



**Jersey Care
Commission**

INSPECTION REPORT

Positive Steps Limited

Home Care Service

**Anderson House
Rue des Pres Trading Estate
St Saviour
JE2 7QN**

2 and 12 December 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 Positive Steps Limited. The office base is located in Rue des Pres trading estate and provide a range of rooms for training purposes, staff meetings and supervision.

The service is operated by Elizabeth De La Haye, who is the sole provider and Registered Manager and who is supported by a team of duty managers, senior support workers, support workers and administration staff.

According to the Statement of Purpose, the service provides an island wide service to people living in their own homes who have a range of needs as reflected in the categories of care. Care receivers are fully involved in the care planning process and the service works closely with other agencies and professionals to promote their welfare and safety.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u> Type of care: Personal care, personal support Category of care: Adult 60+, Dementia care, Mental health, Learning disability, Autism

	<p>Maximum number of care hours per week: 2,249 hours</p> <p>Age range of care receivers: 18 years and above</p> <p><u>Discretionary</u></p> <p>Elizabeth De La Haye registered as manager of Positive Steps Limited must complete a Level 5 Diploma in Leadership in Health and Social Care by 31 January 2023.</p>
Dates of Inspection	2 and 12 December 2022
Times of Inspection	1.00pm – 5.00pm 2.00pm – 3.30pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	78

Since the last inspection, which was completed on 24 February 2021, the Registered Manager has contacted the Commission when she has needed to report issues relating to the day-to-day operation of the service.

The Commission received a request from the Registered Provider to extend the timescale for the Registered Manager to complete the Level 5 Diploma. This was agreed and a new date set for this to be completed by 31 January 2023.

At the time of inspection, the service was supporting 78 care receivers who had a range of conditions that necessitated them having a support package provided.

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.

This service was found to be operating within the Regulations and Standards and evidenced a well-managed and led service. Care receivers were very happy with the quality of care and support they receive. They also said that they had developed

good relationships with the staff team, had confidence in their abilities and described having a service wrapped around their specific needs and preferences. Positive feedback was also received from family members and health and social care professionals. Discussions with staff confirmed that they had good level of knowledge and understanding of care receivers' health needs and the level of support which was provided.

Care assessments are completed for new referrals and packages of care tailored around individual need. Care plans take account of assessed needs and evidenced that the service provides a responsive and flexible approach to meet those needs. The records evidenced a strong approach to care receiver participation and inclusion and tailoring their care to their specific requests and preferences. The service had a range of systems and procedures in place to enable care receivers to provide feedback about their care experiences.

Safe recruitment practices are evident, and staff are provided with an induction programme and training in a variety of topics to improve their knowledge and skills. There are a number of care staff who had completed vocational level training in health and social care and development opportunities available to them. The staff team were found to be motivated and spoke positively about the culture within the organisation.

There are no areas for improvement made from the inspection.

INSPECTION PROCESS

This inspection was announced and carried out over two separate days. The Regulation Officer had been made aware, prior to the inspection, of the Registered Manager's need to provide support to care receivers, therefore the inspection was arranged to ensure her presence.

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 visited the service's offices and met with the Registered Manager on 6 and 10 October 2022 to review samples of care records in response to safeguarding concerns that had been raised. The findings from that visit were included as part of the pre inspection planning that took place.

The Regulation Officer spoke with the Registered Manager, Human Resources officer on the first visit and met with managerial, training and care staff on the second visit to the office. The views of four care receivers and two relatives were sought by telephone in between the inspection visits. A visit was made to one care receiver's home and the views of four health and social care, and medical professionals were requested and three responses were received.

During the inspection, records including recruitment records, policies, care records, staff rotas, client contracts, invoices, training data and monthly reports 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.

¹ 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 was one area for improvement which required the service to update their Statement of Purpose. Following that inspection, the Registered Manager provided a revised and updated copy to the Commission.

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.

Samples of staff personnel files showed that there were good processes and procedures in place for safe recruitment of staff. There was evidence that the service's safe recruitment policy had been consistently followed and the records were easy to navigate, organised and demonstrated best practice guidance. Samples of records relating to progress made within staff member's probationary periods were also retained.

The Human Resources (HR) Officer provided an overview of their role, and it was evident that they had a comprehensive understanding of the Standards relating to safe recruitment and application in practice to ensure care receiver safety.

The Registered Manager and HR officer provided an example whereby the safe recruitment policy had been followed which resulted in a decision to reject an application from someone to work in the service. This meant that the service consistently follows the policy when applications are successful and when they are rejected.

The service has a recording system for recording complaints received to enable tracking information and their outcomes. The details pertaining to two complaints relating to employment matters which had been made by staff, were recorded and dealt with in accordance with the service's complaints policy. Care receivers and family members said that they were confident to raise concerns or complaints and felt assured they would be addressed, but also confirmed there was no need to raise anything.

There are a range of policies and procedures in place which staff confirmed they could access at any time if they needed to. They described having regular discussions about policies and said they understood their importance and application in day-to-day practice. The service had recently implemented a whistleblowing policy which is supported by a flow chart that informs employees of ways to raise concerns outside of the service.

Since the last inspection, concerns of a safeguarding nature had been raised by the service themselves and by other agencies. The Registered Manager had engaged fully with the process and the evidence showed that the service had reflected on and, where necessary, changed aspects of practice and made improvements. The safeguarding policy and accompanying procedure was reviewed and staff spoken with recognised their duties to protect care receivers' wellbeing and welfare. Notifiable events had been reported to the Commission in line with the Regulations and Standards.

Staff rotas confirmed consistency of staffing to care receivers. The rotas provided details of the scheduled visits, and these are issued to care receivers. Care receivers and their families said that they knew which care worker would be visiting them and they commented favourably on this. One staff member described the various ways in which this information is provided depending upon individual preference and ability. This ranged from rotas being emailed to individuals to staff developing visual aids in care receivers' homes to support their understanding of staff visits. This was evidenced during the visit to one care receiver's home and they knew the names and roles of their care team in detail.

Feedback from the staff team and care receivers confirmed that introductory visits are made in advance of care workers being considered part of the care team. Care receivers said that they considered the staff to be trustworthy, honest and describing feeling safe with them. One relative described having confidence in the staff team abilities and said they had a "good reaction on the first visit".

Limited information about care receivers' health conditions is shared with new staff whilst shadowing colleagues and only once they are considered as part of the staff

team, they will have full access to care receiver's information. This shows that the service shares appropriate information only as part of the provision of safe care. The Provider and Registered Manager demonstrated the governance arrangements in place. Samples of monthly quality monitoring reports were examined which showed that the approach to quality assurance is focused on achieving the best outcomes for care receivers.

In response to the outcome of a safeguarding concern, the service had changed terminology on the invoicing systems so that clearer, understandable language is used to benefit care receivers. At the time of inspection, the service was providing approximately 1800 care hours per week which was within the registration conditions.

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>

Care receivers spoke highly of the service they receive in their homes. They said it was individually tailored to meet their needs and some described the personal support and practical assistance they are provided with. The service provides wide ranging care packages, which vary from one thirty minute visit per week through to twenty four hour support. Relatives were equally complimentary of the care provided and felt that the service met their relatives' needs to a very good standard.

Two health and social care professionals and one medical professional spoke positively about the bespoke and tailored support the service had provided to people they had been supporting in their professional capacity. They consistently described the service as being flexible, creative, and understanding of care receiver's health conditions and behaviours. They said that the management were fully involved in supporting the staff team to promote the best outcomes for care receivers

One health and social care professional told the Regulation Officer that their client has complex needs and has found the service to be, "accommodating and helpful",

in that they have been very flexible with their timing, which is very important in this case. Another health and social care professional commented, “they are very person centred and have confidence in their intent to work in the best interests of the people they support. They will advocate for care receivers and the families and clients who use this service have much to say in terms of positive feedback and very little by way of concerns”.

Another professional commented, “that the service will always try and find a solution, promote health and are focused on doing the right thing”. They also described a situation whereby the staff team had been innovative in developing a health promotion programme which had a positive impact upon one care receiver’s overall health.

The service has recently developed a weekly art group which is delivered from the main offices and allows care receivers opportunities to meet other people. One health and social care professional commented favourably about this provision and said that their client had thoroughly enjoyed attending this. The staff team spoke warmly of this service and said that they had found it to be of value for some people who may otherwise be isolated at home.

Samples of records examined, feedback from care receivers and their relatives evidenced care receiver involvement and participation in the planning and review of care is promoted. The records showed that care receivers’ plans were personalised to include their preferences in their own language and confirmed that they had been involved in their development.

The records showed that on a day to day basis staff discussed their plans and care delivery with them. This was reported by care receivers to give them a sense of control over their care.

One relative commented favourably on the record keeping system and said it allowed them to keep up to date with their relative’s day to day life. They said that based upon entries in the care records, they felt the staff team went above and beyond and provided additional help and devotion than the care plan suggested.

The Registered Manager knew of care receivers' healthcare needs and had appropriate oversight as to how support was provided. Feedback from relatives, care receivers, the staff team and health professionals confirmed that the Manager is proactive in ensuring that the service provided is safe and consistent. Referrals are made to relevant health professionals when necessary; one example included a recent referral where someone's incidences of falls were increasing.

The Registered Manager described of a situation which involved one care receiver's initial reluctance to engage in some aspects of health screening programmes. With the efforts and support given by the staff team, the individual has now agreed to partake in health screening. In response to learning from a safeguarding episode, the service now provides care receivers with clearer documents setting out the services provided where needs deteriorate, and additional support is provided.

Comments from care receivers included:

"They're absolutely brilliant, they keep my house tidy, clean and make my meals and they do whatever I want. I couldn't live without them, I certainly wouldn't be living the life I am without them".

"I wouldn't change anything and I can't speak highly enough of them. I see the same girls and they're so kind, they're always smiling. Anything you want they do and I really look forward to seeing them".

"Every one of them is great, I fully appreciate what they do and I've got no complaints. I find it comforting knowing they're coming".

"It's a very good service, in fact excellent. They help me do whatever I want and if I want something in between visits I just ring and they do what they can. I feel very happy with them, and I don't want to change anything".

Two relatives provided similar views to the Regulation Officer about the consistency, quality, and approach of the care team who were supporting their relatives. They said that their relatives were very much involved in planning and organising their

care and felt that the care was truly person centred. They both said that the team were flexible and accommodating to help their relatives with any specific requests and went above and beyond what may reasonably be expected. The relatives used words including: “caring, very kind, considerate, compassionate, organised, friendly and flexible” to describe the staff team.

The Regulation Officer visited one care receiver in their home, and they spoke favourably of their life with the staff team supporting them. It was evident that the efforts of the staff team have built upon key skills in their life and allowed them to participate and be included within the community.

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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There is a clear management structure in place, which consists of the Registered Manager, duty managers, senior care staff and care staff. Staff spoken with knew of the ways in which to report concerns, were clear of their roles and associated responsibilities and explained they were in regular contact with management.

There is a training programme in place to ensure that staff receive an induction and further opportunities for learning and development.

A sample of induction records were examined which showed that there had been a programme of supervised work introducing staff to their roles and their knowledge and skills to deliver aspects of care had been assessed. Care receivers considered their care team to be skilled and commented positively on their capabilities.

The programme of staff training was evidenced and seen to be appropriate to the needs of care receivers and reflected the categories of care on the service’s registration. Training delivered included data protection, food safety, understanding autism, mental health awareness, living with dementia and record keeping for example. During the week of the inspection, some staff had attended training in palliative care. Two members of staff described the application of palliative care

training into a situation where they had provided care after death. They spoke of their reflective discussions that occurred as a result of that experience.

Staff told the Regulation Officer that there was a positive culture to training and learning within the service. They confirmed that they are provided with time to complete and attend training and one staff member described their career progression within the service.

Discussions with relevant health professionals relating to specific care receiver conditions are organised as needed and used as valuable learning episodes also for staff. The Registered Manager is committed to ensuring more face to face training is delivered and had recognised the value of this type of training over e-learning.

There are opportunities for staff to undertake vocational training in health and social care also and the service has employed one member of staff to provide some aspects of training. Two staff are currently undertaking a Level 5 Diploma in leadership in health and social care, four staff a Level 3 and one person is doing a Level 2. There are a number of staff already with this qualification and others who are waiting for education providers to offer start dates for them to commence this training.

In response to an outcome of a safeguarding event last year, the service made sure that staff were provided with recognised, competency-based medication training. The service confirmed that it continues to require staff to achieve a Level 3 Award in medication administration. At the time of inspection, a number of staff had completed this training, some were nearing completion and others waiting to start. In addition, the service checks staff competencies prior to them becoming involved with this aspect of care and support.

The Standards relating to supervision and appraisals are well met. The Registered Manager explained the benefit of a structured, 1:1 supervision and described it as a means of ensuring and validating that staff are able to carry out their duties and enabled to provide quality care and support to people they are supporting. A sample supervision record was examined which showed that staff development and practice

had been considered and recorded. Revisions and amendments to policy documents are discussed in group supervisions.

Staff views of supervision and appraisal suggested that they were an invaluable part of personal improvement and helped to identify development needs.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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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