



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**TESH Healthcare Jersey Limited**

**Home Care Service**

**Regus  
Suite 136 Floor one  
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Esplanade  
JE2 3AS**

**26 October 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 TESH Healthcare Jersey Limited home care service. The service was registered under the Regulation of Care (Jersey) Law 2014 on 19 July 2021. The service aims to support adults with personal care and personal support by providing a mainly live-in care model.

Due to unforeseen circumstances the service only recently became fully operational, with a new manager appointed in the last six months. They have developed the new team while taking on a small caseload of care receivers.

Registered Provider	TESH Healthcare Jersey Limited
Registered Manager	John Garatsa
Regulated Activity	Home Care Service
Conditions of Registration	Maximum number of personal care/ personal support hours to be provided per week is 600 Age range of care receivers is 18 years and above Category of care provided is Adult 60+ Physical disability and/or sensory impairment

Dates of Inspection	26 October 9.30 am – 1 pm
Type of Inspection	Announced
Number of areas for improvement	Two

The Home Care Service is operated by TESH Healthcare Jersey Limited, and the Registered Manager is John Garatsa. The service was supporting eight care receivers at time of inspection, and included three being cared for within a live-in care model and with a staff group totalling 15 carers.

## **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 noted the service had only recently taken on care packages despite it being registered in 2021 and having been subject to one previous inspection 12 November 2021. At that time, it had been anticipated commencing care toward the end of 2021, and once all policy and procedures had been fully established and/or reviewed by the new manager at the time.

It was pleasing to note that the most recently appointed Registered Manager has played a key part in addressing or ensuring that the areas for improvement as recorded in the last inspection report have been appropriately actioned. Discussions of their professional background in healthcare which has included local work experience in clinical practice, and prior to taking on the registered position, evidenced a very well informed and knowledgeable practitioner.

Supervision and support of staff that is in place and the managerial approaches to assessment and care planning principles demonstrated a holistic approach to care delivery which appears well coordinated. Plans for introduction of deputy manager and care coordinator roles to further embed a strong culture of leadership and clinical oversight was also positive to note.

Aligned with this were good systems of information technology (IT) being utilised for care staff when undertaking their primary roles and responsibilities in the community, and available within the new and much better office facility which the Provider has recently invested in.

It was recorded on the day of the inspection eight care receivers were in receipt of care but also noted only three provided with support under the “live-in” care model. This was a primary model of care identified in the Statement of Purpose (SoP) prior to registration of the service. While this was not of any concern as the service is still at an early stage of building its client base some further consideration was advised about any possible refinements to the SoP which may be indicated by this different business model. It was noted recruitment of locally based employees will also support these ways of working if the service progresses in that way.

From discussion with the Registered Manager, it was apparent that the Provider had not fully appreciated some of the requirements to inform the Commission of any notifiable incidents (notifications), through the identified communication channels. This was made as an area for improvement. Similarly, there were some gaps in safe recruitment protocols and retention of records and this was also made an area for improvement. However, the general approach to safe recruitment was not of concern.

It was noted from care plan approaches and recording systems used the instructive and helpful information that would enable appropriate interventions to be followed in supporting care receivers. The Registered Manager provided a comprehensive summary of how care needs will be established through initial assessment and engagement with care receiver and/or significant others such as relatives and other professionals i.e., from healthcare professionals submitting a referral to the service from in-patient setting.

Feedback received from a variety of sources confirmed good communication and involvement by the Provider/Registered Manager to meet the expected Standards.

## INSPECTION PROCESS

This inspection was announced with a few weeks' notice, to accommodate the service's needs and ensure the Registered Manager's availability. The visit to the main office was completed on 26 October 2022 and follow up enquiries with care receivers, relatives, care staff and healthcare professionals were concluded within two weeks of the visit.

The Home Care Standards were referenced throughout the inspection.<sup>1</sup>

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 relatives, together with members of the small staff team. Additionally, independent healthcare professionals were contacted as part of the inspection process for their feedback.

During the inspection, policies, care records, incidents and clarification of any complaints logged were reviewed or examined. Recruitment and selection of new staff was also reviewed from an inspection of references and Disclosure and Barring Service (DBS) certificates.

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

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

## INSPECTION FINDINGS

At the last inspection there were four areas for improvement identified that required routine follow up on this visit. Information provided in the Providers response at that time provided good summary of actions taken or plans identified to address the improvements. The Registered Manager confirmed these are now all completed and are part of routine operational protocols; further improvements pending will enhance the governance of the service. It is anticipated this will involve development of two new roles of a deputy manager and a care co-ordinator.

The limited management resources available to the Provider at an operational level on a day-to-day basis over a 24-hour period were explored and with consideration for the above plans to increase the management structure. Acknowledged from this would be some reduced workload and less risk of fatigue on those who currently carry the on-call responsibility, this is shared primarily between Registered Manager and one of the Provider representatives for “out of hours” contact at this time.

A review of notification of incidents, death notifications and contacts provided by the Provider to the Commission about operational issues, was made prior to this inspection. It was acknowledged that the service has only been fully operational for the past two months and therefore a low volume of notifications is expected. However, it was evident that systems of notification to the Commission were not clearly recognised within the management systems and protocols. It was therefore evident some refinements to logging and internal reporting systems was necessary for “notifiable incidents”. This is an area for improvement.

The overall findings from this inspection highlighted the Provider’s positive approach in supporting care receivers, with the Registered Manager providing very clear and well- articulated aims and objectives of how they wish to develop and operate the service, and with a person-centred approach central to ways of working in support of all care receivers. This was also well evidenced in some of the communication which the Regulation Officer had with staff and healthcare professionals.

Similarly, the approaches to ensure all staff are provided with a good level of induction and are supported by observed practice to ensure competency was confirmed in the comprehensive induction forms and supervision forms which are in place and provided for all staff.

Feedback from care receivers and/or relatives provided very positive endorsement of how the new service operates and that included comments as below:

*“John is really good, very helpful as are the girls [carers], they keep in contact”*

*“They suit my [care receiver] way of doing things, John and Esther are always helpful”*

*“Okay, perfect, no complaints, anytime, and the service is fantastic”*

The overall findings from this inspection were that the service was only fully operational in the last two months but is already establishing good working practices and benefitting from an experienced healthcare professional in the Registered Manager position. Safe systems of working were seen to be in place with monitoring and review of the service performance recorded in monthly quality assurance reports. This is now compiled from an audit cycle referencing the Standards, and with further refinements being considered for how the quality assurance framework may develop further.

## **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 confirmed the quality assurance framework that is being embedded into ways of working. This is currently provided by Provider representative who compiles monthly reports.

With care packages only recently being provided there was limited file notes recorded by the Commission for any reference, and that may relate to routine

concerns communicated by any Registered Manager or representative of a service. That said there has been good communication by the Provider and Registered Manager to keep the Commission updated of progress towards recruitment of staff and enable commencement of care packages in the most appropriate and safe way.

The service has developed good internal filing systems and revised policy and procedures are now in place overseen by an external company. Forms were provided at inspection which covered a range of subjects incorporating safe working practice to include the following:

- on-call procedures
- supervision contracts
- supervision forms
- professional supervision forms
- annual planner for same
- induction record form
- care staff file recruitment checklist
- induction and onboarding policy and procedure
- successful completion of probationary period
- extension of probationary period

All policies and procedures relating to safe working practices are made readily available to all staff as part of induction and ongoing supervision. 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 confirmed that if any specialist equipment is required to support a care receiver in their own home, there are relevant risk assessments, care plans and maintenance checks carried out.

It was also noted that the Registered Managers own professional background, qualification, and accredited trainer status, is providing additional oversight for



ensuring high standards for training of safe handling procedures is provided to all staff.

Personal Protective Equipment is made available to all staff to promote the expected best practice for infection control measures. Aligned to this are the risk based approaches to ensure care receivers emotional and physical well-being is equally considered when supporting them in 1:1 live in care packages. The Registered Manager was advised about reviewing the access/availability to any first aid kits for staff or those retained in the care receivers' homes with their consent if necessary.

Good practice was demonstrated around care planning principles and for areas such as risk assessments, some of those reviewed had focus on activities of daily living and where mobility or continence care may be of concern. Relevant assessment and monitoring tools such as Waterlow scoring, pressure relieving interventions and record keeping are followed by carers to manage such risks.

Medication management training and competency assessments are undertaken for care staff if assisting with this care need. Where any issues arise for medication concordance, storage, or administration these are addressed with the care receiver's GP and others i.e., relatives if indicated.

A discussion with the Registered Manager around potential challenges to support care receivers with cognitive impairment and questionable capacity, established that they had relevant understanding on this subject. Nonetheless, they were advised to consult with relevant agencies and/or the Commission if any issues of concern arose around this specific subject.

Where any care staff are involved in supporting financial transactions e.g., the use of petty cash, a clear audit trail is retained with receipts maintained on file.

The safe recruitment of new employees was reviewed through a review of four files, provided to the Regulation Officer following the visit to the main office. While it was noted the expected practice for safe recruitment was understood and was being followed (evidenced by relevant documents used to record process from application

to appointment) there were some gaps in the expected files. This related specifically to having up to date Disclosure and Barring Service (DBS) criminal records checks certificates and/or update service confirmation. This an area for improvement.

Safe practice and ways of working when lone worker shift patterns are undertaken, and including live-in care provided to a small number of care receivers, was explored with a supportive approach applied in practice. The Registered Manager demonstrated some robust IT systems which are provided and utilised by all staff and which are supportive of their lone work duties i.e., location and activity tracker. Any issues that could arise for care receivers and missed visits is addressed by a robust phone app, which raises any alerts, which are then progressed through the on-call telephone system and/or Registered Manager engagement.

In the unlikely event of staff using their own vehicles to transfer care receivers, there are preliminary checks carried out to include obtaining evidence of valid insurance and driving licences in place, which are retained as part of employment document and contracts.

### **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>
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Positive feedback was received from a small number of care receivers and relatives for what is a relatively new service. Notably confirmation of good systems of communication with the Registered Manager was highlighted in conversation with three relatives, and with supportive care packages being arranged in a timely manner once contact had been initiated.

How care and support is managed was clearly set out by the Registered Manager, who demonstrated a clear strategy and approach to achieve the stated aims and objectives of the service. Early engagement with care receivers and their families

initiates an assessment of needs, with consideration for matching care receivers with available (and most suitable) care staff being one of the key priorities.

Collaborative working with referring agencies promotes engagement in joint assessments if necessary; with information sharing and obtaining of all relevant information to best inform care planning being central to how all new referrals are processed. The Regulation Officer was reassured by the attention and appreciation for such important matters, as this which was conveyed by the Registered Manager in their summary of the processes they follow.

Engagement with care receivers prior to committing to the care package (if mutually agreeable) includes key areas of enquiry. This establishes care receivers preferences, likes and dislikes, and relationships with families. Attention was also given to commencing the “This is me” document, which provides a useful snapshot for care staff about the person and not just as a “care receiver”. This approach is best practice and gathers all relevant information where dementia may feature at point of referral or potentially arise in the future.

The current care recording format is primarily hard copy as found in the care receivers’ home. Care records are inputted by the staff daily as set out by the minimum data requirement of the Provider. However, consideration to moving towards electronic recording systems is being undertaken, which may provide for more contemporaneous care records being readily available to all relevant parties in real time. The service is currently providing a live in model of care and more conventional visits of shorter duration i.e. 45 minutes and/or four visits a day, so this consideration is an appropriate one to make.

The small sample of care plans reviewed were person-centred, instructive, and informative with an expected review and evaluation carried out routinely. It was also noted the Provider intends to engage regularly with care receivers and their families for their feedback by using questionnaires or surveys to further inform their quality assurance checks.

One example was provided of changes being requested by a care receiver to a record held on their file. This demonstrated the Standard being well met for their involvement in decisions in a way that respects their rights, individuality, and beliefs.

The overall feedback received from care receivers and relatives alongside discussions and written feedback provided by some care workers demonstrated that this Standard was being well met.

One healthcare professional confirmed positive engagement with the service as part of assessment and care planning as:

*“I have recently worked alongside Tesh in a number of cases to support discharge from JGH. Tesh have attended joint meetings and assessments on the ward. John has been contactable and approachable in this regard”.*

## **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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Some attention was given to the model of care which was intended to be primarily live in care and which recruitment and retention of staff was something discussed at length prior to registration and at the previous inspection in November 2021.

On this occasion it was noted that while some reliance remains on recruitment of employees from off island to fulfil live in care package requirements, there are also several local employees. In this regard there are numerous operational considerations which require a coordinated approach to ensure that staff capacity can be assured to maintain care packages for large blocks of time i.e., 2- or 3-week staff commitment and with peer support.

The Registered Manager provided reassurance and good evidence of the systems in place for the planning and retention of staff, albeit with ongoing challenges amidst

the pandemic and other recruitment issues that remain a focus of attention at this time for all providers.

All staff are provided with access to “Healthier Business Group” (HBG) training resource accessed by a portal and with password encryption for each member of staff. This was viewed by the Regulation Officer as a good system that provides a good audit of training and development needs of all staff. It also provides opportunity for bespoke training as may be required or indicated by individual care needs. Integrated with this is the Care Planner care recording system which will incorporate other training elements and a matrix which will flag to management team any outstanding training needs for individuals or the team.

Medication competencies will also be recorded and reviewed routinely with relevant Online Quality Credit Framework (QCF) accreditation level 2 or equivalent for any care staff involved in direct medication administration.

There was limited opportunity to engage with any staff at this inspection, but training and development systems as demonstrated and set out by the Registered Manager, provided good evidence of the attention which is given to ensure competent and skilled staff are available. This is provided from a range of relevant training and development opportunities, as set out in the relevant Standard.

Training candidate details for one employee was reviewed from a display and print out of the HBG modules used. This demonstrated a broad range of subjects being covered at point of induction and since that time to include the following:

- Complaints handling
- Conflict resolution
- Equality, Diversity and Human Rights
- Fire Safety
- First Aid in the Workplace
- Food Hygiene
- Handling Medication and avoiding drug errors

- Infection prevention and control
- Safeguarding vulnerable adults

Noted within this summary for employees was date assigned, date completed, expiry date, status ["completed"], grade and certificate.

## IMPROVEMENT PLAN

There was two area for improvement identified during this inspection. The table below is the registered Provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p>Ref: Standard 4.3 &amp; Appendix 7</p>	<p>A review of internal systems for incident reporting must be undertaken to ensure that all notifiable incidents are submitted to the Commission.</p>
<p><b>To be completed by:</b></p> <p>With immediate effect.</p>	<p><b>Response by registered provider:</b></p> <p>A review of internal systems has been undertaken and protocols revised to ensure notifiable incidents are submitted to the Commission when required. The registered manager will report all incidents within the 48 notification period.</p>

<p><b>Area for Improvement 2</b></p> <p>Ref: Standard 3.5, 3.6</p>	<p>Recruitment processes and due diligence as carried out for all new employees should have fully auditable and relevant records filed for inspection</p>
<p><b>To be completed by:</b></p> <p>With immediate effect</p>	<p><b>Response by registered provider:</b></p> <p>A thorough review of the current system has been undertaken and registration has also been completed for Tesh Healthcare to be able to apply directly for DBS reports. Furthermore, the admin team has been expanded to make sure 2 people double check the compliance documents prior to on boarding any new staff members.</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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