



**Jersey Care
Commission**

SUMMARY REPORT

Golden Gate Care Services

Home Care Service

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

8 and 28 June 2022

SUMMARY OF INSPECTION FINDINGS

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

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.

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>

<p>Area for Improvement 4</p> <p>Ref: Standard 3.5, 3.6</p>	<p>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.</p>
<p>To be completed by: with immediate effect</p>	<p>Response by registered provider:</p> <p>Recruitment processes have been reviewed and refined to ensure best practices for safe recruitment are always met.</p>

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

<p>Area for Improvement 6</p> <p>Ref: Standard 9.3</p>	<p>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.</p>
<p>To be completed by: 2 months from the date of</p>	<p>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>

<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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The full report can be accessed from [here](#).

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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