



**Jersey Care
Commission**

INSPECTION REPORT

Cambrette Care

Home Care Service

**1st Floor, Trinity House
Bath Street
St Helier
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22 September 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 Cambrette Care. This is a home care service and has a head office centrally located in St Helier.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u> Type of care: Personal care/personal support Category of care: Adults 60+, dementia, physical disability, mental health, substance misuse (drug and/or alcohol), learning disability, autism Maximum number of care hours which can be provided: 2249 per week Age range of care receivers: 18 and above <u>Discretionary</u> Elizabeth Gicquel as Registered Manager of Cambrette Care must complete a Level 5 Diploma in Leadership in Health and Social Care by 13 August 2022 (extended to 13 February 2023).
Date of Inspection	22 September 2022
Time of Inspection	10am – 2.30pm
Type of Inspection	Announced
Number of areas for improvement	One

The Home Care Service is operated by Cambrette Care 2008 Limited and the Registered Manager is Elizabeth Gicquel.

At the time of this inspection, this service provided personal care or personal support to 46 care receivers, with an average of 1,519 hours per week.

Since the last inspection in 2021, the Registered Manager had made representation to the Commission, regarding the discretionary condition to complete the Level 5 Leadership in Health and Social Care qualification. The discretionary condition on the service's registration was discussed and it was acknowledged that the period during the pandemic had caused a delay in plans to address this. The date for completion of this discretionary condition was therefore extended to 13 February 2023 and it was evident that plans were in place to ensure this objective is addressed.

Since the last inspection on 10 March 2021, there have been no applications to vary conditions of registration from this service.

A request was made at the time of inspection for an update to the Statement of Purpose, to include the changes in staffing and categories of care. This was received during the period of the inspection.

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.

An area for improvement raised at the time of the last inspection in 2021 had been resolved. There is now a process in place for monthly reports and these are used to improve the quality of service provided.

Overall, the Regulation Officer was assured that good quality of care and safe procedures are followed. However, internal policies are currently UK based and do not provide links to Jersey legislation or escalation policies. The Registered

Manager acknowledged that these need to be updated and this is an area for improvement.

There is evidence that complaints are considered and usually resolved by Care Managers. Records of these are kept and reported in the monthly reports.

There is a safe recruitment process in place and staff confirmed that a robust induction was in place. This induction includes training in the head office prior to staff working with care receivers. This was an area of good practice.

Care plans demonstrated person-centred care and that this service advocates for care receivers when appropriate. The service also endeavours to work with other agencies on joint care plans when necessary.

The Registered Manager was aware of their responsibilities to make notifications to the Commission where there has been an incident or in the case of an authorisation of a Significant Restriction on Liberty (SRoL).

A robust process is in place following a new referral. There was positive feedback from relatives and professionals regarding person centred care planning. Regular reviews are undertaken and an appropriate management structure in place if there are any issues to be addressed.

The training and induction process for new employees is robust and an area of good practice. All staff receive regular supervision. There is an ongoing programme of statutory and mandatory training.

INSPECTION PROCESS

This inspection visit was announced on 22 September 2022, with a week's notice to ensure the availability of the Registered Manager.

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, the information held by the Commission about this service was reviewed, including the previous inspection reports.

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 views of four professionals were also obtained as part of the inspection process.

During the inspection, records including policies, care records, incidents and complaints were examined.

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. Where areas for improvement have been identified, these are described in the report and an improvement plan is attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, one area for improvement was identified and an improvement plan was submitted to the Commission by the Registered Manager setting out how this would be addressed.

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

The improvement plan was discussed during this inspection, and it was positive to note that there was evidence that monthly reports are now being completed and that these provide the Registered Manager with information to improve the quality of service provision.

Safety

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

The Regulation Officer examined the current policies in place for this service. Unfortunately, these policies have been provided by a UK company and do not provide links to relevant Jersey legislation or procedures. This means that it is not easy for staff to be aware of local policies for safeguarding. Where policies are more general, for example in respect of receipt of gifts from care receivers, these policies were found to be robust and easy to follow. All staff are given a handbook on joining the company and the Registered Manager provided an assurance that, prior to a full review of all policies, a simple guide on safeguarding would be included. The Registered Manager confirmed that it was their intention to update all policies at the beginning of 2023. This is an area for improvement.

The Commission was contacted on two occasions to raise concerns about provision of care. One relative expressed concern about the lack of care being provided during the period of the pandemic.

A Regulation Officer spoke with the Registered Manager who was able to demonstrate that they had taken appropriate infection control advice and due to a reduced number of staff, provided the necessary personal care, but had to reduce personal support provided. The Regulation Officer considered that the Registered Manager had acted appropriately.

A care receiver contacted the Commission to raise a concern regarding termination of contract. The Registered Manager provided appropriate explanation and had contacted the Commission in advance of the concern being raised. The care receiver did not raise a formal complaint.

A record of complaints is kept within the monthly reports. Generally, complaints are resolved by care managers. The complaints process is explained in the contract given to care receivers at commencement of a service and this includes the escalation process to the Commission.

The Registered Manager has also ensured the safety of care receivers and staff where they became aware of the excessive working hours of one member of staff. They took appropriate action and worked with other providers to ensure consistency of action taken. Staff do not work more than 48 hours per week, which includes two days off. This was evidence of good practice.

No safeguarding concerns have been raised about the service provided. The Registered Manager has identified potential safeguarding concerns and attended meetings to ensure action is taken to protect the care receiver.

Recruitment files for six members of staff employed since the last inspection were reviewed. There was evidence that safe recruitment checks had been completed prior to commencement of employment.

All staff are given a handbook as part of their induction. This includes updated legislation regarding the provision of annual leave. However, it did not include actions which staff should take if they were to become aware of a safeguarding concern. The Registered Manager agreed that they would update this immediately to include local safeguarding procedures.

The staff handbook includes the process to be followed if concerns are raised about the conduct or practice of a care worker. The Registered Manager has engaged the services of a Human Resources (HR) company to update policies and to support with more complex HR issues.

There is a robust system in place to ensure that staff attend to provide care as and when planned. Each home has a QR code which the staff member scans on arrival and departure. If the care receiver requests the staff member to leave early, the staff member must email the management team to inform them before leaving.

It was positive to note that staff felt safe and well supported by a 24-hour call system, if they needed advice or additional help.

Notifications to the Commission since the last inspection were reviewed. It was positive to note that where a need was identified for a specialist service, this had been actioned and a multi-agency plan put in place to support the care receiver. The Registered Manager also stated that they would ensure that care managers are aware of all occasions when they should notify the Commission.

There were no authorisations in place for Significant Restriction on Liberty (SRoL) at the time of inspection. All staff complete Capacity and Self-Determination (Jersey) Law training.

The Registered Manager is aware of their responsibilities regarding data protection. They have sourced local face-to-face training for all staff. The Registered Manager confirmed that this service is registered with the Office of the Information Commissioner.

It was an area for improvement at the last inspection that independent monthly reports should be completed to provide assurance to the Registered Manager that they are meeting the Standards for Home Care consistently. It was positive to note that these are now completed and that the Registered Manager reported that they found the information useful.

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>

At the time of the inspection, 46 care receivers were being provided with a service. There was evidence of consideration for further packages of care and that these were being assessed and planned appropriately.

The service currently employs 44 care staff, three care managers, one roster

co-ordinator and four office staff. There is an appropriate management structure in place to ensure that both staff and care receivers can escalate concerns or seek advice and support.

The Registered Manager reported that the service continues to expand, and they are seeking to employ further staff. As part of this expansion, and due to the difficulties in employing sufficient local staff, the Registered Manager has recruited staff from overseas. This has involved a complex process to ensure safe recruitment processes are completed and that new employees are entitled to work in Jersey through the Visa process. It was positive to note that existing staff were kept informed during this process and consideration was given as to their views.

Following receipt of a new referral, a care manager will request a copy of the social work assessment if this is available. After a further discussion with the social worker, the Care Manager will also discuss with the GP to obtain further information. An assessment is completed which includes the views of the care receiver or family members if appropriate.

A contract is then sent to the care receiver or their representative which details the care to be provided, number of hours and detailed dates and times.

A relative reported that, *“The initial response was excellent, and an assessment meeting arranged within a few days.”*

A care plan is produced with each care receiver and a copy is kept in a locked box in their home. The Registered Manager stated that there were plans to move to a computerised system with access to the staff by phone. Regular reviews are completed for care plans which involve the views of the care receiver and representatives such as family members and social workers where appropriate. All care workers have a care manager, who visit the care receivers as and when necessary or requested.

A review of a selection of care plans demonstrated that the wishes and preferences and level of independence are supported and encouraged by staff. All care plans

provided clear guidance on the tasks and level of support required for each individual. They also acknowledged the independence levels, communication styles, wishes and preferences of each individual. Where specialist support was identified, there were clear guidelines of the processes to be followed.

One professional was positive about the role of the Care Manager in the review of care plans. They stated *“Care managers appear well involved with the running of the service and have provided beneficial insight and information of clients during MDT discussions. When providing feedback/recommendations regarding client’s support, care managers have been well involved in making improvements within care plans to ensure the care and treatment needs are met effectively within the care being delivered.”*

The Registered Manager is aware of the need to ensure the safety of care receivers in the context of multi-agency working. For example, when another service is providing live-in care and Cambrette provides additional support with specific services, there is a need to ensure that each service is aware of their responsibilities and information is shared as necessary.

There was evidence that the views of care receivers and/or their representatives are sought as part of the monthly reporting. This demonstrated that the views of care receivers are sought on a regular basis and action is taken where necessary.

Professionals consulted reported that:

“It was a pleasure working with them, they were able to adopt their care plans to meet the needs of the clients.”

“When required carers were able to provide information on their client’s individual needs and there appeared to be a client-based approach carried out by carers using their knowledge of the client’s likes, dislikes to aid engagement in support being delivered. Clear expectation of care visits appeared to be well understood by staff.”

There was evidence in one care plan where the care team had advocated on behalf of the care receiver to ensure that their wishes were considered. This was evidence of good practice.

There are both weekly updates for each care team and monthly reviews. One care worker reported that there are *“regular staff meetings where staff are given a chance to air our views and raise concerns ... ensure the team understands their shared responsibilities and how to collaborate towards a common outcome.”*

A relative reported that care workers *“attend promptly and are providing an excellent and professional service.”* They reported that despite early reservations, their relative had confidence in both the care provided and management of the service.

Another relative stated *“we have had nothing but a positive experience with Cambrette. They provide an essential service to us at our home and are always extremely professional. I cannot recommend them enough!”*

A professional reported that *“I have found Cambrette a very professional agency to work with. They work on the basis of person-centred care. They always contact immediately with issues and updates.”*

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 Statement of Purpose for this service has not been reviewed and updated since registration. There have been changes within the service, including the addition of autism and learning disability as categories of care which highlight the need for an update to be produced and sent to the Commission. This is an area for improvement.

There is a robust checklist in each employee’s folder which demonstrates that basic training is undertaken before the care worker can work alone. This induction period involves a period of shadowing more experienced staff. The period of shadowing

and observations of staff members is dependent on the experience of the carer and complexity of needs of the care receiver.

Following a period of induction, there is an assessment of competency undertaken by a care manager before the new care worker can lone work or be responsible for care.

This was confirmed by a member of staff who had recently joined the organisation. They stated, *“I was introduced to all the clients and did my shadowing to familiarise with the daily activities and needs of the clients. When I was comfortable with the clients I then worked on my own with support from managers and office.”*

There was evidence that all staff receive regular supervision. This includes discussion with staff on their knowledge and competence to provide care and may identify additional areas of training. There was no evidence that the wellbeing of staff is discussed. The Registered Manager provided assurance that there are regular check-ins with staff members but agreed that this would be added as part of the supervision template.

At the time of the inspection, the Registered Manager was unable to provide evidence that staff appraisals were completed annually. It was reported that no appraisals have been completed this year, but that plans were in place for all staff to have an appraisal before the end of the year. Following the inspection visit, the Registered Manager provided a record of actions following development meetings held with staff members. The Registered Manager stated that staff will receive a development meeting (also known as appraisal), for every fifth supervision. It was positive to note that plans for additional training or areas for improvement were recorded.

Staff working for Cambrette undertake a blend of face-to-face and online training. The head office premises includes a room which is used for practical training. Before staff begin providing care, they undertake training in safe handling and safe application and disposal of PPE. Where necessary, there is also a profiling bed, hoists/slings and practical training in the management of catheter care. This

equipment is also used where there are specific issues for safe handling within a care receiver's home environment. This gives an opportunity for the team to problem-solve and ensure that care is provided safely to both care receiver and care worker. The provision of this environment and practical training is an area of good practice.

There was evidence that care managers ensure that staff remain up to date with statutory and mandatory areas of training.

The Registered Manager explained that they have linked with another care provider to access SPELL training for staff working with care receivers with autism. They also described difficulties in accessing specific training in PEG feeding. They have employed a nurse who will be able to train and ensure competence for all staff working with care receivers with this need.

Currently only eight staff have completed mental capacity training. The Registered Manager confirmed that all staff are expected to complete this training. One professional who provided positive feedback regarding the care planning and quality of care provided by this service, suggested that staff would benefit from training in positive risk management, particularly when caring for care receivers with a mental health diagnosis.

A professional provided positive feedback, stating, *"carers have appeared to be well presented and to have appropriate skill sets to support individuals. During visits, I have witnessed carers providing clients with appropriate prompts, encouragement to support undertaking activities of daily living."*

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.

Area for Improvement 1	Policies and procedures in place must be localised with reference to the process in Jersey and relevant agencies to be contacted in the event of escalation.
Ref: Standard 9.3	
To be completed by: 30 March 2023	Response by registered provider: Cambrette has tried engaging assistance to review all policies, a company we worked with in 2021 subsequently went out of business. We will now prioritise this for 2023.

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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