



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**LV Home Care**

**Home Care Service**

**2<sup>nd</sup> Floor  
Charles House  
Charles St  
St Helier  
JE2 4SF**

**7 October and 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 LV Home Care. The service is situated in the centre of St Helier. The building has lift access to the offices. Services are provided island wide.

The service became registered with the Commission on 22 August 2019.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u>  Type of care: personal care, personal support  Categories of care: learning disability, physical disability and/or sensory impairment, autism, adult 60+, dementia, substance misuse, mental health  Maximum number of personal care / personal support hours: 2249  Age range of care receivers: 18 years and above  <u>Discretionary</u>  There are no discretionary conditions
Dates of Inspection	7 October and 10 November 2022

Times of Inspection	10am to 15:40pm, 3pm to 4pm
Type of Inspection	Announced
Number of areas for improvement	Three
Number of care receivers using the service on the day of the inspection	25

The Home Care Service is operated by LV Care Group and the Registered Manager is Kalina Syvret.

Since the last inspection on 18 October 2021, a Registered Manager application was submitted for Kalina Syvret on 16 March 2022. This was approved by the Commission on the 29 April 2022.

A notification of absence of the Registered Manager was submitted in October 2022. The notification included details of the registered provider's arrangements to ensure that the service had a suitable interim management plan in place.

An updated copy of the service's Statement of Purpose was submitted prior to the inspection visit. Upon review, it was found to be reflective of the services 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.

Overall, the findings of this inspection were positive. The Registered Manager engaged fully in the inspection process and ensured that all requests for information and records were fully met. In addition, a number of care receivers, family members, professionals and staff were happy to provide feedback on the service which was very positive.

There are policies and procedures in place which reflect best practice, which include details of local legislation and links to relevant professional bodies.

Recruitment practices were reviewed and the recruitment folders of 19 new members of staff were examined. All information relating to safe recruitment procedures was found to be in place.

There is a full induction programme in place for all newly recruited staff. Once completed, staff have access to ongoing supervision and a mandatory training programme. No appraisals had been undertaken in 2022. This is an area for improvement.

It was acknowledged by the Registered Manager that there was a training deficit for senior staff within the organisation in relation to Significant Restriction of Liberty and this was evidenced when examining individual care plans. This is an area for improvement.

There are a range of practices in place to support safe and effective working practices which include training, competency assessments, quality assurance checks and audits and risk assessment practices. Monthly reports were found not to encompass all services provided by LV Home Care. This is an area for improvement.

The service has established a robust assessment process in order to determine levels of need and suitability of placement, prior to offering as service. Care plans were found to be reflective of individual needs and respected the wishes and preferences of care receivers.

## INSPECTION PROCESS

This inspection was announced and was completed on 7 October and 10 November 2022. Notice of the inspection visit was given to the Registered Manager four days before the visit. This was to ensure that the Registered Manager would be available during the visit and to confirm the service's infection prevention and control arrangements.

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 of the information held by the Commission about this service was reviewed, including the previous inspection report, the service's Statement of Purpose, communication records and notification of incidents.

The Regulation Officer sought the views of the people who use the service and / or their representatives. A total of four families provided feedback to the Regulation Officer by telephone and e-mail having given prior consent to be contacted.

During the inspection, the Regulation Officer spoke with the Registered Manager and the Head of Operations.

The views of four professionals and seven staff members were also obtained as part of the inspection process.

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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/>

During the inspection, records including policies, care records, training records, recruitment files, inductions, incident reports, safeguarding alerts and complaints were examined.

At the conclusion of the inspection, the Regulation Officer provided initial feedback to the Head of Operations.

## **INSPECTION FINDINGS**

At the last inspection, two areas for improvement were identified and an improvement plan was submitted to the Commission by the Registered Provider setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that all of the improvements had been made. This means that there was evidence of a more structured approach to activity planning and a formalised system for the on-call service.

At the time of inspection, the service provided 1175 hours of support each week, to 25 care receivers. The size of packages ranges from a few hours per week, to 24-hour support within care receivers' own homes. There are 30 permanent members of staff employed on a mixture of full and part time contracts. The service is also supported by a pool of zero hour contracted staff.

The service has undergone a period of expansion since the last inspection and the staffing structure has been adapted to meet the needs of the developing service. This has included the introduction of two deputy managers. The Registered Manager reported that there have been some challenges with recruitment with many more applicants who are new to the care sector. This has resulted in more intensive induction and training support during the first few months of employment.

Due to the absence of the Registered Manager from October 2022, management oversight is being provided by the Head of Operations. A temporary Registered Manager has been recruited and will take up their post in early 2023.

## **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 range of measures were examined to determine the quality of safety within the service. This included the policies and procedures in place to support the operation of the service. The Regulation Officer reviewed a sample of ten policies which were cross referenced to the Home Care Standards and included safeguarding, complaints and health and safety. The content was found to be robust with references to key legislation and supporting agencies where appropriate. It was noted that one policy had recently become out of date. This was brought to the attention of the Head of Operations who agreed to take the appropriate action to have the policy updated.

A review of the complaints log indicated that there had been two informal complaints received. There were clear details of the concerns raised and the outcomes following investigation were recorded. All processes were found to be in line with the service's complaints procedure.

There have been three safeguarding alerts raised since the last inspection. The Registered Manager was able to provide details of the actions taken and the learning outcomes identified. This was evidenced in the records shared with the Regulation Officer.

The Registered Manager also gave examples of safeguarding alerts raised by her on behalf of care receivers or based upon concerns disclosed by staff members. Feedback from one professional praised the diligence shown by staff in recognising and reporting potential abuse.

The service has a recruitment policy in place which demonstrates an understanding of the requirements for safe recruitment practices. A sample of 19 recruitment files were examined of individuals who had commenced employment since the last inspection. There was evidence of safe recruitment practices, with additional safety measures, such as risk assessments being undertaken where required.

The Regulation Officer noted some negative reference feedback. This was discussed with the Registered Manager who explained that she will always follow up with a phone call to the referee to determine the specific circumstances. This is not currently recorded on the recruitment file, however the Registered Manager agreed to implement this moving forward.

The Regulation Officer requested information relating to the procedures in place to address instances of poor practice. The Registered Manager explained the range of measures which are in place to identify needs / learning and the improvement plans which will be put in place when required. These interventions are in line with organisational policy. The Registered Manager was able to give details of a recent example where a personal improvement plan was required which had clearly stated goals and outcomes. A further example demonstrated the recognition of a training deficit for a member of staff with evidence that steps were taken to rectify this.

The service has robust systems in place to monitor compliance and competency. Spot checks are undertaken on a monthly basis to ensure that standards of care are being maintained. This includes a discussion with the care receiver or their relatives. Care receivers referred to this process during feedback and of how it left them feeling re-assured.

In addition, each member of staff undergoes competency assessment which covers a range of areas including infection control, choice, independence, communication, risk assessment, manual handling and fire safety. The outcomes of the competency assessments are then used as a tool to reflect on practice during supervision sessions. They can also help to identify any training or development needs.



There is a robust medication policy in place with a regular audit process for medication storage and documentation.

The organisation has a lone worker policy in place and staff also have access to the on-call system at evenings and weekends which has a defined rota of which member of staff to contact. All calls received and the actions taken to resolve issues are recorded. Samples of rotas and recordings were reviewed by the Regulation Officer. Staff also reported that they felt supported.

Support processes for staff should they encounter difficult or challenging situations when lone working were discussed. The Registered Manager and Head of Operations explained that initial support will be offered via a telephone follow up; should further support be required this can be accessed via supervision or the 'Listening Lounge' service.

Staff support the weekly testing of smoke alarms within the properties of care receivers who receive 24-hour support and evacuation procedures are also provided for these areas. All care receivers have personal emergency evacuation plans and evacuation procedures are reviewed as part of the staff competency assessments.

Notifications to the Commission since the last inspection were reviewed and discussed with the Registered Manager, with no issues noted. It has been demonstrated throughout the year that the Registered Manager will seek advice and support from the Commission as required.

Monthly quality assurance reports are undertaken by the Compliance Manager. Copies of reports for June and September 2022 were supplied for review. The Registered Manager explained that the reports only applied to a specific element of the service and that the recent expansion of the service had not yet been incorporated into the reports, despite the services being in place since the beginning of 2022. This is an area for improvement.

## Care and support

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.

The service has a comprehensive assessment in place which helps to determine the suitability of the referral. Information is gathered from the care receiver, relatives and professionals. One family member described the holistic approach that was taken to gathering information as part of the assessment process for their relative. Assessment information mirrors the information required for the electronic care planning system.

Care plans are discussed at the first visit and agreement sought from care receivers. Printed copies of plans are stored in the care receivers' home for reference. For 24-hour packages of care, a separate electronic care plan is used.

Service agreements are in place for all packages of care provided, include details on the service and how it will be delivered. Upon review, the Regulation Officer noted that there is no information within the agreement regarding notice periods. This was brought to the attention of the Registered Manager who agreed to review and amend the agreement.

A sample of care plans were reviewed by the Regulation Officer. They were found to give a comprehensive breakdown of the tasks required and the level of support that the care receiver required. Wishes and preferences were clearly identified. One example of this captured the unique communication style adopted by a care receiver and the requirements for staff in ensuring this was acknowledged. There is also a detailed risk assessment section within each plan which covers both personal and environmental risks.

It was reported by some staff members that the electronic care planning system can be problematic, with poor access at times.

The Registered Manager reported that the service has good working relationships with professionals. However, it was highlighted that there can be long waiting times

for some services and that changes to criteria for referrals have not been communicated effectively. This has prompted the service to explore the possibility of investment in specialist training within the organisation.

Professionals' views about the service were consistent; all commented on the positive relationships between staff and care receivers. They also fed back that they had confidence in the support staff and management team to provide a consistent level of support and respond appropriately to recommendations made by them. Prompt and consistent communication was highlighted as another strength of the service. One professional stated, *"When I have met with staff on shift I can say each time it has been a positive experience. It is evident that staff are competent attentive and helpful"*.

During the inspection it was evident that staffing levels are determined by the level of need of each care receiver and takes account of staffing levels required for specific tasks, such as manual handling procedures. The 24-hour packages of support have their own staffing rotas, with defined staffing levels.

During discussion with the Head of Operations at the second inspection visit, it was highlighted by the Regulation Officer the need for the service to regularly monitor and review service hours required against the number of contracted staffing hours available. This will ensure that the service does not exceed capacity or overextend existing resources. In order to ensure that the service is working within capacity, a weekly audit tool has been devised which will be implemented in the coming weeks.

As part of the inspection process, the Regulation Officer had the opportunity to meet with care receivers who were in receipt of 24-hour support, within their own homes. Care receivers are provided with full support to maintain their homes. This was done to good standard with décor that reflected the individual personalities and preferences.

Some adaptations had been made to ensure the safety of individuals. This had been achieved in a way that was not detrimental to the homely feel of the environment. All care receivers were noted to have very individual needs which were being met appropriately by the care staff.

All care receivers were supported to engage in activities of their choice at home and in the local community. Activities included swimming, massage and shopping trips. There was access to sensory equipment which staff reported was enjoyed by the care receivers and there are plans to develop these resources further.

The atmosphere within the care receivers' homes was warm and friendly with each individual appearing relaxed and responding well to the support from staff. The staff team were observed to have a positive attitude and showed a real enthusiasm to explore new ideas with care receivers. However, it was reported that this can be difficult at times as funds are limited.

Tenancy requirements for care receivers were discussed with the Head of Operations. It is a requirement of Home Care registration that the service who provides the care does not also hold the tenancy of the property in which the care is provided. It was highlighted that the tenancy status for some packages of care were unclear and the Head of Operations agreed to look in to this further.

Care receivers and relatives provided valuable feedback as part of the inspection process. One relative commented on the willingness of the service to be adaptive to their family member's needs, sometimes at short notice. Another spoke of being pleased with the service and that it had alleviated a lot of their worry in relation to their relative's care.

A care receiver spoke of the importance of maintaining their independence and that the staff were respectful of this. They also commented on the interest that was taken in their hobbies.

All feedback received was complimentary of the staff team and management. They reported no missed visits or late visits, however one family member did note that if timings of visits are varied, it can have an impact. Staff teams were reported to be generally consistent and there was good communication between the service and care receivers / relatives.

Other comments from care receivers and relatives included,

*“I get on with all the carers”.*

*“I am happy with the carers. I am also very impressed with the spot checks that are done”.*

*“The staff are very pleasant and polite. I have got to know them”.*

*“I cannot fault the care Xxx receives at LV”.*

*“Responses to my e-mails are prompt”.*

*“Staff have a good understanding of Xxx’s needs. I have observed them talking and responding appropriately to Xxx”.*

*“They do a great job. Without them I don’t know what I would have done”.*

*“We are happy with the service they provide. Xxx is happy”.*

## **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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The Registered Manager explained that due to employing more individuals who are new to working in care, there has to be a more detailed focus upon induction and training.

Some recent recruits contributed to the feedback process and spoke positively of the support they had been given. They felt that they were given appropriate time to work alongside experienced colleagues, getting to know care receivers and their specific needs. There was also sufficient time to read and understand the care plans.

One member of staff described how they had specific learning needs which were acknowledged by the Registered Manager, with steps taken to accommodate their style of learning. Another staff member described how they had felt fully supported to learn aspects of their role as a senior carer which was new to them.

The service has a comprehensive induction programme in place with regular opportunities to review progress and assess competence. All shadow shifts undertaken are recorded with details of what the new recruit has observed / learned during the shift.

Once the induction period is complete, staff are supported through regular supervision. Examples of supervision records were viewed at the time of inspection and staff confirmed that this is undertaken every three months. The Registered Manager explained that steps are being taken to develop the skills of both the deputy managers and senior support workers, with a view to them providing supervision to support workers as part of their role.

The Registered Manager reported that no appraisals had yet taken place for any new members of staff who had been employed for less than 12 months. The Regulation Officer discussed the importance of ensuring that staff have a clear understanding of their roles and responsibilities, as well as an opportunity to discuss their goals and aspirations. It was confirmed as part of the second inspection visit that no appraisals had been undertaken for any staff members in 2022. This is an area for improvement.

Staff are also invited to take part in an annual survey which gives them the opportunity to provide feedback on their experiences as employees. This takes account of positive experiences and areas where staff feel things could be improved. The last survey was undertaken in January 2022, with another planned for 2023.

There is an established training and development programme in place for staff. Details of all mandatory training are clearly identified within the Training and Development policy.

Training is delivered predominantly online via Care Academy. This is supplemented by practical sessions for certain topics which include First Aid, basic life support and manual handling.

The Registered Manager explained that there had been a delay in commencing First Aid training for new members of staff, however training sessions had been booked with one session having been completed before the second inspection visit.

The Regulation Officer undertook a review of the training logs for the service and found staff to be up to date with all mandatory training. Staff also have the option to undertake additional training and are encouraged to do so when care receivers have specific needs. Examples of this include nutrition, conflict management, epilepsy and dementia awareness.

Staff reported that they identify and request additional training as required. An example of this has been attendance at a practical training session on end-of-life care. One member of staff described how this had benefited them in supporting a care receiver whose health was declining.

Generally, staff reported that they felt supported in their roles. One described how they had received support from the management team to secure a rota which supported them with their personal commitments. Other comments included,

*“I feel my manager and deputy manager have answered any of my questions in a timely manner by e-mail and are open to me coming into the office for chats if I wanted it to be face to face”.*

*“We have a weekly meeting where we can express any concerns we have or ask any questions we aren’t sure of”.*

The service is registered to provide support in relation to specific categories of care. This includes learning disability, autism, physical disability, adults 60+, dementia care, substance misuse and mental health. The breadth of categories was discussed with the Registered Manager. Whilst it was recognised that there is basic training in place to support the majority of categories, the service must consider how they will support ongoing learning and development which allows staff to enhance their knowledge and skills as the service grows.

The Registered Manager was aware of her responsibilities in relation to ensuring that appropriate training is in place to support delegated tasks. Refresher training is being planned for stoma and catheter care and also initial training for new recruits. An appropriate training programme has also been undertaken via Family Nursing and Home Care for the administration of pessaries, which included assessment of competence. The Registered Manger reported that training was recently given to the staff team by physiotherapist to enable them to support an exercise programme for one care receiver.

Staff have also received training in epilepsy and reported that they are confident in the management of seizures. However, they felt that they would benefit from more advanced training in this area. The team have also been proactive in sourcing specialist equipment to support a care receiver with epilepsy.

The LV Care Group has an internal trainer for manual handling who undertakes initial practical training sessions with regular competency checks being undertaken by senior carers on a three-monthly basis.

Medication administration is only undertaken by staff members who are in possession of a level 3 Regulated Qualification Framework (RQF) in the administration of medication. New staff joining the service with this qualification are observed and their competency checked as they are working in a new organisation / environment. All staff undergo three-month competency checks which are measured and recorded against a checklist.

The Registered Manager reported that there are five members of staff who have a Level 3 RQF, or National Vocational Qualification (NVQ) in Health and Social Care, with eight working towards the qualification. A further eight members of staff have a Level 2 RQF/NVQ, with another one working towards the qualification. During feedback, one member of support staff spoke of being supported to undertake level 3 and how they felt this would enhance their level of knowledge and skills.

Training in the Capacity and Self Determination (Jersey) Law 2016 (CSDL) is undertaken online via Care Academy. The Head of Operations confirmed that the



current training is specific to Jersey legislation and practice. The Registered Manager acknowledged that there was a deficit in knowledge and understanding of the requirements for Significant Restriction of Liberty (SROL) applications and authorisations within the management team.

This was noted by the Regulation Officer when reviewing the support provided to several individuals who receive 24-hour support packages. This was raised with the Registered Manager and other professional involved in the individual care packages for their immediate attention. Addressing the requirements for specific individuals who may require SROL authorisations and training for managers within the service is an area for improvement.

## IMPROVEMENT PLAN

There were three areas 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><b>Ref:</b> Standard 3.11</p> <p><b>To be completed by:</b> 4 months from the date of inspection (10 March 2023).</p>	<p>The Registered Provider must ensure that there is appropriate training in place for the Registered Manager and other senior staff, to support their knowledge and understanding of significant restrictions of liberty and know when to make applications.</p> <p><b>Response by registered provider:</b></p> <p>We have reviewed our training matrix. The following additional training sessions are taking place; Physical First aid, Incontinence, Stoma, Catheter and Visual impairment training is taking place. We have identified another provider to deliver SROLs training.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 3.14</p> <p><b>To be completed by:</b> 3 months from the date of inspection (10 February 2023).</p>	<p>The Registered Manager must ensure that appraisals are provided to all staff on an annual basis.</p> <p><b>Response by registered provider:</b></p> <p>Appraisal schedule is in place along with supervision to ensure we have one oversight of when peoples appraisals and supervisions are due.</p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 9.2</p> <p><b>To be completed by:</b> 1 month from the date of inspection (10 December 2022).</p>	<p>The provision of monthly reports must incorporate and review all areas of service provision.</p> <p><b>Response by registered provider:</b></p> <p>Ronan our compliance manager is now aware that these have to be completed and will be sent in on a month basis.</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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