



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**1-2-1 Care Limited**

**Home Care Service**

**Second Floor  
JEC Powerhouse Building  
Queen's Road  
St Helier  
JE2 3AP**

**10 November 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 [1-2-1 Care Limited]. The office of the service continues to be situated on a retail site on the outskirts of St Helier and the service provided is island wide. The service became registered with the Jersey Care Commission on 2 October 2019.

Regulated Activity	Home care service
Conditions of Registration	<b>Mandatory</b> Type of care: Personal care and personal support.  Category of care: Adult 60+, Dementia care, Learning disabilities, Mental Health, substance misuse (drugs and/or alcohol) and physical disability and/or sensory impairment.  Maximum number of personal care / personal support / nursing hours to be provided per week: 2250 hours.

	Age range of care receivers: 18 years to end of life.  <b>Discretionary</b>  No current discretionary conditions.
Date of Inspection	10 November 2022
Time of Inspection	09.00am to 12:50pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	45

The Home Care Service is operated by 1-2-1 Care Limited and the Registered Manager continues to be Dania Pereira.

There is no discretionary condition on the service's registration. Following the 2021 inspection, there was a discretionary condition stating that the Registered Manager Dania Pereira was required to evidence that she had been successful in achieving an academic qualification equivalent to QCF Level 5 Diploma in Management and Leadership. There was a time frame of 3 February 2023 for her to obtain this specific qualification and this has now been achieved.

Since the last inspection 12 November 2021, the Commission has not received any notifications of variation on registration conditions.

Following discussions with the Registered Manager, the Regulation Officer was satisfied that the service is meeting the requirements of the mandatory conditions in place.

The Service has had a Registered Manager in place since the last inspection.

The Commission had received an updated copy of the service's Statement of Purpose before the inspection, this was held on file. The Regulation Officer had noted that the information regarding the Registered Manager's achievement of their level 5 Management and Leadership qualification, had not been updated. The Regulation Officer advised the Registered Manager on the day of inspection to update this information on the Statement of Purpose.

## **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 overall findings of this inspection were positive. The Regulation Officer was able to see evidence that the care receivers are experiencing a provision of care that is safe, well governed and involves them and their families in the planning of their own care.

There was one area of improvement from the 2021 inspection, the Regulation Officer followed up on this during the course of the inspection. This area of improvement has been actioned by the Registered Manager and there is now regular formal staff supervision in place. This has improved the employees' platform for discussion of practice and work-related matters.

New employees receive a robust induction which includes following the process of a competency framework that is signed off by experienced staff members including the Registered Manager. Mandatory training and competencies are completed before there is consideration of the employee supporting care receivers directly. This is an area of good practice.

A programme of mandatory training is completed in the induction period if the employee has not completed the training before commencement of the post. There are also individual training needs identified depending on the care packages that the

staff member is supporting, and any learning is also identified in their annual appraisal.

There is a clear ongoing programme of statutory and mandatory training, this is recorded on a staff training matrix which the whole staff team have access to.

Most of the mandatory training subjects are underpinned with an organisational policy, such as medicine management.

The Registered Manager demonstrated a good knowledge of the statutory training requirements for the organisation and its employee's.

All care staff are now receiving regular supervision which is formalised by being planned and recorded.

There was evidence of well embedded recruitment processes and, an up-to-date recruitment policy was available which gives underpinning rationale for the safe recruitment process.

The Registered Manager provided the Regulation Officer with a suite of policies that were current and reflected best practice.

There is evidence of an organisational complaint's procedure. Complaints are considered and responded to by the Registered Manager, complaints are also filtered into the Commission via the notification process.

The Registered Manager was aware of the process for notifying the Commission of incidents or when there has been an authorisation of a Significant Restriction of Liberty (SRoL) for one of their care receivers.

New referrals receive an initial holistic assessment of their needs. This is usually undertaken by the Registered Manager or one of the senior assistants. Care plans demonstrate a person-centred approach and are co-produced with the care receiver and their families where possible. Regular reviews of the care plans (three monthly) are undertaken to ensure that they remain relevant to the care receiver.

Care plans are available on the organisation's electronic record system and employees have access to these remotely. Care receivers and their designated family or friends also have access to their records if they wish to (in the case of family or friends, this is with the consent of the care receiver). This demonstrates working together and transparency of work.

The Registered Manager was able to provide the Regulation Officer with evidence that the work force is appropriately trained and are able to work to individual competencies. It was also noted that there are a few members of staff that are trained to be trainers in some areas. This demonstrates a commitment to training and a good use of resources.

## **INSPECTION PROCESS**

This inspection was announced and was completed on 10<sup>th</sup> November 2022. Two working days' notice was provided to the Registered Manager, to ensure that they would be available during the inspection. However, the Registered Manager made a request for the date to be changed due to her commitments on the original date. This therefore became four working days' notice. The inspection took place at 1-2-1 Care Limited offices with the Registered Manager.

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

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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/>

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 Statement of Purpose, notifications, monthly reports and any correspondence received.

The Regulation Officer sought the views of the people who use the service, and/or their representatives, and spoke with the Registered Manager at the time of the inspection.

As there were no care receivers present during the inspection, the Registered Manager provided a sample of care receivers who were contacted by the Registered Manager to offer the opportunity to participate in the inspection. The Regulation Officer then established contact with two care receivers and four family members, all contacts were by telephone and one was face to face.

Staff members were given the opportunity to contact the Regulation Officer and give feedback on their experiences of working for the organisation; the views of one member of staff were received.

During the inspection, records including policies, care records, recruitment files, competency/training records, inductions, incidents, complaints and staffing rotas were examined.

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

This report sets out our findings and includes areas of good practice identified during the inspection. There were no areas of improvement identified

## 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.

The improvement plan was discussed during this inspection, and it was positive to note that the improvement had been made. There was evidence that the Registered Manager had formalised the organisation's model of supervision for all care staff members, and this was occurring at least four times a year.

### **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 was provided with a set of policies that are in place for this service. The policies have been developed to suit the activities of the business and they were appropriate and based on best practice. All policies were recently reviewed. Staff are signposted to the policies and procedures during their induction period, and when necessary to highlight them for any practice standards. If there are any new policies in place this information is cascaded to staff via a message on their work telephones. The policies were simply written and therefore easy to follow.

The Registered Manager was able to demonstrate that safe recruitment practices were being followed. The Regulation Officer reviewed four recruitment files which held comprehensive information pertaining to safe recruitment processes. This included an application form, employment contract and job description. The Disclosure and Barring Service (DBS) process is completed prior to an individual



being employed and the files held copies of the individual workers' DBS reports. The Registered Manager explained that, in general, the DBS process was usually completed within a week which allowed them to recruit and give a starting date in a timely manner. Copies of a minimum two professional references were also evident in each recruitment file.

Staff are provided with a uniform and there is a code of dress that staff are expected to adhere to. There is also an expectation that each member of staff always wears their ID badges while delivering care. Uniforms and ID allow care receivers to identify the staff. Senior health care staff and the Registered Manager complete spot checks to ensure that uniforms are compliant and ID badges are being worn.

The Registered Manager was fully aware of the importance of having up to date relevant policies in place. There was a clear understanding demonstrated regarding the Registered Manager's knowledge of the training needs of the employees. For newly appointed staff, the Manager undertakes a training needs analysis to ensure that mandatory and non-mandatory training available would meet the needs of their roles.

There is a clear complaints procedure that is provided to care receivers when they receive their initial contract of care. Staff are also made aware of the complaints process. The procedure also includes the opportunity to provide compliments or positive feedback for the care received. Complaints are considered and responded to by the Registered Manager unless the complaint is about the Registered Manager. Complaints are usually resolved quickly and do not need to be escalated.

Complaints are provided to the Commission through the notification process. The Commission had one complaint recorded pre-inspection. This matched with the log that the organisation held. The complaint related to a medication error. The Regulation Officer reviewed the response to this complaint and was satisfied that the Registered Manager had dealt with it appropriately and transparently, and that the care receiver and their relative were kept up to date with the outcome, suitable

actions had been taken to prevent the error occurring again. The medication policy was reviewed, and staff were reminded to refer to the policy if necessary.

A record of complaint/s and incidences are sent to the Commission and logged on the electronic recording system (Zuri) which is used by the organisation. Additionally, complaints and incidences are notified of in the monthly quality reports.

There is clear evidence that any incidences including safeguarding are notified to the Commission as per the requirements of registration. The Commission had received one safeguarding concern since the last inspection. When checked with the Registered Manager, this matched with the organisation's log of safeguarding issues raised. Evidence was seen that the Registered Manager and staff had worked with the client and other professionals to put measures in place that prevented further possible errors that could cause harm.

There is a clear safeguarding policy in place and Safeguarding Adults training is mandatory for all staff in the induction period if they do not have evidence of any previous training in this area.

The organisation continues to ensure that staff are following the latest local public health Covid 19 guidance around infection control measures. The Registered Manager attends weekly meetings provided by Public Health to keep abreast of any changes in Covid 19 practices. Staff follow guidance regarding the use of PPE, completing Lateral Flow Tests (LFT's) and what to do if testing positive. Fit mask testing has been completed for each member of staff and the Registered Manager is trained to do this test. The Registered Manager recognised that this is a timely procedure and can have implications to delivering a service should members of the staff team not pass the test. The organisation has considered their capacity should there be a situation that they need to use the mask's while delivering care.

Notifications to the Commission since the last inspection were reviewed prior to meeting with the Registered Manager. There had been numerous notifications throughout 2022, all of which were reportable. The Registered Manager and the senior health care staff were aware of what and how to report incidences to the

Commission. There was evidence that the staff team would report to the Registered Manager who would then notify the Commission and take any appropriate action.

The Registered Manager reported that there were no Significant Restrictions on Liberty (SRoL) authorisations in place at the time of the inspection. Confirmation was given that the Capacity and Self Determination (Jersey) Law 2014 CSDL training is part of the mandatory programme.

The Regulation Officer was reassured by the Registered Manager that staff have mandatory training in medicines management and staff members have the option of progressing to the Regulated Qualifications Framework (RQF) level 3 in administration of medication. This was a particular focus for the Regulation Officer as it was noted that there had been a complaint and a safeguarding notification where both were related to medication errors. It was reassuring to see that there had been an investigation carried out on both occasions with appropriate learning actions as an outcome. This included additional supervision of the staff members involved, a review of everyone's training around medication management and some updates advised and spot checks in this area for staff involved with the incidences.

Transport procedures are in place. If there is a need for staff to transport a client as part of their care, the organisation's fleet cars are used which are fully insured for this purpose, there is a policy in place to support this. Staff do not transport clients in their own vehicles.

Planning and Implementation of client care is recorded on 'Zuri' which is a safe electronic recording system. Care receivers are also given the option of having passwords to be able to gain access to their records including their care plans, risk assessments etc. They can also nominate close family members or delegated persons to access their records on their behalf if they find electronic systems difficult to navigate. The Regulation Officer was satisfied that care receivers' personal information is stored safely and securely.

The Registered Manager explained that it is made clear to care receivers in their contract of care that the organisation will only get involved with the handling of

finances when it is a small amount (petty cash). For example, the service may support care receivers with shopping. In such cases, this would be cash only and spread sheets are used to record any spending. Receipts are retained, and all spending is accounted for. The Registered Manager produced samples of receipts which were attached to client records.

There is an on-call duty system for staff and clients outside of office working hours. Emergencies are dealt with out of normal office hours of 8.00am-4.00pm through the week and at weekends and bank holidays. Duty is provided by a member of the management team. If staff call in sick or need a shift covering, they will utilise duty to arrange this.

When requested pre inspection, the Registered Manager had provided the Regulation Officer with the last three months of quality assurance reports and additionally, administration audit and action plan forms. The reports evidenced that care quality and compliance with the law was undertaken by the business.

### **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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Referrals into the service can come from a range of sources such as social workers, family/friends of the service user, or directly from the care receiver. At the time of the inspection there were 45 individuals receiving care from the organisation. The range of services being offered included personal care, personal support, and domestic input. The Registered Manager reported that there was only limited capacity to take any new care packages at the time of the inspection, and that as soon as a space becomes available it gets taken.

The Registered Manager ensures that the staffing capacity covers the care packages without compromising the care receivers. The electronic staffing rotas were seen by the Regulation Officer. There were sufficient staff in place to cover the current workload.

The service is currently recruiting for care staff. However, there are ongoing challenges associated with recruiting care workers, which the care industry throughout Jersey is experiencing. The service had recently increased their pay rate and had started to recruit off island in order to support fulfilling their staffing capacity. It was reassuring to hear that the staff recruitment process for the off-island candidates includes the same safe recruitment procedures, and DBS checks are completed in the country of origin and again in Jersey.

The Registered Manager reported that all but two of the current care workers in the staff team had completed or were working towards the level 2 or level 3 Regulated Qualification Framework (RQF) or equivalent qualification.

Following the receipt of a new referral, the Registered Manager or one of the senior staff members will meet with the care receiver and complete a comprehensive assessment of needs once they have gathered all relevant information from the referrer. The assessment will determine the package of care and support needed. The assessment includes the views of the care receiver and family members if this is requested by the care receiver. The Regulation Officer was able to review five care receivers' records. The records contained individual care plan/s and risk assessments if needed. The care plans were informative and demonstrated a person-centred approach i.e., evidence of the care receivers' wishes and requests on how their care is given. All care plans demonstrated that levels of independence are supported and encouraged. The feedback received from two of the relatives of care receivers confirmed that they had been included in the care planning and informed of how to access their relative's records if they wished to see them.

The Registered Manager confirmed that care plans are reviewed every three months or when a care receiver or staff member raises that they need to change, or a new care plan is identified. Assessments are fluid and ongoing. The care planning

reviews are completed by the Registered Manager or a senior care worker, with input from the carers and care receiver. The care records also include a copy of any medical prescriptions. This information is accessible to the care workers while in the homes, to be utilised as a quick reference/update for care staff when supporting the care receiver to take their medication.

The Regulation Officer reviewed two records where care receivers were receiving support with food shopping and preparing meals. There were care plans for this activity which evidenced appropriate focus on the nutritional requirements of the individuals, their preferences, and choices.

Where possible, the service will maintain consistency of staff for the service receivers. However, it is acknowledged that this is not always achievable due to staff sickness, annual leave, or other needs of the service. Feedback received from one care receiver suggested that they did not always receive consistency of carers. However, they recognised that this was sometimes unavoidable.

Feedback from a care receiver and from two relatives of care receivers was that if there is a change of care worker/s, this is anticipated by the service, and they ensure that the current care worker/s introduce the new members to them. Another relative reported that her parent generally knows most of the care workers and does not mind if it is not always the same carers as she reported that 'they all deliver a high standard of care to her'.

The Registered Manager reported that if introducing new staff to care receivers, there will be a visit completed with the new staff member and an experienced member of staff who the care receiver will be familiar with. These two members of staff will work together with the care receiver until the care receiver is comfortable with the new person. This process was valued by one care receiver who stated that although they have had changes of staff, new staff are always introduced and come along with an existing staff member until everyone is comfortable with the change.

The privacy and dignity of care receivers is considered, and this was evident in the individual care plans. A relative's feedback reported that she had observed her

parent being cared for by the staff and her privacy was respected throughout. She also regularly checks with her mum if she feels that her privacy is considered, and she always feels that it is.

A relative reported that her mum was confused initially, due to her dementia, when her care package began. The care workers made her feel at ease and now she is comfortable with the care workers supporting her with personal hygiene.

Some care receivers have additional health needs that may require more specialist training. This is recognised in the assessment period and the Registered Manager ensures that the staff team, work alongside any other professionals that may be needed to fulfil the needs of the care user. Also, if appropriate staff are encouraged to complete enhanced training that may be needed to meet the care requirements of the care receiver. There are inhouse training opportunities with staff that have specialist knowledge and skills in some areas. A competency framework would be used to ensure compliance and consolidate the learning.

## **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>
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There is an extensive induction programme for new employees. This starts from the point of initial recruitment. There is an expectation that each new starter will spend a minimum of thirty hours shadowing a colleague who is competent in their role. New staff are prevented from supporting clients directly alone until they have reached the minimum thirty hours of shadowing and have completed the competency framework. All areas of care need to be signed off by a senior member of staff or the Registered Manager. There is also an expectation that mandatory training will be completed within the induction period. There is an induction policy and package to support this

process. Two competency booklets were viewed by the Regulation Officer during the inspection. These were found to be comprehensive, covering all aspects of fundamental care, privacy and dignity, safeguarding etc.

The Registered Manager completes an electronic training matrix for all staff members, and this is accessible to the staff. A colour coding system (RAG rating) is used to identify when training is due, complete, or overdue. This gives the benefit to the Registered Manager of having a quick overview of where staff are up to with their training and when mandatory training is due. It was evident that staff are made aware of their commitment to ensuring that training needs are met in relation to their role. The organisation gives protected time to the staff to make certain that their training is up to date. There is clear statutory and mandatory training set out. Mandatory training includes for example: safeguarding, infection control, moving and handling, food hygiene, first aid.

The Registered Manager informs carers via a staff 'Newsletter' of any training that may be relevant or of interest to them and they are encouraged to consider their professional development. This is an area of good practice.

Training is delivered through a mixture of different mediums such as online, face to face and during practice for practical skills. The organisation subscribes to an online training forum called 'Care Skills Academy'. The Registered Manager or staff themselves may identify a specific piece of training that they would like to complete in relation to their care role. An example of this would be dementia training for carers supporting care receivers with this diagnosis.

An area of improvement from last years inspection was for staff supervision to become formalised, this was to ensure that staff members are given an opportunity to discuss their practice in a restorative and confidential space. The Registered Manager has made supervision mandatory and given it structure by ensuring that it is completed four times a year and recorded with clear outcomes. Staff may also seek informal discussions in between their formal supervision.



The Registered Manager gave assurance that the well-being of staff is considered in the supervision session, and staff members will be asked how they are and listened to if they need to discuss how they are feeling.

Staff appraisals are completed for all staff members once a year, these are overseen by the Registered Manager. Professional development goals are identified and set for the coming year. The mandatory training record is reviewed at the appraisal and new training is recognised.

A relative of a care user commented that 'staff present as being competent with their skills' and stated that 'they appear well trained'.

The Registered Manager or senior health care staff undertake 'spot checks' if they are worried about a carers practice. They will also implement a 'double up' shift so that they have support from a competent carer.

Care receivers' feedback was relatively positive about the service they are given. One relative called her mum's carers 'Angels'. She reported that 'they have built up a wonderful relationship with my mum'.

One relative of a care receiver reported that the carers are not always on time, and this can delay some of the processes of care. They can discuss with the Registered Manager any issues or dissatisfaction with the service and do feel that they are listened to when they raise any issues.

Another relative of a care receiver talked about how the Registered Manager and carers have gone 'above and beyond' and they 'work as I would' when caring for her mum.

## **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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