



**Jersey Care  
Commission**

# **Summary 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**

## 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.

## 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>

The full report can be accessed from [here](#).