



Jersey Care
Commission

INSPECTION REPORT

**Complete Individual Home Care (CI
Homecare)**

Home Care Service

**Evergreen Homecare Services Limited
Suite 3, Longueville Business Centre
Longueville Road
St Saviour
JE2 7SA**

21 and 25 July 2022

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, 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 Complete Individual Home Care. The offices are situated on a business development in the parish of St Saviour and the service provided is island wide. The service became registered with the Commission on 2 October 2019.

Regulated Activity	Home care service
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care, personal support.</p> <p>Category of care: Adult 60+, dementia care, physical disability and/or sensory impairment, mental health.</p> <p>Maximum number of care hours: up to 2250 per week.</p> <p>Age range of care receivers: over 18 years.</p> <p><u>Discretionary</u></p> <p>As the Registered Manager, Nicola Heath must either provide formal confirmation from an appropriate educational source that their academic qualifications have equivalence to RQF Level 5 Diploma in Leadership in Health and</p>

	Social Care Module or obtain this specific qualification by 1 July 2023.
Dates of Inspection	21 and 25 July 2022
Times of Inspection	10:00-13:00 and 14:00-16:40
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers using the service on the day of the inspection	43

Evergreen Homecare Services Limited operates the Home Care Service and the Registered Manager is Nicola Heath.

The discretionary condition on the service's registration was discussed at inspection. The Registered Manager confirmed that they had recommenced the Level 5 Diploma, after delays due to the pandemic and were making progress.

Since the last inspection on 16 November 2021, the Regulation Officer and the previous Regulation Officer for the service made one visit to the service on 24 January 2022. The purpose of this visit was to introduce the new Regulation Officer to both the Registered Manager and the Provider and to discuss a specific concern. The Commission was notified of a satisfactory resolution of the concern following the meeting.

The service's Statement of Purpose was reviewed as part of the inspection. The Statement of Purpose had been updated following the last inspection in December 2021 and a draft copy submitted to the Commission. A copy of the final version was not available on file and this was requested and provided to the Regulation Officer as part of the inspection process.

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 service has quality-monitoring processes in place to ensure that it is operating in line with its registration conditions, Statement of Purpose and the Standards. This includes monitoring care workers' practices and conduct whilst in care receivers' homes. This is achieved by regular spot checks by the management team that are recorded as part of the supervision process.

There are policies and procedures in place that are part of any new employee's induction process and to guide practice. The policies are accessible to staff online and have clear dates of ratification and review.

Staff personnel files were reviewed during the inspection. Although most safe recruitment checks were in place prior to new staff commencing employment, in two files there was evidence of one or two of the required references being received after the employee's start date. This is an area for improvement with immediate effect. This is highlighted further under the heading of 'Safety'.

A package of care is offered to care receivers after an initial assessment of care needs; either the Registered Manager or the Deputy Manager carries this out. A provisional care plan is then created from the initial assessment in conjunction with the care receiver and/or other family members. There was evidence of personalisation in the care plans and of support with daily activities, appointments and shopping where required.

Care receivers and family members provided positive feedback concerning the quality of care and support that they receive. Staff reported adequate training and support from management.

Training undertaken by staff is consistent with the statutory and mandatory training outlined in the Standards. There is a clear induction process for new staff. Staff are provided with induction/competencies paperwork and a staff handbook to guide them through this process. There was evidence of regular staff supervision and appraisal from discussion with staff and management and review of staff personnel files.

INSPECTION PROCESS

This inspection was announced and was completed on 21 and 25 July 2022. Notice of the inspection visit was given to the Registered Manager two days before the visit. This was to ensure that the Registered Manager would be available during the visit.

The Home Care Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **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 five care receivers or their representatives and two care workers. This contact was made by phone.

The views of three health professionals were also sought as part of the inspection process. At the time of writing the report, two health professionals had responded.

During the inspection, records including policies, care records, staff personnel files and complaints were examined.

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

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager and the Deputy Manager.

This report sets out our findings and includes areas of good practice identified during the inspection. 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, no areas for improvement were identified that required any follow up on this visit.

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.

There was evidence of relevant policies and procedures in place to protect care receivers and staff. As part of the inspection, the safeguarding, recruitment, and medication policies were reviewed. At the top of each policy there are dates when the policy was last reviewed, last amended and the date of the next planned review. The policies were based on best practice and relevant to local services. Policies are reviewed every twelve months or sooner if required. In respect of medication administration there is also a booklet entitled 'competency assessment for medicines handling'. This is highlighted further under the heading of training.

The management team discussed safe practices around the handling of cash for care receivers, with a locked box within the care receiver's home for any cash and a handling sheet / record. Monthly receipts are invoiced to family members or an advocate for the care receiver. There is a gift policy for staff and refusal of gifts, gratuities, and bequests is discussed further in the staff handbook.

A sample of four staff personnel files were reviewed during the inspection. These were found to be clearly organised and contained a list of recruitment checks at the

front. There was evidence of appropriate checks such as an enhanced Disclosure and Barring Service (DBS) certificate, staff registration cards and photograph ID. However, on a review of four staff personnel files, two out of the four employees had commenced employment prior to receipt of both references.

The Registered Manager discussed the difficulties presented by ongoing delays in sourcing references from previous employers and of the need to regularly chase these. The Manager advised that these employees were initially working shadow shifts. Standard 3, 3.6 states that, *'care/support workers must not have any contact with people receiving care or support or have access to their personal information or data prior to completion of all employment checks'*. In addition, there was an inconsistency between policy and practice in that the CI Home Care Policy for the Selection and Recruitment of staff states that, *'any offer of appointment will depend upon the satisfactory outcome of references'*.

Two references being in place as part of safe recruitment checks prior to employees commencing employment was discussed with the Registered Manager at the previous inspection on 16 November 2021. Following the previous inspection, the Registered Manager acknowledged this as a concern and confirmed that an immediate plan would be put in place. However, a review of four staff personnel files indicated that this remains a concern and will therefore be an area for improvement with immediate effect.

There are appropriate checks in place regarding care workers' vehicles. Management checks that they are registered for business use and a copy of the care worker's insurance is kept on file. The home care service also has four cars for use by the staff team.

The Registered Manager was able to describe appropriate retention and disposal of care records, client records are kept for ten years prior to disposal. The Regulation Officer confirmed to the management team that the requirement in the Regulations (23) is *'that service records must be kept for at least five years'*.

There was evidence of regular Monthly reports, produced by the Deputy Manager in conjunction with the Registered Manager, which are then reviewed by the Director. These reports provide evidence of quality monitoring of the service against the Standards and Regulations. The Deputy Manager discussed that each month a different area is reviewed pertaining to a Standard and/or Regulation. For example, in June 2022 Manual Handling was reviewed, in connection with the Monthly report this is also reviewed during spot checks and supervisions. The Deputy Manager also provides a list of suggested further reading on the topic/area of focus. This approach promotes best practice and ensures care delivery is in congruence with the Standards. This is an area of good practice.

Complaints are logged in a complaints file, the Registered Manager described low-level complaints only which had been dealt with internally. The Regulation Officer discussed a concern that had been raised with the Commission; the Registered Manager was able to describe reasonable measures that had been taken to address this concern.

There had been two safeguarding concerns raised since the previous inspection, the management team dealt with both satisfactorily as per the safeguarding policy (2022).

Care and support

<p>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.</p>

There were 43 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 providing six live in care packages and four care receivers were requiring complex care, with support from other health care professionals.

It was discussed with the Registered Manager and the Deputy Manager regarding the assessment process for new referrals into the service. Either the Registered Manager or the Deputy Manager carries out an initial meeting with the care receiver.

There may be an additional family member in attendance and possibly a social worker. If this meeting does not take place in the care receiver's home, then there would always be a home assessment carried out prior to the commencement of any care package. The management team also discussed the importance of having everything in place at the care receiver's home prior to discharge from hospital and described collaborative working with other professionals to achieve this. Two health care professionals in relation to particular care receivers provided further positive feedback concerning collaborative working.

The Deputy Manager described how the initial assessment form would be used to create a provisional care plan; this would then be reviewed after two weeks and would usually become more detailed. All care plans are reviewed quarterly and are stored in a hard copy in the office, the care receiver's own home and electronically on the care line live system.

All care workers are provided with a company mobile phone, to enable them to access the care line app. To ensure adequate data protection the phones are password /PIN protected. All care workers can view the 'daily notes' section on the app and the senior care workers can make amendments on the hard copy care plans. However, only the management team can update the electronic care plans. Two members of staff discussed that sometimes this system can mean that the care plans are often 'not quite up to date'. This feedback was provided to the management team who will undertake a review.

The management team receives an alert of any potential missed visits. However, it was confirmed to the Regulation Officer that this is usually because a member of staff might have forgotten to log in or not have adequate Wi-Fi. In the care receiver's contract, it stipulates a 15-minute window for arrival of staff to allow for any reasonable delay such as traffic.

A sample of six care plans were reviewed by the Regulation Officer. The care plans were clearly organised and contained appropriate risk assessments, for example an environmental risk assessment. There was also a service user agreement, which included information on notice to be given if the care package is discontinued. The

care plans were task orientated but did contain some evidence of personalisation. In one file, there was evidence of a pre-existing condition but additional information concerning this was not included in the care plan. Although the Deputy Manager was able to provide evidence of the management of this condition in the daily notes, but it was agreed that it also ought to be included in the care plan.

The Regulation Officer spoke with four care receivers and one family member who spoke positively of the care and attention they received and were complimentary of the staff team. The following are examples of what was directly reported:

'The staff are very cheerful; they provide a really useful service and do it well.'

'I have nothing but praise; the staff have been absolutely marvellous to me.'

'The staff are very helpful and pleasant, I definitely feel listened to'

'The staff are very respectful and kind'

Most care receivers also commented positively concerning communication with the staff and management team. Referring to notes or a book within the home that is used for communication purposes and which they have access to. Care receivers generally confirmed that they had a regular rota of care workers and that they knew whom to expect and when.

One care receiver commented that, after being given notice by another home care agency, how quickly and efficiently the service had stepped in to pick up their care package and to increase their care package when required.

Staffing levels in the June Monthly Report were confirmed as twelve care workers providing hourly care and five providing live-in care, in addition to the Director, two managers, an operational assistant and a book-keeper. The Registered Manager described staff recruitment as 'ongoing' and that additional care packages were taken on when staffing allowed. At the time of the inspection one potential new staff member was about to be interviewed and one was returning to the service.

There was evidence of care receivers being supported with everyday activities such as shopping and collaborative working with other agencies for example when nursing care is required.

The Registered Manager was also keen to describe how the service provides support to their care workers, they described an 'open door policy', a coffee room for staff, work buzz (a quarterly questionnaire for staff), and a regular quarterly newsletter. There is also a care worker of the month award and the senior care workers have a regular meeting. One staff member suggested that regular emails with updates for staff would help with communication; however, another staff member commented that they felt that this was already happening in practice.

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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Care receivers all described confidence in the abilities and competencies of the care staff and described their practice positively. All new care staff are provided with an induction programme that involves shadow shifts, mandatory training and reading and understanding of policies. The induction process is of varying duration depending on the employee's prior experience. The standard probation period is four months.

Each new member of staff receives a staff handbook that includes information on the terms and conditions of employment, as well as general guidance on conduct, attendance, safeguarding and occupational health. Standards of dress and personal appearance are discussed under the terms and conditions, section 2.12.3, states 'that jewellery worn on the hand must be limited to wedding bands and a wristwatch'. This is contrary to the local infection control guidance, which advises adopting of the 'bare below the elbows' principle. This was mentioned to the Registered Manager as part of the inspection.

There is a blended approach to training with both online learning and face-to-face. Training is recorded on a matrix/spreadsheet with a traffic light system to identify when training is coming up for renewal. Training undertaken by staff is consistent with the Statement of Purpose and is reflective of the mandatory training requirements as described in the Standards. First Aid and manual handling are examples of face-to-face training and safeguarding training is completed online with an accredited training company in Jersey. However, the operational assistant intends to complete the train the trainer for manual handling in order to be able to provide this training in house. This is also being considered for First Aid training and there is a suitable training room at the offices of the provider. The management team also confirmed provision of statutory training requirements and provided evidence for example of Capacity and Self Determination Law training.

The staff undertake gold and silver medication competencies and each staff member has a booklet entitled 'Competency Assessment for Medicines Handling' that details best practice checklists for administering medicines with sign off sections for when competency is achieved. A silver award is equivalent to the Regulated Qualifications Framework (RQF) Level 2 medication module. The Registered Manager, Deputy Manager and some of the senior care workers are trained to gold level, which means that they can check medication competencies. Medication competencies are checked annually for all staff or more frequently if required.

If staff are undertaking online training, there is a suitable room that they can use at the offices of the Provider, this means that they have a quiet space and the management team around if they have any questions.

Staff are provided with regular supervision and appraisal; supervision is carried out quarterly by the management team or senior care workers. Staff spoken to by the Regulation Officer during the inspection confirmed that supervision was happening on a regular basis. Appraisals are undertaken annually. The management team confirmed that there were regular opportunities to discuss training at supervision and/or appraisal and that RQF training and client specific training is offered/provided.

Examples of more specialist training are catheter and stoma care, also end of life/palliative care.

The staff rotas are stored electronically on Care Line Live, with the care hours recorded on a spreadsheet weekly. The Registered Manager highlighted that feedback from one of the 'work buzz' questionnaires was regarding a desire for more flexible working. As a result they now tend to ask staff; 'what do you want to work?' The Registered Manager described how this had worked to their advantage in both covering shifts and retaining staff. Management try to match care workers with particular care receivers, taking into consideration the care receiver's personal wishes / preferences.

Staff were clear about the escalation process for any concerns during lone working.

The service also use laminated guides in the care receiver's home to use as a quick guide for staff regarding equipment or procedures.

The service operates an on-call system for staff who are working outside of office hours and is supported by the management team and senior carers. A rota is prepared in advance and each person will cover seven days at a time.

IMPROVEMENT PLAN

There was one area 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: Standard 3, 3.6</p>	<p>The Registered Provider must ensure that all safer recruitment checks are completed prior to workers commencing employment.</p>
<p>To be completed by: with immediate effect.</p>	<p>Response by registered provider:</p> <p>We are enhancing our current HR practices by adding all essential requirements to our electronic scheduling system which automatically prevents a Carer being scheduled for client visits if any requirement is not in place and in date, even when only shadowing. This will be a more robust system than our current manual methods. Completion date 31.10.22 at the latest.</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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