



**Jersey Care
Commission**

INSPECTION REPORT

Here2Help Limited

Home Care Service

**Les Chenes
La Rue de la Guilleaumerie
St Saviour
JE2 7XF**

12 May 2022

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014 (the “2014 Law”), all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission (‘the Commission’).

This inspection was carried out in accordance with Regulation 32 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

ABOUT THE SERVICE

This is a report of the inspection of Here2Help Limited. The service is operated from an address in St Saviour and became registered with the Commission on 8 April 2020.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u> Type of care: personal care Category of care: Adult 60+, dementia care, physical disability, autism, mental health Maximum number of care hours: 600 Age range of care receivers: 60 and above <u>Discretionary</u> None
Dates of Inspection	12 May 2022
Times of Inspection	13:00 – 16:15
Type of Inspection	Announced
Number of areas for improvement	Nine
Number of care receivers using the service on the day of the inspection	Twenty four

The Home Care Service is operated by Here2Help Limited. There was no registered manager in post at the time of the inspection. An interim manager was employed and was present on the day of the inspection visit.

Since the last inspection on 23 November 2021, the Commission received a notification of absence of the Registered Manager on 21 April 2022. The notification included details of the Registered Provider's arrangements, to ensure that the service had a suitable interim management plan in place. It was discussed with the Provider at inspection that it was an area of concern for the Commission, as there had been three changes of manager since the service registered in April 2020. It was agreed during the inspection that the Provider would submit a clear plan to the Commission concerning the appointment of a permanent manager.

In the week following the inspection, the Commission was advised that the Interim Manager had resigned from the service with immediate effect. The Commission instructed the Provider that this matter must be dealt with as a matter of urgency. Pursuant to Article 11(1)(a) of the 2014 Law it is a mandatory condition of a provider's registration that a fit person be registered as the manager of a regulated service and a service can not operate for a sustained period without a Registered Manager in situ in accordance with the Regulation 27 (Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 ('the Regulations').

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

The policy and procedure folder was reviewed at inspection, a number of the policies were found to need reviewing. There was one example of inconsistencies in practice compared to policy. This is highlighted further under the heading of 'safety'. This is an area for improvement.

A sample of recruitment files were reviewed at inspection, there was evidence of safer recruitment checks not being completed prior to employees start dates. Examples of these were Disclosure and Barring Service (DBS) checks and references not being in place. This is an area for improvement.

Medication training is provided by an online training forum. It is a requirement of the Standards for all care workers to have completed an accredited RQF Level 2 or 3 medication module in medication administration, prior to having any involvement in the administering of medication. Although some staff had completed this training, others had yet to do so and yet were already involved in medication administration. This is a significant concern and is an area for improvement.

The assessment and planning of care was reviewed during the inspection and a sample of care plans were viewed on the online system. The plans enable specific tasks to be identified that staff then carry out. The Interim Manager discussed that there was no assessment documentation in use, to assess the care needs of new care receivers. This is an area for improvement.

Feedback from care receivers and relatives concerning the care and support received was generally positive; this is highlighted further under the heading of 'care and support'. There was also evidence of trying to match carers with care receivers' needs and preferences to ensure person-centred care.

There was evidence of adequate staffing levels on the day of the inspection; however, staffing levels within the service had fluctuated due to recent staff turnover within the team and changes to management.

There was no clear induction policy for new employees; this is an area for improvement.

The safeguarding training available for staff was an online module, not specific to Jersey and therefore unlikely to relate to relevant local legislation and guidance. This is an area for improvement.

The annual appraisals and supervisions for staff were not up to date at the time of the inspection; this is an area for improvement. The Interim Manager showed the Regulation Officers a supervision template which could be used in supervision sessions with staff. It was discussed with the Interim Manger that an alternative template may be more useful and that the Commission may be able to provide an example of such a template.

A copy of the Statement of Purpose was reviewed as part of the inspection process; this had not been updated since March 2020 and subsequently this was identified as an area for improvement at the time of the inspection. For example, the organisational structure and age range needed updating.

The area for improvement from the previous inspection on 23 November 2021, concerning monthly reports, had not been met at the time of this inspection and so remains an area for improvement. This is discussed further under the heading 'inspection findings'.

INSPECTION PROCESS

This inspection was announced and was completed on 12 May 2022. Notice of the inspection visit was given to the Interim Manager two days before the visit. This was to ensure that the Interim Manager would be available during the visit and to confirm the service's infection prevention and control arrangements. Two Regulation Officers carried out the inspection and the Registered Provider attended throughout.

The Home Care Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**

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

- **Training**

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report.

The Regulation Officer sought the views of the people who use the service, and or their representatives, and spoke with managerial and other staff.

The Regulation Officer established contact with nine care receivers or their representatives. This contact was made by phone and email. Four staff members were also spoken with by phone as part of the inspection process.

During the inspection, records including policies, care records, electronic dashboard and a sample invoice was viewed.

At the conclusion of the inspection, the Regulation Officers provided feedback to the Interim Manager and the Provider. This report sets out our findings. Where areas for improvement have been identified, these are described in the report and an Improvement Plan is attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, one area for improvement was identified and a letter dated 27 January 2022 was submitted to the Commission by the Registered Provider setting out how this area would be addressed.

The area for improvement was discussed during the inspection. Although monthly reports on the quality of care and compliance with registration requirements had not been produced, it has since been confirmed that some of the information required on the Commission's template could be generated by the Registered Provider's systems. The purpose of the monthly reports was discussed, and it was explained that it is an important mechanism for enabling the quality and safety of the service to

be monitored by reviewing its compliance with Standards and Regulations. The Commission shared a template for monthly reporting, which could be used by the service. This means that the Registered Provider has not met the Standards in relation to reporting monthly on the quality of the care provided and compliance with the Standards and Regulations. This remains an area for improvement.

Safety

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.

The policy and procedure folder was reviewed during the inspection. Several of the policies were in need of review. The safe recruitment policy, which includes safe recruitment checks, states that all applicants must have two references prior to commencing employment. A review of two staff personnel files confirmed that neither of the applicants had two or indeed any references on file prior to commencing employment with the service. The recruitment policy also needed to be updated regarding the specific types of references that are required. This applies to Standard 3, (3.2):

'One of the references must be the applicant's current or most recent employer and there must be a reference from the applicant's last care role.'

The safe recruitment policy did not include a section on DBS and positive disclosure; this should include any risk assessment carried out in relation to a positive disclosure. There was an example during the inspection where this lack of policy had led to a potential risk. The need for a thorough review of the policies is an area for improvement.

On reviewing the personnel files, it was also found that one staff member had commenced employment prior to the service being in receipt of the staff member's DBS check.

The Standards clearly state that all safer recruitment checks must be completed prior to an employee's start date. This is an area for improvement with immediate effect.

Medication training was discussed in some detail with the Interim Manager and the Registered Provider. Initial medication training is provided online and there was a discussion concerning checking medication competencies following training. It was noted that the Interim Manager had developed a medication competency report, to review medication administration and documentation competency and was using this internally to assess medication competency. Some staff members had completed Regulated Qualifications Framework (RQF) Level 2 or 3 in medication training as is a requirement of the Standards. However, during the inspection, there was evidence that other staff were yet to complete this but were already administering medication without supervision. This is an area for improvement.

The safeguarding training provided for staff was online and, as it was not specific to Jersey, and was unlikely to relate to relevant local legislation and guidance. This is an area for improvement.

There was evidence of a complaints policy, a register of complaints, and the Provider reported receiving only 'low-level' complaints. Care receivers are informed of the complaint's procedure in their contract.

All clients are aware of which care staff will be visiting and all staff carry photograph ID. There was also evidence of safe transport procedures for care receivers, all staff vehicles are checked as being road worthy and vehicles are suitably insured to carry passengers.

The provider was able to demonstrate appropriate invoicing of care receivers using the online system, this details the total care hours broken down into the date and the duration / hours of the visit.

There was evidence of an appropriate gift policy for staff and the Interim Manager was able to describe very clearly the guidance that is given to staff and backed this up with a recent example from practice. Feedback from staff members provided

further evidence of awareness of the policy. The staff are instructed to keep receipts for any shopping undertaken on behalf of a care receiver, which are then invoiced to an appropriate third party.

Care and support

The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.

There were 24 care receivers on the day of the inspection. The service receives both private and Health and Social Care referrals. The service at the time of the inspection was not providing any live in care packages and two clients were currently awaiting nursing care packages. Current care packages consist of personal care / domiciliary support.

It was discussed with the Provider and the Interim Manager regarding the assessment process for new referrals into the service. The Interim Manager described a verbal discussion with potential new clients, which is only documented if the care receiver accepts a care package. At the time of the inspection, there was no formal assessment paperwork in use. This is an area for improvement. The Interim Manager is however keen to develop the assessment process. The Regulation Officers discussed that a form using the Activities of Daily Living (ADLs) as a template may be useful, as the care plans are currently based on the ADLs.

The service uses an electronic recording system called 'Care Line Live'. This is an app-based system that allows carers to quickly update care information and to record their visits with care receivers. The Regulation Officers observed the system in 'live' mode. The Interim Manager can monitor care tasks being completed and can respond to missed tasks, visits, or any concerns through an alert system. In addition to the staff, care receivers and families can also access the system and share information. There was consistency of carers and care receivers where possible, week on week. This is an area of good practice relating to Standard 6 (6.1 and 6.2).

Care plans are stored in both electronic and hard copy format. The hard copy is stored at the Provider's office and not within the client's own home. Two care plans were reviewed during the inspection, for clients with contrasting levels of care needs. Care plans are broken down into tasks that are then undertaken by the care staff. There was evidence of bespoke personalisation in one of the plans taking into account the care receiver's preferences and wishes.

The Regulation Officer spoke with nine care receivers and relatives. Most of these spoke positively of the care and attention provided by the carers. The following are examples of what was directly reported:

'The carers are wonderful'

'They are polite and helpful'

'I am treated with dignity'

'Communication is good; we use a notepad to help'

However, some concerns were mentioned by relatives such as the recent staffing shortages, as well as the turnover of staff within the service and changes in management. Whilst in one relative's opinion this had not affected care delivery, another relative mentioned that the constant changes in staff was unsettling for their family member.

There were no reports of missed visits but there were reports of carers arriving late to a visit (up to 1 hour late). It was evident that the late arrival of carers was usually communicated to the care receivers, but there was also evidence that this has not happened on occasions. On one occasion, this meant that some aspects of care were not completed.

A number of staff spoken with during the inspection process discussed that there was not always adequate travel time in the rota for in-between visits and hence this

contributed to arriving late. Another two members of staff also stated that additional shifts were often added to the rota at extremely short notice.

Some relatives advised that communication with the management team was generally good, however there were also relatives who reported instances where this had become difficult and / or had broken down. Relatives reported communication with management in recent months had been less efficient in terms of response time to enquiries, particularly by email.

It was also noted that Here2Help had completed a recent customer survey. Some of the responses were positive, although one relative commented that the questions were not very detailed.

Training

The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.
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The Provider has a subscription with 'Social Care TV' online training, which provides several online resources, and the Provider has access to another online UK provider of training.

Statutory and mandatory training requirements were discussed with the Provider and Interim Manager. Face-to-face training for First Aid had been arranged and Manual Handling training is being arranged for later in the year.

Staff are currently offered online training relating to mental capacity; the Regulation Officers discussed that this would not refer to local relevant legislation and guidance and advised acquiring an alternative source of this training in Jersey.

There were plans to contact the Community Infection Control Sister to ask for face-to-face infection control training. Medication and safeguarding training are highlighted under the section entitled 'safety'.

Training is recorded on a spreadsheet; the system highlights training using a colour code system, red if training is out of date, green for training in date and orange if a training update is due. There was a discussion around specialist training for end-of-life care and how to access this in Jersey for staff. Examples of online specialist training certificates were pressure trauma prevention, skin integrity and dementia care. It was discussed with the Interim Manager what formal evaluation of learning takes place; the Interim Manager commented that there is a discussion around the learning and checking of knowledge.

There was evidence of collaborative working with other agencies when nursing care was required for example for pressure area care. The Interim Manager also described a close working relationship with other health care professionals such as General Practitioners (GPs) and paramedics.

The service does not need many pieces of equipment, but the Interim Manager was currently sourcing a Camel Inflatable Emergency Lifting Chair, this is an emergency lifting cushion designed to lift a person from the floor with the help of one person.

It is positive to note the use of spot checks, where the Interim Manager would visit a client and their carer in the home, to check the application of the Standards in practice. The Interim Manager or the Registered Provider would also meet with clients if the client refused a particular carer to assess if there was an underlying reason for this that needed further review.

The service's Statement of Purpose describes an annual appraisal process with interim discussions at six months. At the time of the inspection, annual appraisal processes were not occurring in practice, nor was there any formal supervision for staff. This is an area for improvement.

The Interim Manager asked if the Regulation Officers might be able to help with the sourcing of some appropriate paperwork for the supervision and appraisal process. The Commission would be able to assist with this if required.

In addition, there was no formal induction policy for staff, the Interim Manager discussed that the induction process was in draft and needed to be put into place. This is an area for improvement.

Three members of staff spoken with during the inspection process confirmed the lack of regular supervision and appraisal, one staff member did discuss being given the opportunity to sit down informally with the Interim Manager. Two members of staff also expressed their concern regarding the lack of training that they had received since working for the service. Medication training in particular was highlighted. Future training needs and development would usually be part of the formal supervision / appraisal process, but staff were not being provided with such an opportunity.

The Provider discussed staff meetings that provide support to staff and the use of 'WhatsApp' staff groups for training and support.

IMPROVEMENT PLAN

There were nine areas for improvement identified during this inspection. The table below is provided to capture the Registered Provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Regulation 17 (5)</p> <p>To be completed by: with immediate effect.</p>	<p>The Registered Provider must ensure that all safer recruitment checks are completed prior to workers commencing employment.</p>
	<p>Response by registered provider:</p> <p>Click or tap here to enter text.</p>

<p>Area for Improvement 2</p> <p>Ref: Regulation 17 (4) (c)</p> <p>To be completed by: with immediate effect.</p>	<p>To introduce a system of regular formal staff supervision and appraisal. To ensure staff are given the opportunity to discuss their role, any issues and training needs.</p>
	<p>Response by registered provider:</p> <p>Click or tap here to enter text.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 1.4</p> <p>To be completed by: three months from the date of inspection (12 May 2022).</p>	<p>The Registered Provider must ensure that all policies are kept up to date and reflect current best practice guidelines. They must be reviewed at regular intervals and reflect local (Jersey) laws, practices and support services that are available.</p>
	<p>Response by registered provider:</p> <p>Click or tap here to enter text.</p>

<p>Area for Improvement 4</p> <p>Ref: Regulation 11 (1) (d)</p>	<p>The Registered Provider must ensure that all staff receive safeguarding training that reflects local (Jersey) relevant legislation and guidance.</p>
<p>To be completed by: within 3 months from the date of inspection (12 May 2022).</p>	<p>Response by registered provider:</p> <p>Click or tap here to enter text.</p>

<p>Area for Improvement 5</p> <p>Ref: Regulation 14 (3)</p>	<p>The Registered Provider must ensure that any worker involved in the dispensing and management of medicines has appropriate training.</p>
<p>To be completed by: with immediate effect.</p>	<p>Response by registered provider:</p> <p>Click or tap here to enter text.</p>

<p>Area for Improvement 6</p> <p>Ref: Regulation 17 (4) (c)</p>	<p>The Registered Provider must ensure that all staff complete a structured induction process to ensure that staff are competent to work in the care service.</p>
<p>To be completed by: with immediate effect.</p>	<p>Response by registered provider:</p> <p>Click or tap here to enter text.</p>

<p>Area for Improvement 7</p> <p>Ref: Regulation 20 (3)</p>	<p>The Statement of Purpose will be regularly reviewed and updated.</p>
<p>To be completed by: within 1 month from the date of inspection (12 May 2022).</p>	<p>Response by registered provider:</p> <p>Click or tap here to enter text.</p>

<p>Area for Improvement 8</p> <p>Ref: Regulation 19 (4)</p>	<p>The Registered Provider must produce a regular monthly report on the quality of care provided in compliance with registration requirements.</p>
<p>To be completed by: with immediate effect.</p>	<p>Response by registered provider:</p> <p>Click or tap here to enter text.</p>

<p>Area for Improvement 9</p> <p>Ref: Regulation 8 and 9</p> <p>To be completed by: with immediate effect.</p>	<p>The Registered Provider must ensure that the service’s assessment process is detailed and documented appropriately to ensure that the specific needs and preferences of care receivers are identified.</p>
	<p>Response by registered provider:</p> <p>Click or tap here to enter text.</p>

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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