



**Jersey Care
Commission**

INSPECTION REPORT

Golden Gate Care Services

Home Care Service

**Studio 17
Wharf Street
St Helier
JE2 3NR**

8 and 28 June 2022

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity 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 Golden Gate Care Services. The service is situated in St Helier and operates from an office suite in a building which also provides facility of a boardroom to enable larger meetings if required. The service became registered with the Commission on 13 May 2021, and this is its second statutory inspection, the previous inspection was on 23 and 30 December 2022

Registered Provider	Golden Gate Care Services
Registered Manager	Rita Pontes
Regulated Activity	Home Care Service
Conditions of Registration	<p><u>Mandatory</u></p> <p>Maximum number of personal care/personal support care hours to be provided is: 600 hours per week</p> <p>Age range of care receivers is: 40 and above</p> <p>Category of care is: Age 60+, Dementia Care, Physical disability/ sensory impairment, End of life care.</p> <p><u>Discretionary</u></p> <p>Rita Pontes registered as manager of Golden Gate Home Care must complete a Level 5 Diploma in Leadership in Health and Social Care by 13 May 2024</p>

Dates of Inspection	8 and 28 June 2022
Times of Inspection	10.30 am – 13.30 pm 10.00 – 12:30 pm
Type of Inspection	Announced
Number of areas for improvement	Eight

Currently there are 11 care packages being supported by the service. The service currently employs 16 care staff, an administrator, an office manager and a director.

Since the last inspection, the Commission has had contact with the service with reference to some adjustments to its registration which have included the addition of a director's post and a change to the trading/business name. However, the new director had not been registered at the time of the inspection and it was advised that this should be promptly addressed.

The discretionary condition on the service's registration was discussed as part of the inspection process and the Registered Manager aware of the requirements in relation to this condition.

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.

It was of concern on the first day of inspection that the Registered Manager, was unable to provide several documents or information which is requested routinely as part of the inspection process. It was acknowledged that key staff were unavailable due to being on leave (who may have been able to assist with some of the enquiries). However, this was an announced inspection, and it would usually be the expectation that questions which were asked during the inspection, would be answered by the Registered Manager. At the time of inspection, the Manager had

the dual role of also being the Registered Provider, as defined within the Regulation of Care (Jersey) Law 2014 law. The Registered Provider has overall accountability for the service.

It was established on the first day of inspection that operational issues which had been identified during the previous inspection as areas for improvement, had not been resolved. Notably, supervision and appraisal process for all staff was not well evidenced as being provided to any consistent degree by the Registered Manager. Similarly, the area for improvement recorded about the quality of services being kept under regular review, was not evidenced to an acceptable standard despite the response recorded by the Provider in the last inspection report.

At the completion of the first day's inspection visit, eight areas for improvement were identified, many of which related to the roles and responsibilities of the Registered Manager. The structure in respect of how operational roles and responsibilities are carried out or "delegated", did not adequately take account of the Registered Manager's overall responsibility and accountability.

There was limited documentary evidence relating to either the delivery or oversight of care packages, which indicated an overall lack of sufficient structure or appropriate governance. In respect of new referrals, it was evident that reliance was made on information received from other agencies with limited formal processing being undertaken or recorded by the Registered Manager. In addition to this, poor standards relating to recruitment processes were noted alongside limited or insufficient record keeping relating to the supervision of staff.

Regulation Officers acknowledged and noted that some improvement had been made relating to the notification of incidents, as these were now submitted regularly to the Commission. Furthermore, an increase in the workforce was recorded, which arguably should have enabled the Registered Manager to give more attention to all of the areas of improvement as recorded in the last inspection. It is acknowledged that the care staff who spoke with Regulation Officers stated they found care plans helpful for their purposes. However, an inspection of the care plans did not evidence the expected levels of review and evaluation of care interventions, nor did they

provide sufficient detail or instructions for new care workers to follow. Where risks had been identified, there was an absence of detail such as risk assessments and plans to minimise or manage these. This is an area for improvement recorded at the conclusion of this report as item 1.

Feedback from both care receivers and relatives was consistently positive, and much appreciation was expressed about the quality-of-care provision, this is reassuring. However, feedback provided by independent healthcare professionals affirmed the findings of Regulation Officers relating to the overall management arrangements and structure of the service and of the oversight of care provision.

Due to the concerns recorded during the inspection process; it was advised that the service does not accept any new referrals until a further review of the service is completed. This is with reference to the areas of improvement and is in accordance with the Commission's Escalation, Enforcement and Review Policy. It is important to note that Regulation Officers were assured by the positive response, which the Provider gave to the immediate feedback they received.

INSPECTION PROCESS

This inspection was announced with two weeks' notice, in order to accommodate the service's needs and to ensure the Registered Manager's availability. Regulation Officers ensured that opportunity was given to all key personnel involved in overseeing the service, to contribute and have opportunity to clarify any issues of concern raised from the inspection. Two visits were therefore undertaken to facilitate this and the inspection was completed on 28 June 2022. Enquiries made of care receivers, relatives, care staff and healthcare professionals were carried out within the two visits.

The Home Care Standards were referenced throughout the inspection.¹

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

This inspection focussed on the following lines of enquiry:

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

Prior to the inspection visit, all of 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 relatives, together with members of the small staff team. Additionally, two independent healthcare professionals were contacted for feedback as part of the inspection process.

During the inspection, policies, care records, incidents and were reviewed. Recruitment and selection of new staff was also reviewed from an inspection of references and Disclosure and Barring Service (DBS) certificates retained in personnel folders. Analysis of the Provider's development and progress of service was also undertaken, with specific reference to the last inspection findings and subsequent correspondence with the Provider. The primary sources of referrals and any capacity for expansion of current caseload was also explored.

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

INSPECTION FINDINGS

At the last inspection, four areas for improvement were identified that required follow up on this visit; these were, the staffing structure and the need for a review of recruitment policies and procedures; the provision of supervision; notifications of incidents, and the quality of the service documentation (monthly reports).

In the Provider's response to the area for improvement about staffing levels, including a review of recruitment policies and procedures, it was stated: *"Unfortunate circumstances that lead us to a staffing crisis at the time of the inspection was resolved shortly after. This was made worse by other staff contracting COVID-19 at the same time. We have made a concerted effort to recruit new staff and have successfully recruited nine new staff members to date and will continue to grow our team"*. While the improvements to staffing numbers were noted at this inspection, there were significant gaps in the safe recruitment process. This did not evidence that adequate attention is given to recruitment policies and procedures.

The corresponding lack of evidence of any formalised or structured supervision process (other than reported observed practice of carers when carrying out care tasks in care receivers' homes), was of further concern. This was despite the response recorded in the previous inspection report as follows:

"At the time of inspection, we had not yet had a member of staff with us long enough to warrant appraisals as per our policies and procedures despite already having all the relevant documents in place. Since beginning trading we made sure that all new starters were shadowed and trained by the registered manager herself to ensure their performance was to a satisfactory level. Now that we are in a position where we have retained staff for an appropriate period of time we have begun to schedule these appraisals and supervisions".

No supervision records for any supervision process (which would normally be undertaken by the Registered Manager as expected of their role and qualification), was provided, available or adequately detailed in discussion on the first day of the inspection.

Similar findings were made as during the previous inspection in respect of the need for the quality of services to be kept under regular review. This was not evidenced to an acceptable standard at this inspection. This was despite the Provider's response previously recorded as:

“A new Co-Director for the company will be responsible for independently to report on the quality of the service and ensure compliance with registration requirements, Standards and Regulations. At the time of this inspection audits were not requested but may be produced at any time through our care management system. In addition to this, meetings within the Senior Management team are carried out routinely to consistently look to address areas for improvement to ensure the service we offer our clients is the best possible”.

Of the four areas for improvement made at the last inspection, only one improvement was now measurable and evident i.e., that there are regular submissions of routine notifications were now on file with the Commission. This improvement notwithstanding, there still needed to be some clarification of process to better ensure that any communication with other agencies e.g., social workers, remained separate to the formal notification process to the Commission, as required under Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018. Reference to recent notifications also provided useful reference to care packages which had been challenging for the Provider to support due to a number of issues relating to specific care needs.

Further discussion about the resources available to the Provider at an operational level on a day-to-day basis over a 24-hour period was explored, with reference to the roles and responsibilities of a Registered Manager. The Regulation Officers were concerned about the ongoing designation of duties and the amount of time which the Registered Manager was providing in carrying out direct care input. It was apparent that several roles had been delegated to the Administrator/Office Manager. One such example was the processing of Significant Restriction of Liberty (SROL) authorisation requests. It was not evident that the Registered Manager had sufficient oversight or understanding of this process. While the benefits of working directly with and supervising care staff in the care receivers' own home environment was recognised, the apparent overreliance on the Registered Manager's direct involvement in supporting care packages reduced the amount of time available for them to spend in carrying out many other aspects of their managerial role.

The overall findings from this inspection highlighted the Provider's need to develop a greater understanding of key aspects of managerial roles and responsibilities and improving on governance arrangements. However, the positive feedback received about the Registered Manager and other care staff is acknowledged. Furthermore, the Office Manager explained that a plan is in place to develop the team, with targeted recruitment for experienced care staff who may fulfil the deputy role.

Feedback from care receivers and/or relatives of how the service operates included comments as below:

"Fantastic, they have been brilliant"

"Xxx very picky about who looks after Xxx"

"The care that Xxx has is what we would like everyone to have"

"xxxx, she is very good"

"We are very happy about the care, she looks after Xxx him very well".

It was noted however that of five contacts made with care receivers/relatives, the Registered Manager was mentioned a number of times and appeared to be the main provider of care despite their employment of 16 other staff. This observation strengthens the concerns about them not available to carry out other important aspects of their managerial role.

Additionally, two independent healthcare professionals who were contacted for feedback as part of the inspection process conveyed similar concerns about how the service was managed. This had been noted from care packages where it was indicated that risks were not consistently being identified at an early stage and/or addressed in a timely manner with relevant agencies.

The overall findings from this inspection did not provide the anticipated depth or range of evidence to demonstrate that safe and effective care is consistently

provided or monitored effectively. The apparent overlapping and blurring of roles and responsibilities between the Registered Manager and Office Manager is a concern, which requires review alongside a reconsideration of the internal communication systems and ways of working. These issues, if unresolved, are likely to increase the risk of there being a negative impact on care receivers and/or the staff team as the service continues to grow.

Safety

<p>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.</p>
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A discussion with the Registered Manager established that there was a very limited understanding of the expected quality assurance framework and reporting systems that should be incorporated into routine ways of working. Such processes are integral to managing and reviewing aspects of service delivery; with safety a theme for many areas of practice. Despite the assurances provided in response to the last inspection report, there was no monthly report available that demonstrated any level of analysis, for a review of the extent to which the service was meeting the Standards. It was highlighted by the Administrator how the existing electronic records might be used for the purpose of audit. However, these primarily referenced data which was very limited for the purpose of quality assurance. This remains an area for improvement and recorded at the conclusion of this report as item 2.

Although it was encouraging to note the improvements in the number of notifications of incidents being reported more consistently to the Commission, it was a concern that risk management and care planning was absent in the care records which were reviewed.

The file notes/notification of incidents received by the Commission were reviewed with a focus on how the service managed the identified risks. There was a lack of clear evidence of whether the approaches or actions care staff might take to minimise or manage risk. While acknowledging the challenging circumstances which care staff were faced with on occasion, the lack of written guidelines was

concerning. In addition, the delay in raising concerns with relevant healthcare professionals was also of concern. This had been similarly conveyed by relevant agencies with the Commission prior to the inspection.

With reference to the poor levels of supervision noted from this inspection, the management and oversight of any risks which care staff may be expected to address in their daily work, was not clearly evidenced or recorded. This an area for improvement recorded at the conclusion of this report as item 3.

A review of care folders did not consistently evidence any specific reference to risks. In the examples where this was evident, detail about the actions taken or the provision of review with associated timelines, was inadequate. Similarly, where on occasion some apparent risk to lone workers was an issue of concern, there was a lack of a clear reporting/management structure or any procedures which staff should follow.

Documents provided for inspection included the “Staff Handbook 2021”, which referenced “acting up/acting across” which referred to the circumstances in which staff might be required to do extra duties not in their usual day to day job description. The procedures to follow when this is required was described as to contact the Management Team. However, this lacked sufficient detail and it was advised that this be reviewed further.

Although the staff handbook referenced a safe recruitment policy and included the expected references to meet best practice, a review of four employees’ recruitment documents highlighted a number of shortcomings in this process. Specifically, various folders revealed the following: absence of a job description; only one reference on file; Disclosure and Barring Service (DBS) having been issued after employment commenced, and contracts signed after the start date for one employee. The Administrator was advised of the relevant best practice principles which should be embedded into this process. This was acknowledged. This an area for improvement recorded at the conclusion of this report as item 4.

It was noted that the “Staff Induction Checklist (Practical)” was somewhat limited in its content considering the wide range of interventions and assistance for which any care worker may require induction. Whilst the checklist recorded the need that staff members, “go through different company forms”, this is non-specific and does not adequately record some of the most important and risky interventions which should be clearly recorded and auditable. This is to ensure that a comprehensive induction has been completed e.g., in relation to the use of handling equipment. This an area for improvement recorded at the conclusion of this report as item 5.

The Registered Manager confirmed that new staff undertake shadow and induction shifts, to ensure their competency prior to undertaking specific tasks independently or working as a lone worker. It was clarified with some employees, that they had received 1:1 support and direct supervision from the Registered Manager and also worked closely with more experienced colleagues before lone working. This was an example of good practice.

Phone apps which alert relevant personnel to any missed visits through a call monitoring system were discussed, but due to several issues this system had not yet been fully utilised. It was noted by the Regulation Officers that this system may have some gaps in how it operates which could undermine its key function (alerting the management team to any missed visits). A further review of this system was advised, and this was acknowledged by the Provider.

It was also noted as to the heavy reliance placed on the Registered Manager to monitor and/or initiate enquiries and fill in for any unexpected gaps in service e.g., due to staff sickness. It was not evident from a discussion and review of relevant policy and procedures, that the Registered Manager/Provider had a clear understanding and defined role for the oversight of all operational matters. The Registered Manager would be expected to have a well- informed perspective and role in overseeing all care related issues based on their role and qualification. However, their greater involvement in providing direct care, does not facilitate the necessary time and opportunity to carry out other important roles consistently.

Whilst it is acknowledged that plans have already been commenced by the Office Manager regarding some targeted recruitment; the workload of and overreliance on the Registered Manager is a concern. It was apparent that these shortfalls alongside the lack of a structured supervision, are likely to become more challenging to support over time, if the service increases in both size and scope. There is a need to broaden the roles and responsibilities of other staff members to ensure that sustainability is assured. This was fully acknowledged by the Provider/Registered Manager and is recorded at the conclusion of this report as item 6.

Safe medication management is promoted and covered by care staff who have a role in administering medication. These staff have completed the relevant Quality Credit Framework (QCF) Level 3 medication modules.

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.

A review of care records showed that there was an absence of evidence that good quality care planning principles were being applied in practice. This specifically related to new referrals where there was a lack of detailed assessments and an apparent reliance on secondary assessment as the primary reference. In addition, the absence of instructive care plans was a significant concern.

Regulation Officers provided some clear instruction and advice about best practice and of the relevant Standards to be applied in supporting all care and support needs. The primary concerns were, the absence of assessment; care plans not being clearly filed or being inconsistent in format and content; an absence of reviews and evaluations being recorded, and some care plans not adequately reflecting the identified or apparent care needs.

Where risks were identified, for example high risk scores for pressure ulcer development, the timeline for follow up review was generally unacceptable and there was insufficient evidence that the necessary actions to minimise the risk were being consistently or fully recorded.

The positive feedback received from care receivers and their overall satisfaction about the care received, is acknowledged. However, the gaps in the care planning and review process highlighted a potential risk associated with both planning and monitoring. As a result of the identified deficits associated with the undertaking of risk assessments and the absence of documented planning to minimise risk, immediate attention needs to be taken to meet the relevant Standards. Although this is an area for improvement, it is included as part of the area for improvement recorded as item 1.

Advice about minimum data recording for care plans, evaluation and reviews was provided. It was also highlighted as to the need for any care receiver to be able to both request sight of their care records and to contribute to their development. This should be a consideration in respect of how information is recorded in all documentation.

Given the identified deficits associated with care recording, Regulation Officers advised that the service should suspend the accepting of new referrals until such time as a thorough review of this important aspect of care delivery and record keeping is completed.

Training

<p>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.</p>

The training log was provided for review; This showed there was no clear evidence as to the necessary details of what training staff had undertaken or completed as only very generic descriptions were recorded. For example, in relation to one staff

member, it was recorded under the heading of “most recent training, since previous inspection”, as “none, training updates, needs completion”. Similarly, in respect of another staff member, it was recorded, “may need some mandatory training updates, not all, just individual courses”.

Although further information may have been incorporated within individual employment folders, the training log was not sufficiently detailed to enable the training needs of the staff group to be comprehensively monitored. Conversely, one record for an employee recorded several training modules as having been completed, including “mandatory training completed online” and several topics including fire safety, safe moving and handling, infection prevention and control, first aid at work, basic life support and anaphylaxis. However, it was noted that this information did not include any dates of training or scheduled updates. This recorded at the conclusion of this report as item 7.

At the time of the inspection, the Provider/Registered Manager was noted to be most actively involved in direct care and stated they will “pop into the office around 11am” for administration roles and operational matters. While it would be expected that this ensures that Standards are monitored and maintained to a high level, it was a concern with reference to a recent application for a Significant Restriction of Liberty (SROL) authorisation, that the Administrator appeared to have taken a prominent role in addressing an urgent issue highlighted by the Office of the Capacity Law & Mental Health Law Administrator. Furthermore, within this correspondence an apparent lack of understanding of the principles which should be applied in this matter were noticeable. The need to enhance the Registered Manager’s understanding of their specific role in this statutory process as set out in the Capacity and Self-Determination (Jersey) Law 2016, is an area for improvement recorded at the conclusion of this report as item 8.

IMPROVEMENT PLAN

There were eight areas for improvement identified during this inspection. The table below is the registered Provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standards 2.1, 2.2, 2.3, 2.4, 2.5, 2.6,</p> <p>To be completed by: 1 month from the date of this inspection (28 July 2022)</p>	<p>A review of initial assessments and care planning processes must be undertaken. Initial assessments should be comprehensive and should identify need and associated interventions and that may include specific risks if identified. Care plans should be clear, succinct, instructive and up to date. Regular reviews of care plans must be undertaken, and this must be consistently recorded.</p> <p>There must be clearer evidence that appropriate measures are in place to identify risk at an early stage, that risk assessments are undertaken as required and that adequate planning processes are in place to manage and reduce risk.</p>
	<p>Response by registered provider:</p> <p>Initial assessments and reassessments have been fully reviewed and improved and refined as have the care plans. A plan for more regular reviews have been planned for and staff reminded of importance of record keeping. Risk assessments are another area that have been overhauled and improved, as have the planning processes and relevant policies and procedures.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 9.3, 9.4, 9.5</p> <p>To be completed by: 2 months from the date of this inspection (28 August 2022)</p>	<p>The quality of services provided should be kept under regular review. A monthly report must be compiled on the quality of care provided and compliance with registration requirements, Standards and Regulations. The Registered Manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.</p>
	<p>Response by registered provider:</p> <p>We have ensured that more thorough monthly reports are done and reviewed by registered manager to ensure quality assurance.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 3.14</p> <p>To be completed by: with immediate effect</p>	<p>To fully implement a system of formal staff supervision and oversight of care practices with regular and consistent records maintained.</p>
	<p>Response by registered provider:</p> <p>A system for regular formal supervision has been implemented with records maintained. Oversight of care practices that were already being carried out are being more carefully documented.</p>

Area for Improvement 4	The registered provider must ensure that recruitment processes and due diligence for all new employees is fully auditable, filed for inspection and meets best practice for safe recruitment.
Ref: Standard 3.5, 3.6	<p data-bbox="608 412 1399 452">Response by registered provider:</p> <p data-bbox="608 562 1399 741">Recruitment processes have been reviewed and refined to ensure best practices for safe recruitment are always met.</p>
To be completed by: with immediate effect	

Area for Improvement 5	There must be a robust and comprehensive induction record for all new staff which is signed off by employee/provider.
Ref: Standard 3.9, 3.10, 3.11	<p data-bbox="608 1093 1399 1133">Response by registered provider:</p> <p data-bbox="608 1243 1399 1422">New and complete induction pack has been created as an addition to our current handbook and distributed to all and recent new starters.</p>
To be completed by: 2 months from the date of this inspection (28 August 2022)	

Area for Improvement 6	There will be clear lines of accountability with roles and functions clearly set out and followed by identified person(s) as part of workforce strategy.
Ref: Standard 9.3	<p data-bbox="608 1816 1399 2013">This will ensure that structure, function, roles and responsibilities are clearly defined for the Registered Manager and/or anyone deputising in their absence and which may include on-call duties.</p>
To be completed by: 2 months from the date of	

<p>this inspection (28 August 2022)</p>	<p>Response by registered provider:</p> <p>New and updated organisational structure has been updated and distributed to all staff along with explanation of job descriptions and explanations of other positions. Clear description of function, roles and responsibilities for Registered Manager created for anyone deputising.</p>
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<p>Area for Improvement 7</p> <p>Ref: Standard 3.11</p> <p>To be completed by: 2 months from the date of this inspection (28 August 2022)</p>	<p>A training needs analysis for the staff group is to be undertaken to ensure that adequate competency and qualifications are in place (or will be obtained). This should result in a more detailed and accurate training matrix for staff qualifications with schedules for training needs and updates clearly referenced and auditable.</p>
	<p>Response by registered provider:</p> <p>New and more comprehensive training analysis, matrix and schedule for training has been created and being updated accordingly.</p>

<p>Area for Improvement 8</p> <p>Ref: Standard 3.11</p> <p>To be completed by: 2 months from the date of this inspection (28 August 2022)</p>	<p>The Registered Manager should obtain the most relevant training to ensure their compliance with role and responsibility for any authorisations of Signification Restriction of Liberty, if or when required as set out under the Capacity and Self-Determination (Jersey) Law 2016</p> <hr/> <p>Response by registered provider:</p> <p>Registered Manager as well as other staff obtained relevant training for any authorisations of Significant Restriction of Liberty as set out under the Capacity and Self-Determination (Jersey) Law 2016 on 8th July 2022.</p>
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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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