Houston**

Chair of the Jersey Care Commission



\* Office of the Comptroller and Auditor General. Annual Reporting, A Good Practice Guide – August 2020. Jersey Audit Office.  
Available at: <https://www.jerseyauditoffice.je/wp-content/uploads/2020/08/CAG-Good-Practice-Guide-to-Annual-Reporting.pdf>



# PERFORMANCE

## SUMMARY

The pandemic continued to present obstacles, but the Commission successfully completed the overwhelming majority of its scheduled inspections, albeit with more announced inspections than it would have preferred. Feedback from Providers and Managers from across the sector has been positive, with most respondents commenting that the inspection process is of benefit and has an impact in improving the quality-of-service provision.

The Commission's Board met six times in 2021 and maintained strategic oversight of the work of the Commission. The Board put arrangements in place to ensure that the Commission continued to function effectively between August and December 2021, during the Chief Inspector vacancy.

There have been several occasions when the Commission's Escalation, Enforcement and Review Policy was utilised to hold providers of regulated activities to account, and approved Representation Procedures have been used on one occasion in 2021.

The register of health and care professionals in Jersey has been kept up to date, with applications for registration and renewal being processed promptly. The register of medical practitioners allowed to practise in Jersey needed to be revised and updated and action has been taken to address this. This work will continue into 2022.

In respect of the Commission's profile, it is apparent that providers and managers of regulated activities are aware of the Commission and its functions. The number of duty calls, and notifications is testament to this. However, there is a need to raise the Commission's profile more widely, to ensure that care receivers, their families and members of the public have a clearer understanding of the role and functions of the Commission. This is an area of development and work will be undertaken in 2022 to address this.

An independent advisory audit of the Commission's governance arrangements was concluded in 2021 and led to a series of actions which have significantly improved the Commission's ability to gather and respond to information relating to the regulated sector.

The Commission incurred additional one off and recurring expenditure during 2021, such as contracting external consultants to lead and co-ordinate the search for a new Chief Inspector, administrative support for projects, and office relocation and rental costs. These additional costs were discussed and agreed with the Government sponsoring department, Strategic Policy, Planning and Performance, consequently additional funding was made available to cover these costs.

The Commission's existing Standards remain appropriate, but feedback from both the sector and the Commission's staff reflect a need for a review. In addition, the Commission needs to develop Standards relating to statutory children's services, in order to regulate this new area of work in 2022.



### Performance Report

The Commission's strategic focus is to develop a comprehensive and effective regulatory infrastructure that protects and promotes the rights of people who use the services it regulates.

The Commission had six key priorities throughout the course of 2021. These were to:

- 1 deliver an effective system of regulation and inspection of health and social care services in Jersey
- 2 maintain an accurate register of relevant health and social care professionals working in Jersey
- 3 raise the profile of the Commission by consulting and engaging with people who use and provide services and other stakeholders in all aspects of our work
- 4 improve the Commission's capacity to gather, interpret and respond to information and intelligence regarding regulated activities and registered persons

- 5 ensure financial stability for the Commission to deliver its core functions and the extension of those functions to all other health and social care services

- 6 engage effectively with representatives of the Government of Jersey to develop robust Regulations and Standards for services new to regulation.

To enable the Commission to deliver its strategic priorities, it established six key business objectives for 2021 – 2022 under the following headings:

- Regulation and Inspection
- Professional Registration
- Public Engagement
- Information Management and Responsiveness
- Governance Framework
- Planning

The next section of the report will provide a detailed analysis of performance in respect of each of these priorities.



# Regulation & Inspection

Expand a team of skilled and experienced Regulation Officers to deliver an effective regulatory regime for Jersey which supports best practice and drives continuous improvement.

## How successful has this been so far?

In 2021, two new Regulation Officers were recruited, one of whom is a specialist in children's services. The role of this Regulation Officer is to prepare for and to undertake inspections of statutory children's services which will become subject to regulation upon the enactment of new Regulations. The Regulation Officer has also actively supported the Head of Governance, Policy and Standards (HGPS) in drafting sets of Standards in accordance with the new Regulations.

In addition, two administrative assistants (one permanent and one temporary), were recruited. This additional capacity has enabled the Commission to successfully complete project work relating to the disposal of the paper archive and the transition to new office accommodation. It has also enabled the Commission to commence a project associated with the cleansing of the medical practitioners' register.

The Chief Inspector resigned in May 2021. A range of measures were taken to mitigate the risks associated with this. Agreement was reached with the Head of Governance, Policy and Standards that they would undertake additional duties on a temporary basis and that there would be an increased operational input by the Chair and Board of Commissioners. Specifically, Commissioners actively supported the operational team in ensuring that inspection reports were appropriately quality assured prior to being issued to providers and managers of regulated activities.

## What more needs to happen?

The extension of regulatory scope to include additional aspects of children's services, (which will include children's social work services, adoption and fostering services and others), will require the Commission to expand capacity. Additional expertise in regulating children's services will need to be sourced to enable the Commission to meet the coming demands.

The Commission has submitted a 'Budget Build 2022' to the Government of Jersey which sets out precisely how the Commission will need to expand and develop, along with the likely associated costs of planned growth.







Maintain an effective system of regulatory oversight throughout the Covid-19 pandemic, continuing to adapt the inspection regime as necessary to safeguard people and prevent the spread of infection. The Commission will also develop a plan of recovery from the Covid-19 pandemic.

#### How successful has this been so far?

The Commission developed a Covid-19 recovery plan which was reviewed periodically according to changes in the rates of infection in Jersey. This involved a combination of measures to ensure that staff could work safely to undertake all scheduled inspections due in 2021. In undertaking inspections, Regulation Officers liaised with care home providers to ensure that inspections were undertaken safely and with appropriate modification of the inspection methodology. All planned inspections were announced in the first half of 2021, although unannounced inspections became more frequent as restrictions were eased.

During inspections, Regulation Officers wore appropriate PPE, had due regard for social distancing requirements and reduced the amount of direct contact they had with care receivers. The Commission has been mindful of the need to balance such requirements against the requirement to assure the public of Jersey that inspections have remained sufficiently thorough and robust.

The Commission maintained its office duty system, to remain able to receive information and intelligence from across the care sector, as well as being able to respond promptly and effectively to queries and requests for advice, guidance, and support.

The Commission provided input into the weekly 'Community Care Hub' meetings, chaired by Health and Community Services and attended by a range of

stakeholders, including the Jersey Care Federation. This group discussed and formulated strategic responses to ongoing Covid-19-related matters.

On 3 occasions in 2021, providers notified the Commission that due to Covid-19, they were unable to meet certain conditions on their registration. Staffing shortages have been challenging and these have arisen mainly due to outbreaks in care homes, staff testing positive for Covid-19 and/or being identified as direct contacts. Staffing shortages led to a need for some care providers to source additional staff at short notice to ensure continuity of care. As a result of temporary amendments to Regulations, the Commission was able to respond promptly and effectively, by providing a report to both the Minister for the Environment and the Minister for Health and Social Services, with recommendations included. In each of these circumstances, a satisfactory conclusion was achieved quickly, and normal working practices were resumed.

#### What more needs to happen?

The Commission will continue to be alert to government advice and direction and will make whatever adjustments are necessary to maintain a satisfactory level of inspection. Our focus will remain on ensuring that the schedule of annual inspections is completed.

Carry out a planned annual programme of announced and unannounced inspections of all regulated services and activities for adults and children in Jersey and publish the associated inspection findings on our website.

#### How successful has this been so far?

The intended annual programme of inspections has been carried out successfully.

A total of 105 inspections were undertaken in 2021, Seven continued into early 2022. The Commission is required by law to undertake one annual inspection of each regulated activity and more than one inspection at its discretion. In 2021, two services were inspected more than once. Four pre-inspection visits were undertaken in services which were newly registered in 2021. Of these services, one closed in 2021, two were inspected and one will be inspected in 2022. All services that were due an annual inspection in 2021 have received at least one.

The Inspection Reports pertaining to each of these services, were published and are available on the Commission's website.

An overview report of the Commission's regulation and inspection of the Government of Jersey's care homes for children and young people was issued to the Director General of Children, Young People, Education and Skills in March. The report sets out several key findings from the inspections completed in 2020, including concerns about missing from care episodes, staffing arrangements, staff recruitment records and the role of the Independent Person.

The Commission continues to monitor information submitted by Children's Services in relation to children's homes. This includes the reports of the visits undertaken monthly by the Independent Person, notifications of incidents, manager absences, applications to vary conditions and updates to Statements of Purpose.

A post-registration inspection of a care home for up to six children and young people aged 13yrs – 18yrs, was undertaken in February. This facility was the first and only care home for children and young people provided by the independent sector. The purpose of the home was to provide short term (four week) placements for children and young people experiencing emotional difficulties, or addiction and substance misuse. The home remained registered throughout 2021 but was deregistered towards the end of the year.

The Commission undertook four pre-registration inspections to services which had applied to become registered in 2021. This process enabled the service providers to fully understand the requirements of the Regulation of Care (Jersey) Law 2014 and the associated Regulations. It enabled them to ensure that appropriate preparation was made for registration and that the services would meet the Commission's Standards.

#### What more needs to happen?

The Commission will continue to undertake a full schedule of inspections of all regulated activities in 2022. It will continue to make appropriate preparations for the regulation of statutory children's services and intends to commence inspection of some of these services in Quarter 4, 2022.





Apply the Regulations and Standards for all regulated activities as a framework to measure the quality, safety and effectiveness of these services.

**How successful has this been so far?**

Regulations and Standards continue to be applied in respect of all regulated activities. Where there is clear evidence that a regulated activity is not meeting the requirements of either the Regulations or Standards, an area for improvement is identified in inspection reports. This correlates to a requirement that the provider of the regulated activity provides details of how any requested improvement will be achieved.

The Commission sets appropriate timescales for improvement and monitors the measures which are taken to achieve the required outcome. This includes a follow up visit to a service provider, as necessary. The Commission has further powers to ensure that any necessary improvement takes place and will take appropriate steps, in accordance with its Escalation, Enforcement and Review Policy to ensure full compliance with the Regulations and Standards.

There have been three occasions in 2021 when enforcement processes were applied:

- Ongoing escalation process from 2020 which culminated in the registration of a home care service being cancelled.
- Decision to cancel the registration of an individual home care worker.
- Decision to issue an Improvement Notice in respect of staffing concerns affecting one children's residential home.

There were also several examples of escalation processes being applied, with matters being successfully concluded prior to formal enforcement becoming necessary.

**What more needs to happen?**

The Commission welcomes feedback in respect of its existing Standards and will continue to develop them throughout 2022. The Commission will develop new Standards in respect of ten areas of statutory children's services which are new to regulation. The Commission needs to develop Standards for the regulation of Supported Accommodation for young people.

Review the effectiveness of the existing Standards, incorporating the views of people who use and provide services.

**How successful has this been so far?**

The Team developed a targeted approach to inspections in 2021, which means that specific standards can be focussed on, in line with the type and categories of care provided. The Commission determines at the outset of each year which of the Standards it will afford priority, during that year's inspection programme.

Whilst it has been difficult to gather the views of people who use and provide services, due to the restrictions associated with Covid 19, the Commission has sourced feedback from providers and managers of regulated activities. A common theme is that the Standards would benefit from a review in 2022.

Recruitment of a Regulation Officer with specific children's service experience was completed in 2021. This has enabled work to commence in developing new sets of Standards relevant to statutory children's services.

**What more needs to happen?**

Further developmental and collaborative work needs to take place with stakeholders to ensure that the Standards remain appropriate, that people who use services are aware of and understand them, and that they are meeting the needs of people who receive care. Depending upon the outcome of this collaborative approach, the Standards will be reviewed and may be updated accordingly.

Work with Government of Jersey policy leads in the development of new Regulations and Standards relating to children's social work, fostering and adoption services and Child and Adolescent Mental Health Services; ensuring the Commission has enough capacity to absorb any additional developmental work relating to these activities.

**How successful has this been so far?**

A period of consultation in relation to the draft Regulations associated with the regulation of statutory children's services, was completed in 2021. The Commission provided a response to the consultation and sourced independent legal advice to assist in the scoping of the work associated with the new areas of regulatory activity. The

Commission is in the process of developing new Standards which accord to these new Regulations.

**What more needs to happen?**

The Commission is in the process of working with an external consultant to consider how they might be able to support the Commission in preparing for the regulating of statutory children's services.

Source suitable alternative office accommodation to meet the existing and future needs and requirements of the Commission in facilities suitably adapted to provide access to people who use and provide services.

**How successful has this been so far?**

The Commission moved to the new premises in November 2021. The new premises are centrally located, fully accessible and meet the requirements of the Discrimination (Disability) Jersey Regulations 2018 and will enable the growth of the Care Commission team.

The Commission worked with Jersey Heritage to ensure that documentation which needed to be retained was transferred to the Jersey Archive. This was completed successfully.

**What more needs to happen?**

This project has been completed successfully.

Hold service providers to account by taking corrective action when they fail to comply with Regulations, or to conform to relevant Standards, in the delivery of health and social care.

**How successful has this been so far?**

The Escalation, Enforcement and Review policy was approved by the Commission's Board and is publicly available on the website. The policy continues to guide the Commission's practice and decision-making. In the main, there has been limited need for the Commission to take formal enforcement action and it has usually succeeded in resolving matters of concern by escalation. In 2021, there have been two examples of enforcement action resulting in the cancellation of registrations. There has been one further example of enforcement action which resulted in the issuing of an Improvement Notice.

Representation Procedures were approved by the Board in 2021. These needed to be applied for the first time in the final quarter of 2021.

**What more needs to happen?**

The policy will remain under continuing review and will be adapted and updated periodically as required. The Representation Procedures need to be fully concordant with both the Policy and principles of natural justice. Advice from Law Officers Department is being sourced, to ensure that the Procedures are fully compliant.



# Professional Registration



Develop the use of the new IT portal to continue to maintain an accurate public register of all registered health and social care professionals, removing lapsed registrations and ensuring that new registrants can register and renew registrations electronically.

### How successful has this been so far?

The Commission continues to process registration and renewal applications and uses the existing system to do this. As the process remains partially manual, this continues to constitute a significant demand on administrative resources, particularly in the period between October to December each year. A significant investment in developing an IT based solution will be needed to facilitate the introduction of a future Professional Registration Law.

### What more needs to happen?

The register relies upon input from the Government of Jersey and from a private IT provider to enable it to operate effectively. This poses difficulties regarding the ability of the Commission to manage the annual renewal process independently.

The Commission has formulated a budget build for 2022 which includes the provision of additional capacity to scope the requirements to construct an electronic portal to enable registrants to complete the registration and renewal process online. It also includes provision to increase the Commission's administrative capacity to ensure that the medical professionals register is refreshed and continuously updated.

Work with the Government of Jersey Policy Lead to prepare for the implementation of the new Registration of Professionals Law.

### How successful has this been so far?

The Commission welcomes the introduction of a new law. This will ensure that health and care professionals across Jersey are fully, and appropriately registered, and that robust assurances can be provided to citizens in respect of the quality of health and care provision. The Commission acknowledges that the enactment of this new legislation will require significant planning and preparation. Currently there is no confirmed timescale associated with this planned development.

### What more needs to happen?

The Commission will need to scope the impact of this legislation to be properly equipped to meet the demands associated with any increase in workload.

A project plan and associated recruitment will be necessary to ensure the Commission can successfully implement the Professional Registration (Jersey) Law.

Ensure the health and social care workforce in Jersey is appropriately qualified, registered and fit to practise. Develop the renewals process in order that the Commission can more effectively establish fitness to practise.

### How successful has this been so far?

The Commission maintains the register and continues to process registrations of health and social care professionals in Jersey.

While there is no requirement to inspect registered individual home care workers, a project has been established to engage each worker in a process of providing the Commission with assurances as to their training and on-going fitness to practise. Following this review, the Commission has made amendments to the registration process, but the annual renewal process has not been changed.

The Commission is engaged in a systematic 'cleansing' of the medical practitioners' register. This is to ensure that the register can be relied upon to provide accurate and current information pertaining to medical practitioners who are registered to practise in Jersey. Whilst this project is underway, the register has been temporarily removed from the Commission Website.

On 26 February 2021, it became a requirement that all dental nurses working in Jersey must register with the Commission. The Commission needed to satisfy itself that all dental nurses were fully aware of the need to become registered and wrote to every dental practice accordingly. This resulted in a further increase in applications. All dental nurses will be required to renew their registrations on an annual basis.

The Commission's oversight of the ten Designated Yellow Fever Centres was modified in 2020 on account of the Covid-19 situation, this arrangement continued into 2021. A report was issued to the Minister for Health and Social Services setting out the number of registered designated Yellow Fever Vaccination centres, the number of vaccines administered, and the outcome of any inspections undertaken.

### What more needs to happen?

The health care professionals' renewals process will remain unchanged until a new IT-build has been completed. The project to 'cleanse' the medical practitioners register will continue in 2022, with a view to it being completed by the end of Quarter 1. The revised and updated register will then be uploaded to the internet.

The Commission will make sure that individual home care workers are aware of the requirement to become and to remain registered with the Commission.





# Public Engagement



Ensure that, throughout all the work of the Commission, the voices of people who use and provide services, their families and carers, and representatives and those who deliver care services are heard.

**How successful has this been so far?**

The Commission ensures that each inspection includes consultation with both care receivers and their relatives. The feedback is anonymised and included in inspection reports. In addition, managers and staff are consulted during inspections, as are allied healthcare professionals. This feedback is captured within inspection reports.

**What more needs to happen?**

Feedback has been positive, and it is apparent that the inspection process is working well. However, although it is apparent that the Commission has a relatively high profile with the services which it regulates, this is not as evident in respect of people who use services, their families, and members of the public. Consequently, raising the Commission's public profile will be a priority for 2022.

Provide the public with access to relevant information about the Commission's activities on the Commission's website and, where they cannot use a website, to provide access to other appropriate methods of contacting the Commission.

**How successful has this been so far?**

All the Commission's inspection reports are publicly available and published on the Commission's website. An information leaflet was produced in 2021, alongside the pre-existing complaints leaflet.

**What more needs to happen?**

It is apparent that further work needs to be undertaken to ensure that members of the public

are aware of the Commission and of its role and function. The Commission will continue to review the information on its website and across social media to ensure that it remains current and relevant to the needs of the sector. It will also consider other ways in which information is provided.



Continue to raise the profile of the Commission with the organisations we regulate and with those who use services, and their carers/representatives, through a planned programme of engagements.

**How successful has this been so far?**

The Commission has taken opportunities to engage with the media on matters of relevance, for example the publication of the Overview Report of inspections of children's residential care services. Media reporting has provided a public platform to raise the profile of the Commission. The Commission's previous Annual Report received positive media coverage.

Despite the difficulties presented by the pandemic, the Commission has proactively responded to the needs of the sector by devising a Covid-19-specific page on its website and keeping this regularly updated with relevant information, including legislation, policy, and guidance.

The Commission provided the local media with several press releases throughout the year, which resulted in media coverage of the publication of inspection reports and concerns within the care

sector relating to the impact of Covid-19. Journalists and reporters sought the views of the Commission in respect of matters relating to the pandemic and how they affected the care sector.

Regulation Officers have consulted with a range of stakeholders including service providers, managers, and care receivers' family members, and a range of communication media were utilised by the Commission throughout 2021. The Commission provided periodic updates via email to the care sector.

**What more needs to happen?**

The Commission will review its Communications Strategy and devise a communications plan in the first quarter of 2022 with a view to implementing it thereafter. In reviewing the effectiveness of its communications, the Commission is considering the use of a range of print and social media.



# Information Governance & Responsiveness



Implement an internal retention and disposal schedule to ensure that data is processed in accordance with the General Data Protection Regulations and the Data Protection Law.

**How successful has this been so far?**

A Retention and Disposal Schedule was devised by Jersey Heritage (the Jersey Archive) and has been applied in processing the Commission’s sizeable paper archive. The Commission sourced external support to enable some of its documents to be scanned. This work was entirely completed prior to the Commission’s relocation to new office premises in December 2021.

**What more needs to happen?**

The Commission’s complaints process includes the ability for complaints to be made about the Commission itself. There were no formal complaints about the Commission in 2021. Where possible and appropriate, any new complaint will be managed in a stepped approach, by attempting informal and or formal resolution at stage 1; it is acknowledged however that the Commission may need to source an independent complaints reviewer in 2022, as part of stage 2.

Continue to provide prompt and detailed responses to consultations, correspondence from Ministers and Government of Jersey departments, as required.

**How successful has this been so far?**

The Commission has continued to provide ministerial responses as requested. Examples include the consultation on the draft Regulations for Children’s Services, engagement with the Department of Health on the Ethical Care Charter and Assisted Dying and engagement with the Health and Social Security Committee on the Review of Maternity Services.

The Commission has also responded to all Freedom of Information and Subject Access Requests within designated timescales.

**What more needs to happen?**

The Commission will continue to respond promptly and efficiently to all such requests, as they are received.

# Governance Framework



Provide assurance that the Commission’s Governance Framework and financial oversight is robust.

**How successful has this been so far?**

An Advisory Audit of the Commission’s internal governance arrangements was undertaken by BDO Assurance. This audit made eleven recommendations, some of which have been resolved in full, whilst others require further input.

Significant improvements continue to take place in respect of the Commission’s governance arrangements. An example is the development of the Commission’s risk management framework and integrated risk register.

The Commission meets quarterly with the Accounting Officer (Director General SPPP) and with other representatives of SPPP and Treasury, as necessary.

**What more needs to happen?**

The Commission’s governance arrangements will continue to be reviewed and improved, and a three year financial plan will be developed in 2022.

Appoint and retain the services of an independent solicitor / advocate to act for the Commission in specific matters

**How successful has this been so far?**

The Commission continues to rely upon the Government of Jersey’s Law Officers Department as its principal source of legal advice; In 2021, the Commission sourced independent legal advice on three occasions, where it was identified that a potential conflict of interest existed, were the Commission to rely solely upon the Government of Jersey’s Law Officers Department.

**What more needs to happen?**

The Commission is aware of the demands which its operations may place on the Law Officers

Department and seeks to limit its reliance as much as possible. However, the need for legal services will remain and the relationship will need to be reviewed to ensure that it is sustainable in the longer term. Alongside this, the Commission will continue to source independent legal advice, as needed. The extent of this requirement and the associated costs are difficult to estimate. The Commission’s 2022 Budget Build includes an estimated provision for this.

The matter will remain under review.





# Planning



Formulate a three-year financial plan.

**How successful has this been so far?**

The BDO Advisory Audit identified this as an area where significant development is required. This matter is currently being discussed with SPPP and Treasury, as the Commission is only able to plan on a 12 monthly cycle at present.

**What more needs to happen?**

The Commission will continue to work with the Government of Jersey, via SPPP and Treasury, to address the need for a comprehensive three-year financial plan.

Develop operational links with local stakeholders that have a shared interest in the areas regulated by the Commission.

**How successful has this been so far?**

The Commission maintains informal links with a range of local stakeholders, including the Jersey Care Federation and the Jersey Disability Forum.

The Commission has signed a Framework Agreement with the Government of Jersey. The Commission has a Memorandum of Understanding (MOU), with the Office of the Children’s Commissioner and a draft MOU has been developed with the Safeguarding Partnership Board.

The Commission has attended all meetings of the Jersey Regulators Forum, which has membership across the various regulatory bodies throughout the island.

**What more needs to happen?**

The Commission will continue to strengthen links with a range of key stakeholders, including the various UK professional regulatory bodies and with other UK system regulators.

# KEY PERFORMANCE INDICATORS (KPI’S)

In 2021, 26 new KPIs were introduced. The KPI’s for 2022 will reflect the learning achieved in 2021.

The following indicators, linked to our strategic and business objectives, described above, were used in 2021:

## Priority 1: Regulation & Inspection

It is a statutory requirement that each regulated activity will receive at least one inspection within 12 months of having become registered.

### KPI 1



The Commission will complete 100% of inspections in respect of each of the following regulated activities, as required in law:

- Care Homes for adults
- Children’s Homes
- Home Care services
- Adult Day Care Centres

A total of 105 inspections were undertaken in 2021. Seven continued into early 2022.

The Commission is required in law to undertake one annual inspection of each regulated activity. It may undertake more than one inspection, at its discretion. In 2021, two services were inspected more than once.

Four pre-inspection visits were undertaken to services which were newly registered in 2021. Of these services, one closed in 2021, two were inspected and one will be inspected again in 2022.

In total, the Commission undertook 97% of inspections of all regulated activities in 2021.



## KPI 2

↓ The Commission will ensure that no more than 50% of its inspections are announced.

This was difficult to achieve in 2021, as a consequence of the ongoing infection control guidance in place. As restrictions eased, it became more feasible to undertake some unannounced inspections, from middle of the year onwards. A total of 16 (22%) inspections in care homes were unannounced\*.

*The Commission will record the length of time each inspection took to bring to completion and the length of time taken to both issue and publish (on the Commission's website) inspection reports. In accordance with the Commission's Inspection Policy, it will commit to producing, in draft form, an inspection report within 28 days of concluding an inspection.*

## KPI 3

↓ The Commission will ensure that at least 80% of its inspection reports are completed in draft form, within 28 days of an inspection having concluded.

Of a total of 91 completed inspections, 87 were ready in draft form within 28 days of the inspection having concluded. This represents 97% of inspection reports. Therefore, the Commission has achieved this target.

## KPI 4

↓ The Commission will publish 100% of its inspection reports within 7 days of them being considered final.

This target has been comprehensively met, with 100% of inspection reports published within 7 days of being considered final.

## KPI 5

↓ The Commission will finalise applications for registration (of providers of regulated activities) within 4 weeks of a complete application having been received.

Of a sample of six applications for registration received in 2021, all were completed within 2 weeks.

*Improvement Plans are created following an inspection, where there is evidence that Regulations and/or Standards are not being met.*

\* KPI 2 does not relate to home care services on the basis that it is not practicable to undertake inspections of these services unless a degree of notice/announcement is provided).

## KPI 6

↓ The Commission will revisit areas for improvement in 100% of subsequent inspections.

Prior to each inspection, Regulation Officers review all documentation pertaining to the service, this includes the most recent inspection report. Any areas for improvement which were identified in the inspection report are reviewed during the subsequent inspection.

A sample of ten inspection reports demonstrated that in each case, the Regulation Officer reviewed the previous inspection report and examined whether any areas for improvement had been thoroughly addressed.

## KPI 7

↓ The Commission will measure the number of escalation and enforcement actions taken.

Over the course of 2021, the Commission undertook escalation and enforcement action on seven occasions. The type of action taken varied and included letters of escalation, mutual agreement that two services would close, the issuing of an Improvement Notice and the convening of a Representation Panel.





# Priority 2: Professional Registration

## KPI 8

↓ The Commission will ensure that no more than 50% of its inspections are announced.

This was difficult to achieve in 2021, as a consequence of the ongoing infection control guidance in place. As restrictions eased, it became more feasible to undertake some unannounced inspections, from middle of the year onwards. A total of 16 (22%) inspections in care homes were unannounced\*.

*The Commission will record the length of time each inspection took to bring to completion and the length of time taken to both issue and publish (on the Commission's website) inspection reports. In accordance with the Commission's Inspection Policy, it will commit to producing, in draft form, an inspection report within 28 days of concluding an inspection.*

## KPI 9

↓ The Commission will complete 100% of renewal applications from health and social care professionals within 7 days of a completed application being received.

This target was ambitious and was not achieved in 2021.

Applications for renewals of registration are received in October each year and continue to be received until the end of the year (with a small number of applications being received in the first weeks of the following year).

The overwhelming majority of applications for renewal were processed by the end of 2021.

The period of 7 days would be more appropriately expressed as 'no more than 7 working days between the date of application and date of renewal', and the KPI for 2022 will be adjusted to reflect this.

Although this target was challenging at the outset of the renewals process, it became much easier to achieve over time, and by December most renewals were being completed on the day they were received.



## KPI 10

↓ The Commission will complete 100% of registration applications from piercing and tattooing practitioners within 3 days of a completed application being received.

This target was achieved in 2021. Typically, such applications are processed on the day they are received.

The Commission will complete 100% of registration applications relating to both piercing and tattooing premises and laser premises within 4 weeks of a completed application being received.

These applications are more challenging to process because they involve a physical inspection of the premises. However, this target was achieved in 2021.

## KPI 11

↓ The Commission will complete 100% of annual inspections of Designated Yellow Fever centres, as required by law.

Inspections of Designated Yellow Fever centres are desktop inspections, as opposed to physical inspections of premises. The Commission ensures that all documentation relating to these services is complete and up to date, including training records and that a registration fee is submitted. There are nine such establishments in Jersey.

At the end of 2021, each of the applications for renewal of registration was in the process of being finalised but had not achieved completion. This is partly associated with the invoices for fees being sent out towards the end of each year. It was also associated with access to face-to-face training having become limited on account of the ongoing restrictions relating to the pandemic.

The renewals process continued into 2022, with four services completing renewal in January. The remaining five are on schedule to complete their renewal by the end of Quarter 1, 2022.



# Priority 3: Public Engagement

The Commission is committed to engage with the public about its role and function and to raising its profile.

## KPI 12

The Commission will maintain a record of the number and outcome of consultations completed in respect of operational documentation, including Standards.

The Commission is in the process of completing a set of Standards associated with the regulation of ten areas of activity relating to statutory children’s services. It has commenced a period of informal consultation pertaining to the draft Standards and this process will continue into 2022 when it will be concluded.

## KPI 13

The Commission will consult directly with care receivers, relatives/carers, staff members and external professionals in 100% of inspections.

A sample of ten inspection reports demonstrated that this consultation takes place routinely across all inspections. Where it is not possible to consult with relatives during inspections, Regulation Officers make contact separately by telephone. The feedback is fully incorporated within inspection reports.

## KPI 14

The Commission will, as part of its quality assurance process, undertake post-inspection consultation from 10% of its annual inspections with providers/managers of regulated activities. It will publish a summary of

The Commission values feedback from the regulated sector about all aspects of its work and particularly about the inspection process.

Questionnaires were sent out to every provider/manager following an inspection in 2021. A total of 24 replies have been received. A summary of these responses has been provided as an appendix to this report.

# Priority 4: Information Governance & Reponsiveness

## KPI 15

The Commission will monitor and retain a record of the number of duty calls received throughout the year, including nature of the contact and the response.

Most of the duty correspondence relates to registered services. Each service e.g., a care home, has a corresponding electronic folder which incorporates a contact record; all calls and other correspondence relating to an individual service is recorded in this folder. The Regulation Officer allocated to each service can monitor this correspondence, to determine whether there is a reason to make further enquiries, or to take any other action.

## KPI 16

The Commission will monitor and retain a record of the number of notifications received throughout the year, including the nature of correspondence and whether a response from the Commission was warranted.

The number and types of notifications received by the Commission are presented in the following table:

	Adult Care Homes	Day Centres	Home care services	Children’s homes
Notifications received in total	1164*	3	553	494
Incidents where harm occurred	22 fractured neck of femur 15 fractures of other bones 153 where other injuries such as skin tears, bruises, grazes have occurred	0	1 fractured neck of femur 4 fractures of other bones 46 where other injuries such as skin tears, bruises, grazes have occurred	36
Pressure ulcer notification (grade 2 and above)	1164**	0	310	0
Significant Restriction on Liberty (SRoL) notifications (where significant restrictions were lawfully imposed in line with the Capacity and Self-Determination (Jersey) Law 2016	201***	0	10	0
Young Person missing from care home	Not applicable	Not applicable	Not applicable	335

\* NB doesn't include death notifications. NB The Commission has also received notifications of which include deterioration of care receivers' health conditions, outcome of GP reviews, palliative care pathways, transfer of care environment etc

\*\* NB not always reflective of pressure ulcers developing in the care home. This relates to the number of notifications made to the Commission. This number includes pressure ulcers which have been identified upon admission to the care home, which developed in other care settings including the hospital

\*\*\* Including urgent and standard authorisations



## KPI 17

The Commission will, in 100% of cases, respond to any complaints received within 3 working days.

No formal complaints about the Care Commission were received in 2021. Whilst this might be perceived as encouraging, there is also a possibility that it relates to the Commission needing to raise its profile with care receivers, their families and members of the public. As a result, the Commission will undertake work relating to raising its profile and enhancing its communications throughout 2022.

No formal complaints were received in 2021 relating to regulated activities, however, several concerns relating to the quality of care provision were received. The Commission was able to respond to and resolve many of these matters at an informal level.

Where intelligence relating to individual activities, e.g., a care home, was received, this enabled the Commission to determine whether additional unannounced inspections were warranted. The Commission was able to undertake unannounced inspection visits and to discuss concerns with registered managers. Generally, this approach enabled the Commission to determine whether there was evidence to substantiate the concerns, and to take appropriate remedial action accordingly.

## KPI 18

The Commission will retain a record of the number of data breaches recorded within each year and will differentiate between those made by Commission staff and those made by others. It will also retain a record of the number of data breaches referred to the Jersey Office of the Information Commissioner.

The Commission maintains a Data Breach Register. In 2021, there were seven reported instances of a data breach. Each of the breaches was considered to represent a 'low level' concern, with minimal impact. Four were internal errors and three were external (errors made by third parties). Of the four internal breaches, all related to emails which were inadvertently sent to the incorrect recipient. In each case, immediate remedial action was taken to ensure that data was not shared further. Equally, in none of the instances was the nature of information shared or the potential impact serious enough to warrant a referral to the Office of the Information Commissioner.

## KPI 19

The Commission will retain a record of the number and outcome of reports about health and social care services requested by the relevant Minister or panel (or initiated by the Commission itself).

Throughout 2021, there were no requests made of the Commission by Ministers. However, the Commission was asked to respond to specific areas of development within the health and care sector and submitted such responses accordingly.

# Priority 5: Governance Framework



## KPI 20

The Commission will retain a record of the number of occasions on which legal advice and guidance has been sought and will differentiate between independent input and input from the Law Officers Department.

The Commission has sought independent legal advice on three separate occasions. It has done this in instances where there would have been a perceived or actual conflict of interest, had the Government of Jersey's Law Officers Department been asked to provide this input.

Where there is no such conflict, the Commission continues to enjoy good working relations with the Law Officers Department, who provide legal advice as needed. The Commission sought advice from the Law Officers Department on approximately ten occasions and has needed to contact the Attorney General's Office on one occasion.

## KPI 21

The Commission will, in line with its Supervision Policy, provide formal supervision to each of its staff members every 6 weeks.

The Commission met this target fully until the departure of the previous Chief Inspector in August. Thereafter, an interim arrangement was agreed whereby the Chair of the Commission undertook regular one-to-one meetings with each staff member. In addition, informal and group supervision was provided until the end of the year. The typical pattern of regular, formal supervision will resume from the beginning of 2022.

## KPI 22

The Commission will undertake an Annual Appraisal with each of its staff members.

This target was met in full and all staff had an annual appraisal in 2021.





**KPI 23**

↓ The Commission will identify training and development needs as part of Annual Appraisals and will formulate structured plans in respect of each staff member to address these needs.

Training and development needs are reviewed in formal supervision and annual appraisals. Where the need for training is identified, the Commission has taken and will continue to take the appropriate steps to ensure these needs are comprehensively met.

**KPI 24**

↓ The Commission will retain a record of the number of occasions when the support of an Independent Complaints Reviewer has been sought.

The Commission did not require the support of an independent complaints reviewer in 2021.

Priority 6: Planning

**KPI 25**

↓ The Commission will meet with Treasury at least quarterly.

The Commission has benefitted from consistent support from Treasury and has met with a representative of this department on at least a bi-monthly basis throughout 2021, with additional unscheduled meetings taking place as required.

**KPI 26**

↓ The Commission will retain a record of the proportion of fee income received within statutory timescales.

The Commission continues to retain these records and this target has been fully achieved.



A DAY IN THE LIFE

FIONA MCLAUGHLIN

I have been working in the field of learning disabilities for 31 years. I qualified as a registered learning disability nurse in 1993 and moved to Jersey shortly afterwards. My roles have been varied during my career and in more recent times I have worked in social care settings.

Safe, effective care which is truly person-centred has been my motivation throughout my career and it is this commitment which prompted me to join the Commission as a Regulation Officer. The role of Regulation Officer is an integral part in ensuring that all services meet the requirements of the Care Standards.

The main purpose of my role is undertaking annual inspections of Care Homes and Home Care Agencies.

The best part of the job is meeting care receivers and their families directly and hearing their experiences first-hand. Even when you are faced with negative situations, the challenge to address and resolve issues, to produce better outcomes for care receivers and their families is worthwhile. I also enjoy working collaboratively with registered

managers to develop and improve service provision. This careful sourcing of information about the quality-of-service provision is critical in enabling Regulation Officers to produce detailed inspection reports. This forms a large part of the inspection process, and it is these reports which enable care receivers, family members and members of the public to be assured that the quality-of-care provision throughout Jersey remains of a high standard.

Of course, I do not undertake my role entirely on my own. I am well supported by an experienced team of regulation officers, administrators, and others, who provide valuable advice and guidance every day.

ACCOUNTABILITY REPORT

CORPORATE GOVERNANCE

The Commission has both a strategic and an operational structure. Its work is overseen by a Board of Commissioners who have a range of professional and carer/service user experience. The role and responsibilities of the Commission are set out in Schedule 2 of the Regulation of Care (Jersey) Law 2014. The Board usually meets six times a year. These meetings are open to the public, although this has been made difficult to achieve on account of the pandemic and the increased reliance upon virtual meetings.

Towards the end of 2020, three additional Commissioners were recruited, which meant that there were seven Commissioners in total. In 2021, one Commissioner resigned, and a replacement was recruited, being appointed by the Minister for the Environment to serve for a three-year term. This has enabled the Board to retain its contingent of seven members.

The Board receives reports from officers employed within the Commission, provides strategic leadership, including governance and financial oversight, and maintains an integrated risk register of both strategic and operational risks.

The Commission is accountable to the Government of Jersey as an arms-length organisation. The relationship

with the Government of Jersey is described in a Framework Agreement, dated May 2020 which replaced the pre-existing Memorandum of Understanding.

Ministerial responsibility for the Jersey Care Commission transferred from the Chief Minister to the Minister for the Environment in 2020.

In 2021, six meetings of the Board of Commissioners were scheduled to take place in Jersey. In practice, travel restrictions made this impossible and it was therefore necessary to facilitate some of the meetings virtually.

The attendance of Board members is shown below (table 1).

TABLE 1

Glenn Houston	6 out of 6
Alison Allam	6 out of 6
Siân Walker	6 out of 6
Lisa Jacobs	4 out of 4 (see note below)
Jackie Hall	6 out of 6
Noreen Kent	6 out of 6
Angela Parry	6 out of 6
Lesley Bratch	1 out of 1 (see note below)

Note: Lisa Jacobs resigned her position in 2021. Lesley Bratch was appointed in 2021.



TABLE 2  
Remuneration of Chair and Non Executive Board Members:

Name	Date Appointed	Salary (bands of £5,000) £000	Benefits in Kind (travel, accommodation and subsistence)	Restated salary 2021 Total (Salary + Benefits)
Glenn Houston Chair	01 May 2017	>£25,000 <£30,000	<£5,000	>£30,000 <£35,000
Ann Abraham Commissioner	10 May 2017	0	<£5,000	<£5,000
Alison Allam Commissioner	10 May 2017	<£5,000	<£5,000	<£5,000
Lisa Jacobs Commissioner	01 July 2017	<£5,000	0	<£5,000
Siân Walker-McAllister Commissioner	10 May 2017	<£5,000	<£5,000	<£5,000
Angela Parry Commissioner	16 December 2020	<£5,000	<£5,000	<£5,000
Noreen Kent Commissioner	16 December 2020	<£5,000	<£5,000	<£5,000
Jackie Hall Commissioner	16 December 2020	<£5,000	<£5,000	<£5,000
Lesley Bratch Commissioner	1 October 2021	<£5,000	<£5,000	<£5,000

NOTES ON TABLE 2

- 1 Fees are stated in bands of £5,000 for the period from 01 January - 31 December 2021
- 2 The Chair and six of the Commissioners live outside Jersey and incur additional costs in respect of travel, accommodation, and subsistence.
- 3 Commissioners were appointed for an initial term of 3 years.
- 4 Expenses are rounded to the nearest £100
- 5 Travel restrictions necessitated that Board meetings in January, March and May 2021 be held virtually. This had the effect of travel and accommodation expenses being less than might otherwise have been expected. Although the meetings in July, September and November took place in Jersey, various restrictions and personal circumstances meant that some Commissioners attended virtually. This also had an impact on the need for travel and accommodation expenses.
- 6 The resignation of the Chief Inspector in August, resulted in Commissioners undertaking additional operational duties. This resulted in an increase in expenses paid to Commissioners for time provided to support the Commission.
- 7 Ann Abraham was no longer a Commissioner by January 2021 but was due an outstanding subsistence payment which was paid in 2021. This has been included, in the interests of transparency

The Commission also incurred the following expenses in 2021 which relate to the functioning of the Commission’s Board:

Hire of rooms: £1659

Training of Commissioners: £1683.

REGISTER OF  
INTERESTS

Each Board member has completed a Register of Interests which is reviewed and confirmed at every Board meeting. The Register of Interests is a public facing document, accessible on the Commission’s website. This information is presented in Table 3 below.

The Commission’s constitution requires that Board Members must ensure that no conflict of interest arises, or could reasonably be perceived to arise, between their public duties and private interests.

TABLE 3  
Jersey Care Commission Register of Board Members’ Interests

Board Member	Paid employment/consultancy	Company	Other public appointment	Shareholding related to Commission business	Unpaid office in charitable/other body
Glenn Houston Non-executive Chairperson  Date of appointment: 01/05/2017	None	None	Vice - Chair Disclosure and Barring Service (DBS) Member, Human Tissue Authority Member, Northern Health and Social Care Trust Member, Board of the Public Prosecution Service, Northern Ireland	None	None
Dr Alison Allam Non-executive Board member  Date of appointment: 10/05/2017	Non-clinical honorary contract, Royal Marsden Hospital  Associate at the Professional Records Standard Body (PRSB)	None	None	None	Trustee for the Pseudomyxoma Survivor Charity. Member of the management committee of Chronic Illness Inclusion
Siân Walker-McAllister Non-executive Board member  Date of appointment: 10/05/2017	Independent Chair, Bath & North East Somerset Community Safety and Safeguarding Partnership, Bath and NE Somerset Council Associate, UK Local Government Association (LGA) Chair of Dorset, and Bournemouth, Christchurch & Poole Safeguarding Adults Boards (2 Boards) Joint Convenor of the National Safeguarding Adults Board Network (funding through the Care & Health Improvement Programme	None	None	None	None
Noreen Kent Non-executive Board member  Date of appointment: 16/12/2020	Greater Glasgow & Clyde Health Board, Nurse COVID-19 Vaccinator (Bank)	None	None	None	None
Angela Parry Non-executive Board member  Date of appointment: 16/12/2020	Commissioning Consultant (APRA Management Ltd.) - various UK based H&SC organisations and public bodies. Trainer/Assessor National Commissioning for Wellbeing Level 5 Cert. Various local authorities and commissioning groups. Associate, UK Local Government Association (LGA)	None	None	None	None
Jackie Hall Non-executive Board member  Date of appointment: 16/12/2020	Director of social care Chailey Heritage Foundation	None	Tribunal member, social entitlement chamber (PIP) Tribunal Member – Mental Health Review Tribunal	None	None
Lesley Bratch Non-executive Board member  Date of appointment: 1/10/2021	None	None	None	None	Committee member for Enable Jersey.

Details of each of the Commissioners is available at: <https://carecommission.je/the-commissioners/>



# STATEMENT OF RESPONSIBILITIES OF THE CHAIR

The Chair provides leadership and direction to the Commission and a full list of duties and responsibilities is set out in Appendix 1 of the Framework Agreement.

The Chair's principal responsibilities are to:-

- ensure that all Board members are fully briefed and receive appropriate training where required
- assess the performance of individual Commissioners on an annual basis; and
- advise the Department of Board vacancies and, in conjunction with the Department and the Jersey Appointments Commission, undertake a recruitment process
- make recommendations to the Minister with regard to re-appointment and/or removal from office.



# STATEMENT OF RESPONSIBILITIES OF THE CHIEF INSPECTOR

The Chief Inspector works closely with the Chair and Commissioners to provide strategic leadership and expert technical knowledge and skills to ensure the effective and efficient delivery of the Commission's statutory, regulatory and inspection functions in accordance with legislation.

The Chief Inspector's duties are to:

- lead and develop the executive team on delivering the Commission's corporate plan, ensuring effective regulation of health and social care services and registration of care professionals.
  - ensure that the Commission's overall governance framework and controls assurance structure, including risk management, financial management and policies and procedures are appropriate and effective.
  - build and sustain credibility with the public and registered service providers by promoting a regulatory approach that ensures compliance with Regulations and Standards, challenges poor performance and supports continuous improvement
  - provide regular reports and management information to assure the Commission that it is fulfilling its statutory responsibilities.
  - lead and manage the Commission's executive functions, including business planning, data protection obligations, performance management, risk management and audit systems, responses to Freedom of Information requests and complaints, individual staff review and appraisal, training and continual professional development to secure continuous improvement in the Commission's performance.
  - ensure sound financial management and monitoring of budgets and advise Commissioners on budget planning, income generation and actions needed to maintain expenditure within budget.
- in consultation with the Chair and Commissioners prepare:
    - a Corporate Strategy setting out the Mission, Vision and Values of the organisation
    - a Business Plan setting out the Commission's key business objectives, operating model, and performance indicators
    - a corporate risk framework, including a risk strategy and risk registers
    - an annual report describing progress against the objectives set out in the Corporate Strategy and Business Plan.



- Lead and develop a team of specialist and generalist Regulation Officers to ensure the effective regulation of health and social care services to protect, improve and safeguard the health, care and welfare of the local population.
- Ensure consistent high-quality regulatory practice, with a focus on supporting service improvement, monitoring compliance and, where necessary, taking effective enforcement action.
- Lead and develop the Commission's business and administrative staff to ensure efficient and effective administration of the Commission's regulatory responsibilities.
- Build capacity and develop staff, ensuring the Care Commission acquires the skills and resources to respond to the projected expansion of the Commission's regulatory reach.
- Take a lead role in working with States and Government departments and other key

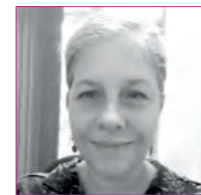
stakeholders in matters related to the regulation of health and social care services and professional regulation. Positively promote the work of the Care Commission and act as a focal point of contact to enquiries from Ministers, government officers, care providers, the public, the media, and others, as appropriate.

- Develop and facilitate relationships with people who use services and their families and carers to improve their experience of health and social care and achieve better outcomes.
- Lead and support consistent high-quality practice within the staff team, promoting the health, safety, and welfare of employees, managing performance, monitoring standards of work for all staff and promoting diversity and equality of opportunity.



**Glenn Houston**

Appointed 2017.  
Reappointed 2020.



**Jackie Hall**

Appointed 2020.



**Lesley Bratch**

Appointed 2021.



**Noreen Kent**

Appointed 2020.



**Siân Walker-McAllister**

Appointed 2017.  
Reappointed 2020.



**Angela Parry**

Appointed 2020.



**Dr Alison Allam**

Appointed 2017.  
Reappointed 2020.

Details of each of the Commissioners is available at:  
[www.carecommission.je/the-commissioners/](http://www.carecommission.je/the-commissioners/)

# THE WORK OF THE BOARD IN 2021

The Board met, as planned, on six occasions throughout the year.

At each of its meetings, the Board received the following suite of documents:

- Agenda
- Board Minutes
- Minute Summary
- Chair's Report
- Chief Inspector's Update
- Head of Governance, Policy and Standards Update
- Budget Summary Report
- Integrated Risk Register
- Forward Look schedule

The Board received other documents as required.

Over the course of the year, the Board's achievements included:

Comprehensively reviewed and revised its Risk Management Framework and the format of the Risk Register, to better demonstrate risk mitigation and to effectively measure its impact.

Responded to written questions from States Members and requests for input into consultation exercises. This included consultation in respect of the establishment of an Ombudsman in Jersey, the Ethical Care Charter, Assisted Dying and the regulation of statutory children's services.

Sanctioned a cleanse of the online medical practitioners register.

Invited to the Board or otherwise met with, the Director General of the Department for Strategic Policy, Planning and Performance (SPPP); the Head of Governance (SPPP); the Minister for the Environment and the Minister for Health; the Children's Commissioner; representatives of the Care Federation, and others.

Undertook engagement with the Care Commission Team.

Received and approved the Independent Advisory Audit on the Commission's Governance arrangements.

Contributed to an independent review of fees.

Received and approved a paper relating to investigating complaints and concerns in respect of registered professionals.

Completed a specification for the employment of an Independent Complaints Reviewer.

Engaged with the Children's Commissioner and Chair of the Safeguarding Partnership Board in respect of the Government of Jersey's approach to safeguarding the rights of children (particularly children who are looked after by the Government of Jersey).

Completed the annual appraisals for all Commissioners.

Appointed one new Commissioner and the Chief Inspector.

Received an update report in the registration of Individual Care Workers.

Met with the Policy Principal in respect of the regulation of statutory children's services and contributed to the associated consultation.

Reviewed the Commission's existing policies and governance framework; approved the Representation Procedures.

Received project updates in respect of a range of operational work and ensured that appropriate risk mitigation was in place.

Supported the Team with operational management and governance in the absence of a Chief Inspector.

Ratified an Information Leaflet, approved a communications plan and committed to a review of the Commission's website.

Approved the 2020 Annual Report, Business Plan and Budget Build documents.

# STAFF

# REPORT

The staff working for the Commission are appointed to the Commission but are employed by the States Employment Board (SEB). The effect of this arrangement is that staff are posted to the Commission and are referred to as Commission staff.

The terms and conditions of employment of Commission staff are SEB standard terms and conditions, including matters relating to pension, pay and associated pay increments, flexible working policies etc. Staff are paid via standard Government of Jersey payroll arrangements.

In 2021, there were 12 permanent staff members and two temporary administrative staff. Two Regulation Officers were appointed in January and June 2021.

A new Chief Inspector, Becky Sherrington, was appointed in December 2021.

Staff are paid in accordance with the Civil Service pay scales. Annual salaries range from Civil Service Grade 15 to Civil Service Grade 6.

The Commission will need to expand its workforce if it is to meet the challenges associated with regulating new areas of activity. One additional Regulation Officer will be required in 2022 and this is accounted for in the Budget Build.

# SUSTAINABILITY

# REPORT

This is the first sustainability report which the Commission has produced. Therefore, it is important to recognise that the Commission is at an early stage in managing its carbon footprint. The Commission intends to set out its intentions and to measure the extent to which it has achieved these on an annual basis.

In 2019, the States Assembly declared a climate emergency and in doing so recognised that climate change could have profound effects in Jersey ([www.gov.je](http://www.gov.je))

As a result, the Carbon Neutral Strategy was developed and was agreed by the States Assembly in February 2020. The Commission will therefore consider the impact on the environment of its staff

and their vehicles, the office accommodation and the services which it delivers.

To manage its environmental performance and to reduce the impact on the environment caused by its day-to-day operations, the Commission will mirror the Government of Jersey’s objectives, as set out in its annual report (2020).

- Specifically, the Commission will:
- comply fully with the requirements of environmental legislation and approved codes of practice
  - reduce pollution, emissions and waste arising from our activities
  - reduce the use of all raw materials, energy and supplies
  - raise awareness among its staff of environmental matters
  - encouraging similar environmental standards from all regulated activities
  - participate in discussions about environmental issues

### Transport and carbon emissions

The Commission does not own or lease any vehicles. Staff members use their own vehicles to visit regulated activities for the purposes of inspections and associated work. From 2022 onwards, the Team will consider ways in which to reduce the number and length of journeys by, for example, convening more meetings virtually and combining visits to lessen the number of journeys.

2021	
Total distance travelled by air (km)	14,646
GHG emissions (kt CO2 e)	1,967

2020	
Total distance travelled by air (km)	7,614
GHG emissions (kt CO2 e)	943

2019	
Total distance travelled by air (km)	25,980
GHG emissions (kt CO2 e)	3,228

The impact of Covid- 19 has been such that journeys by Commissioners residing outside of the island to Jersey have been fewer. This has had the overall impact of reducing the Commission’s overall carbon footprint.

The International Civil Aviation Organisation (ICAO), has developed a methodology to calculate the carbon dioxide emissions from air travel which enables the CO2 emissions per passenger to be calculated (<https://www.icao.int/environmental->

protection/Carbonoffset). This has been relied upon to determine the Commission’s overall carbon emissions in 2021 and a comparison has been made with the previous two years.

### Consumption - Utilities

The Commission relocated to its new office accommodation towards the end of 2021 and cannot present a full years’ breakdown of heating and water use. It will ensure that this detail is provided in its 2022 report.

### Consumption - Paper and Resources

The Commission has reduced its reliance on the use of paper since it became established in 2019. Increasingly, documents are produced and shared electronically. The Commission’s Board no longer relies on documents being produced in printed format and uses electronic versions. More could be done to reduce the reliance on paper documentation, therefore, records pertaining to new service registrations will no longer be retained in printed format. The Commission aims to recycle paper documents that are no longer required for administrative purposes. Unless there is a pressing reason to retain original documents, these will be scanned and stored electronically, in line with the Commission’s Data Retention Policy.

The processes associated with registrations are being reviewed in order that individuals and organisations can complete the entire registration process electronically.

The Commission will ensure that all printer cartridges are recycled.

Although there is no provision in the Commission’s premises to recycle glass, staff are asked to take any glass containers which they bring into the building, home in order that they may be recycled through the staff member’s parish recycling scheme.



# FINANCE

# REPORT

## Under the provisions of the Regulation of Care (Jersey) Law 2014 the Commission is required to: -

- a. keep proper accounts and proper records in relation to the accounts; and
- b. prepare accounts in respect of each financial year and a report on its operations during the year.

The arrangements governing the use of the Commission’s financial resources are set out in paragraphs 19-36 of the Framework Agreement between the Jersey Care Commission and the Department of Strategic Policy, Planning and Performance.

The accountability and assurance arrangements set out in this Framework Agreement are intended to reflect the Code of Practice Principles and accord with the Government of Jersey’s Public finances Manual 2019.

Income forecasts and the expenditure budget are agreed at the beginning of each financial year with the Accountable Officer, the Director General of SPPP. The duties and responsibilities of the Accountable Officer in respect of the Commission are set out in paragraphs 25- 29 of the Framework Agreement.

### Income Sources

Income is received from two sources. Fees are derived from healthcare professionals, regulated activities, individuals, and premises. The Commission also receives a direct allocation which is provided from the Government of Jersey and specified within the core budget.

The Regulation of Care (Jersey) Law 2014 was agreed by the States Assembly on the understanding that the former Inspection Team’s budget would be grant-funded to the Care Commission and that this would represent approximately 45% of the total cost of administering the Law. These monies, the core budget, were transferred to a dedicated Care Commission business unit for financial accounting purposes.

The Commission prepares an Annual Business Plan and associated Budget Build setting out objectives, targets and key performance indicators for discussion and agreement with the Accountable Officer. The Commission determines areas of expenditure in accordance with its priorities and commitments, as described in its Annual Business Plan.

The Commission cannot commit to any new expenditure unless it can be met from within available funds, or from an additional recurring or non-recurring allocation approved by the Government of Jersey via SPPP.

The Chief Inspector is required to complete an Annual Financial Assurance Statement which should be approved by the Commission before being submitted to the Accounting Officer.

The Government of Jersey provides a financial management service to the Commission, including in relation to its core budget and fee income (Commission funds).

In addition, the Commission received income from fees prescribed by the Chief Minister at the point at which the 2014 Law came into force.

- These fees include: -
- Making an initial application for registration as a provider or a manager (Article 4)
  - Replacement of registration certificates (Article 8)
  - An annual fee for continued registration (Article 9)
  - Applying for a variation on conditions of registration (Article 17)
  - Provision of printed copies of Commission reports (Article 38)

The division responsible for the provision and oversight of adequate financial and other resources required to support the function of the Commission is the Department for Strategic Policy, Planning and Performance (SPPP), within the Government of Jersey.

The Accountable Officer for the appropriate use of public funds, including the funding for the Commission, is appointed in accordance with the Public Finances (Jersey) Law 2019, and is the Director General for SPPP. It is the responsibility of the Accountable Officer to ensure the Commission represents value for money.

Where the Accountable Officer has concerns relating to fee income, the Accountable Officer will inform the Chair and Chief Inspector and may report those concerns to the Treasury and Exchequer, the Comptroller and Auditor General. No such concerns arose or were reported in 2021.

The Accountable Officer delegates the management of funds to the Chief Inspector in accordance with the Department’s Scheme of Delegation and the Government of Jersey’s Financial Directions. The Board of the Commission supports the Chief Inspector with scrutiny and oversight of financial performance.

The SPPP Department provides an HR framework for supporting staff employed by the Commission.

The main components of expenditure consist of pay, including staff salaries and pension contributions, and non-pay, including goods and services.

Essential support services including information technology, payroll and legal services are provided directly to the Commission by the Government of Jersey at no direct cost. This represents part of the Government of Jersey’s contribution to the overall operation of the Commission.

The Commission is required to complete an Annual Financial Assurance Statement.

The Commission’s accounts for 2021 are audited as part of the whole of Government accounts and are published in the Government of Jersey’s Annual Report and Accounts for 2021.

### JERSEY CARE COMMISSION

#### Statement of Comprehensive Net Expenditure

	2021 Budget £	2021 Actual £	2020 Actual £
REVENUE			
Fee Income	(325,000)	(348,986)	(338,432)
Total Revenue	(325,000)	(348,986)	(338,432)
EXPENDITURE			
Staff Expenditure	611,000	625,077	574,895
Supplies and Services	73,000	170,869	74,308
Administrative Expenditure	5,000	4,574	3,796
Premises and Maintenance	1,000	34,780	2,796
Total Expenditure	690,000	835,300	655,794
Net Revenue Expenditure - Funding Received from Government of Jersey	365,000	486,314	317,363

The Commission incurred one off and additional expenditure items during 2021, such as contracting external consultants to lead and co-ordinate the search for a new Chief Inspector, administrative support for projects, and office relocation and rental costs. These were discussed and agreed with the Government sponsoring department, Strategic Policy, Planning and Performance and additional funding was made available over and above the annual budget to cover these costs.

JERSEY CARE COMMISSION  
Budget Position

	Yr to Dec Budget 2021	Yr to Dec Actual 2021	Yr to Dec Bud Var 2021	Full Year Budget 2021	Full Year Forecast 2021	Full Year Forecast Variance 2021
L60 - Arm's Length Functions						
DSH200 - Professional & Care Regs						
Earned through Operations	-	-	-	-	-	-
334010-Miscellaneous Income	(286,000)	(324,286)	38,286	(286,000)	(324,000)	38,000
Earned through Operations	(286,000)	(324,286)	38,286	(286,000)	(324,000)	38,000
Income	(286,000)	(324,286)	38,286	(286,000)	(324,000)	38,000

Staff Costs						
411000.100-Civil Service Perm Basic	507,000	511,990	(4,990)	507,000	516,000	(9,000)
411000.310-Civ Service Perm Std OT	0	2,318	(2,318)	0	0	0
411000.500-Civ Service Perm Sickness Pay	0	(675)	675	0	0	0
411000.900-Civil Service Perm Pension	74,000	81,188	(7,188)	74,000	74,000	0
411000.950-Civil Service Perm Soc Sec	30,000	30,256	(256)	30,000	30,000	0
Staff Costs	611,000	625,077	(14,077)	611,000	620,000	(9,000)

Other Operating Expenses						
531000-Provisions		76	(76)			
540110-Hired Services	0	21,720	(21,720)	0	16,000	(16,000)
548010-Other Fees	0	5	(5)	0	0	0
549100-Non Pay Coronavirus		28	(28)			
554100-Computer S/W Purchase	0	1,123	(1,123)	0	0	0
554200-Computer H/W Purchase	3,000	3,429	(429)	3,000	3,000	0
562010-Equipment Purchase	0	1,054	(1,054)	0	0	0
601300-General Stationery	2,000	879	1,121	2,000	2,000	0
621000-Telephones	1,000	2,497	(1,497)	1,000	1,000	0
623100-Postage	2,000	697	1,303	2,000	2,000	0
627100-Advertising & Publicity	0	29,276	(29,276)	0	25,000	(25,000)
640100-Meals & Entertainment	0	48	(48)	0	0	0
641100-Other Travel	2,000	231	1,769	2,000	2,000	0
641101-Travel - Air Fares	0	206	(206)	0	0	0
641300-Mileage Claims	1,000	0	1,000	1,000	1,000	0
642100-Hotel Accommodation	0	548	(548)	0	0	0
643100-Conference & Course Fees	3,000	6,089	(3,089)	3,000	8,000	(5,000)
661010-Other Administrative Costs	0	500	(500)	0	0	0
670101-Professional Fees	10,000	52,609	(42,609)	10,000	61,000	(51,000)
725120-Furniture		2,922	(2,922)			
740100-Rents	0	27,219	(27,219)	0	30,000	(30,000)
750050-General Cleaning	1,000	4,639	(3,639)	1,000	1,000	0
Other Operating Expenses	25,000	155,795	(130,795)	25,000	152,000	(127,000)
Expenditure	636,000	780,872	(144,872)	636,000	772,000	(136,000)
DSH200 - Professional & Care Regs	350,000	456,586	(106,586)	350,000	448,000	(98,000)

	Yr to Dec Budget 2021	Yr to Dec Actual 2021	Yr to Dec Bud Var 2021	Full Year Budget 2021	Full Year Forecast 2021	Full Year Forecast Variance 2021
DSH201 - Care Commissioner						
Earned through Operations	-	-	-	-	-	-
330430-Other Fees	0	(10,315)	10,315	0	0	0
Earned through Operations	0	(10,315)	10,315	0	0	0
Income	0	(10,315)	10,315	0	0	0

Other Operating Expenses						
540110-Hired Services	0	1,611	(1,611)	0	0	0
549001-Other Supps & Services	8,000	0	8,000	8,000	8,000	0
640100-Meals & Entertainment	0	60	(60)	0	0	0
641100-Other Travel	18,000	1,009	16,991	18,000	3,000	15,000
641101-Travel - Air Fares	0	2,489	(2,489)	0	0	0
642100-Hotel Accommodation	0	2,025	(2,025)	0	0	0
643100-Conference & Course Fees	0	1,683	(1,683)	0	0	0
670101-Professional Fees	28,000	44,343	(16,343)	28,000	47,000	(19,000)
Other Operating Expenses	54,000	53,218	782	54,000	58,000	(4,000)
Expenditure	54,000	53,218	782	54,000	58,000	(4,000)
DSH201 - Care Commissioner	54,000	42,903	11,097	54,000	58,000	(4,000)

DSH202 - Health Professional Regs						
Earned through Operations						
330430-Other Fees	0	(14,385)	14,385	0	0	0
334010-Miscellaneous Income	(39,000)	0	(39,000)	(39,000)	(26,000)	(13,000)
Other Operating Expenses	(39,000)	(14,385)	(24,615)	(39,000)	(26,000)	(13,000)
Income	(39,000)	(14,385)	(24,615)	(39,000)	(26,000)	(13,000)

Other Operating Expenses	-	-	-	-	-	-
540110-Hired Services	0	1,210	(1,210)	0	0	0
Other Operating Expenses	0	1,210	(1,210)	0	0	0
Expenditure	0	1,210	(1,210)	0	0	0
DSH202 - Health Professional Regs	(39,000)	(13,175)	(25,825)	(39,000)	(26,000)	(13,000)
Total L60 - Arm's Length Functions	365,000	486,314	(121,314)	365,000	480,000	(115,000)
REPORT TOTAL:	365,000	486,314	(121,314)	365,000	480,000	(115,000)

The budget reports an overspend, mainly relating to operating expenditure.

The overspends relate to each of the following areas of activity:

**Advertising - (29,276)**  
No designated budget was allocated in 2021

**Hired services - (21,720)**  
No designated budget was allocated in 2021

**Professional Fees - (42,609)**  
The allocated budget was £10k  
**Rent - (27,219)**  
No designated budget was allocated in 2021



# APPENDIX 1

## Inspections Quality Assurance – Summary of Responses



The Commission values feedback from the regulated sector about all aspects of its work and particularly about the inspection process. In 2019-2020, the Head of Governance, Policy and Standards undertook a series of visits and virtual discussions with managers and providers, to source feedback. As this became less feasible as a result of restrictions associated with visiting services, a decision was taken to adopt an alternative methodology in 2021.

Questionnaires were sent out to every provider/manager following an inspection in 2021. A total of 24 completed questionnaires were received.

Seventeen questionnaires were received from care homes and seven from home care providers. No responses were received from day centres or children's residential homes. However, there are few day centres, and it is important to note that the majority of day centres and children's residential

homes are provided by the Government of Jersey i.e., it is the same provider who has received the questionnaires.

As Regulation Officers are named in the feedback, anonymity has been assured in this report, by substituting the word 'Inspector'.

The questions are highlighted in bold type and precede a brief analysis and a summary of responses.

### Was the inspection announced or unannounced?

Most responses indicate that the inspection was announced. However, this should be understood in the following context. The Commission has continued to operate with an adapted methodology on account of the ongoing pandemic; undertaking more announced inspections than would usually be the case, in response to infection-related intelligence. It is also important to note that it is more difficult to undertake an unannounced

inspection in a home care service than a care home. Where inspections have been announced, providers received limited notice (usually 24 hours).

Providers and managers appear to have reacted positively to the announcing of inspections. Whilst this is encouraging, there is a need to balance this against the public expectations that inspections be unannounced.

### If the inspection was announced, were you able to prepare for the inspection? How did you do this?

It is apparent that managers and providers were able to make use of the period of notice to ensure that they were better prepared for the inspection. For example, relevant documentation could be collated.

**I printed a copy safeguarding and recruitment policy. I also gave phone numbers of staff and some clients, as requested.**

**Ensured files up to date, reviewed Statement of Purpose and had relevant documents ready i.e., mandatory training records**

**For efficiency, we prepared in advance all the required paperwork, evidential records, and HR files.**

**There was nothing to prepare, as all records are on the computer. I made sure I was available.**

**...having the inspection announced (meant that) I was able to ensure that someone was (present at the) home, also at the time I managed another two homes, so I was also able to ensure that I was at (name of care home) for the inspection.**

APPENDIX 1  
(CONTINUED)

Did the inspector introduce themselves on arrival and explain the purpose of the visit?

It is positive to note that the response to this question was unanimous and that this always happened. Responses included:

*Yes, and also signed into the visitor’s book.  
Yes, both introduced themselves fully and outlined how the inspection would be undertaken.*

Did the inspector speak with staff/care receivers/relatives?

The responses overwhelmingly indicate that this happened, although feedback confirmed this was sometimes difficult to achieve on account of Covid-related restrictions. Responses included:

*Yes ... spoke to staff on shift and also care receivers in the house at the time. The inspector*

*also contacted other staff members by email and made contact with family members after the inspection.  
Yes and also made notes of social workers that have been involved so she could get feedback.*

Did the inspector speak with the manager of the service?

The responses were unanimous, and it was apparent that this took place on every occasion.

How long did the inspection last and was this length of time appropriate?

The responses varied widely. It is important to note that the types of services which the Commission inspects range from small home care providers to very large care homes. Consequently, it is likely that inspection methodology, including duration, will be tailored according to the needs of the service.

The shortest time cited was two hours. In this instance, the respondent expressed that, *‘for this*

*organisation, it was long enough to cover all requirements’.*  
The feedback does not generally suggest that inspections lasted an inordinate length of time, with most respondents commenting that inspections, lasting a few hours or up to one day, were of appropriate length. In some cases, inspections lasted for two or three days.

Were any areas of concern noted by the inspector and discussed at the time?  
Were these findings reasonable?

Some inspections did not identify any areas of concern. Where some were noted, it appears to be the case that these were regarded and responded to positively by providers and managers, although there were occasional areas of disagreement.

The following comments were received:

*No areas of concern, however the inspection prompted useful discussions which is helpful to me as a new manager.*

*Yes, two areas of improvement were identified and discussed, these were reasonable areas for improvement  
Areas of concern were highlighted and discussed with the Inspector, and these were all reasonable.  
Yes, Staff needing Advanced course in Autism, and update with Makaton, very reasonable, I am in agreement.*

Did the inspector provide a summary of findings at the end of the inspection?

All respondents said that this happened. Summaries were provided verbally in most cases although occasionally this happened via email (this may have been due to the manager not being on site at the time of the inspection). One concern was noted in

that although it was perceived that the inspector had indicated that there would be no improvements required, the report included two.

Did the inspection report accurately reflect the discussions/summary during the visit?

All but one of the respondents indicated that the report was fully aligned with the discussions during the inspection visit. The one exception noted that

the inspection report did not fully accord with the visit, and that further discussion took place via MS Teams and emails afterwards.

Was the inspection report well-written? Did it make sense?

The feedback was overwhelmingly positive. Comments included that reports were ‘very comprehensive and well-written’, ‘well structured’, ‘articulate’. One respondent noted that they felt the

need to challenge some areas but that this had not resulted in the change which they were wanting.

Were any areas for improvement identified? Were the timescales for improvement appropriate?

Where such areas were identified, the timescales were considered to be ‘reasonable’, ‘appropriate’ or ‘manageable’. One respondent commented that

no consideration was given to the additional costs associated with making the improvements.

What has been the impact of the inspection upon the service? Was the inspection process of benefit to the service?

A range of responses were provided in answer to these questions, and these demonstrate that various positive changes have taken place as a result of the inspection process.

*Inspection is an important part of the care industry and valuable to maintain standards.  
Gave assurance that we are working towards our goal of person focused care for all relatives.  
Think it’s beneficial and highly relevant to ensure we are providing safe and effective care.*

*Absolutely, it gave the residents and staff support, reassurance that the upheaval they had been ‘living’ through was going to be worth it and that higher standards are being and will continue to be achieved with their effort.  
An external review is always of use to us as we are passionate about enhancing lives and continuous improvement of our services.  
Yes of great benefit in terms of independent oversight and in providing leverage for implementing improvements.*



APPENDIX 1  
(CONTINUED)

How can the inspection process be improved?

This question generated many varied responses.

One respondent suggested that inspections be undertaken more frequently. Another commented that the inspection process had taken too long and should have been completed within a shorter period.

Other comments included:

*Provision of agenda and timings i.e., management discussion, staff interviews, data reporting feedback, summary and feedback of initial findings. (N.B. This respondent felt that the inspection process should be more formalised with a specified agenda and timings for meetings).*

*I am happy with the inspection process for my areas. I don't feel there is any need for improvement.*

*I feel that the inspection process works well by including the views of the relatives and staff.*

*We feel the process is fair and the communication between service provider and inspector is good.*

Have you needed to contact the Commission outside of inspections?  
Has the Commission been helpful?

Most respondents indicated that they had needed to, on occasions, contact the Commission. Where this had happened, the feedback was overwhelmingly positive.

*Yes, I have (made contact with the Commission) several times. I ring for advice and to talk things through, this enhances the care delivery for all.*

*Yes to ask advice, and yes always get an informative and helpful reply.*

*I have made contact outside of inspections and have found the Commission to be very helpful and they respond in a timely manner.*

*Yes, I have several times, this for me is the most useful function of the Commission, to have access to an inspector just to ask their advice.*

*Yes, at times I have made contact and they have been very helpful with giving information in a professional, friendly manner.*

Does the Commission have a high enough profile, and do you feel that people understand its role and function?

This question generated suggestions for improvement. The majority of respondents expressed that the Commission does not have a high enough profile and various respondents concurred that the Commission has not been sufficiently vocal throughout the pandemic. A minority of respondents believed that the Commission either has a high enough profile, or that the situation is improving.

*There has been a lack of 'visible' support for the Care Sector from the Commission as a body regarding the challenges service providers faced during the Pandemic. Inspectors leaving the Island to work remotely for months added to this perception.*

*I don't feel enough residents and relatives are aware of it. At a recent committee meeting with 2*

*residents and 2 relatives none had heard of it.*

*No, I believe the general public are not aware that they can contact the Care Commission with any concerns or complaints.*

*This could be promoted further. Provision of materials to share with staff would be helpful. Perhaps something to be shared on the website (of the organisation which was inspected), and Facebook etc...*

*No, I do not think the role is clearly understood.*

*A higher profile certainly is needed. Effective communication to the general population and service providers would be seen as positive. Post Pandemic would be an ideal opportunity for this.*

Is there anything that the Commission could do to improve how it operates? Is there anything that we should do differently?

This question generated a range of responses and suggestions, which were generally positive.

*No, I think it's important that they function as they do to remind Home Care workers / organisations why the need for regulation. The relationships are perfectly balanced as they are approachable and friendly but also very professional and honest ensuring that we are aware of their role and the importance of regulating services.*

*Perhaps more training/information/ open days for the sector when the pandemic settles.*

*Possible meetings which could involve staff to provide feedback.*

*In our opinion the balance between the regulatory function and providing advice is right.*

*Give a chance to less experienced staff to think about their answers, some of staff members don't understand abbreviations.*

*I am currently happy with the JCC and its ways of operating, and support provided.*

# APPENDIX 2:

## Health Care Registration

Occupation	2021	2020
Ambulance Paramedic	23	1
Art Therapist	1	0
Biomedical Scientist	12	13
Chiropodist	1	0
Chiropractor	8	1
Clinical Scientist	0	0
Clinical Psychologist	4	3
Dietitian	1	1
Midwife	8	16
Nurse	164	208
Nurse Independent Prescriber	1	2
Occupational Therapist	4	10
Operating Department Practitioner	12	4
Orthoptist	2	0
Osteopath	1	1
Physiotherapist	22	8
Podiatrist	2	2
Psychotherapist	9	3
Radiographer	16	8
Social Worker	37	49
Specialist Community Public Health Nurse	5	6
Speech and Language Therapist	5	2

TOTAL	338	338
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### Health Care Registrations by month:

Month	2021	2020
January	43	16
February	15	18
March	31	31
April	25	41
May	23	7
June	27	13
July	28	21
August	38	30
September	29	36
October	24	28
November	26	29
December	29	33

TOTAL	338	338
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### Annual Renewals of Health Care Registrations

Health and Care Professionals are required to complete an annual renewal. Each year, some registrants do not renew (e.g., registrant no longer practising in Jersey).

Registrants renewed	1899
Registrants removed from register	320
Renewals Processed (Total)	2219

### Medical Practitioner Registrations

Health and Care Professionals are required to complete an annual renewal. Each year, some registrants do not renew (e.g., registrant no longer practising in Jersey).

	2021	Pending Applications	2020
Medical Practitioner	127	4	98

### Medical Practitioner Registrations by month:

Health and Care Professionals are required to complete an annual renewal. Each year, some registrants do not renew (e.g., registrant no longer practising in Jersey).

Month	2021	2020
January	9	10
February	2	11
March	8	7
April	6	7
May	7	1
June	13	6
July	15	6
August	21	24
September	12	5
October	15	10
November	8	5
December	11	6

TOTAL	127	98
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APPENDIX 2  
(CONTINUED)

Dental Registrations

	2021	Pending Applications	2020
Dental Nurse	48	1	6
Dental Hygienist	4	0	6
Dental Therapist	1	0	3
Orthodontic Therapist	0	0	2
TOTAL	53	1	17

Month	2021	2020
January	3	2
February	14	7
March	21	0
April	6	0
May	3	1
June	2	1
July	0	3
August	1	0
September	1	1
October	1	2
November	1	0
December	11	0
TOTAL	53	17

Piercing and Tattooing:

	2021	Pending	2020
Premises	5	2	11
Practitioners	19	1	14
TOTAL	53	1	17

APPENDIX 3

Professions which are registered by the Commission

Legislation	Registrable Professions
Health Care (Registration) (Jersey) Law 1995.  Health Care (Registration) (No.5) (Jersey) Regulations 2019:	Ambulance paramedic Art Therapist Biomedical scientist Chiropodist Chiropractor Clinical psychologist Dietitian Midwife Midwife prescribing practitioner Nurse Nurse prescribing practitioner Occupational therapist Operating department practitioner Orthoptist Osteopath Physiotherapist Podiatrist Psychotherapist Radiographer Registered nurse: first level Registered nurse: second level Social worker Specialist community public health- nurse Specialist community public health- nurse prescribing practitioner Speech and language therapist Nurse independent prescriber Optometrist independent prescriber Paramedic independent prescriber Pharmacist independent prescriber Physiotherapist independent -prescriber Podiatrist independent prescriber Therapeutic radiographer independent -prescriber
Dentistry (Jersey) Law 2015	Clinical dental technician Dental hygienist Dental nurse Dental technician Dental therapist Orthodontic therapist
Medical Practitioners (Registration) (Jersey) Law 1960	Doctors



**[www.carecommission.je](http://www.carecommission.je)**



**Jersey Care  
Commission**

**Providing independent assurance, promoting  
best practice and improving health and social  
care outcomes for the people of Jersey.**

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