



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Learning Disability Service – Home Care**

**Home Care Service**

**Flat 6,  
Le Clos Mourant  
Marina Road  
St Clement  
JE2 6ER**

**23 and 28 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 Learning Disability Service – Home Care. The service is community based and care is provided in the individual's own home in various parishes in Jersey. The home care service's premises include office accommodation and a training room. This is the second inspection of the service since registration with the Commission on 6 November 2020.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support.  Category of care: Learning Disability, Physical Disability, Autism, Mental Health.  Maximum number of care hours: 2250  Age range of care receivers: 18 plus  <u>Discretionary</u> None
Dates of Inspection	23 and 28 December 2022
Times of Inspection	10:30-14:15 and 14:30-15:40
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers using the service on the day of the inspection	5

Health and Community Services operate the Home Care Service, and the Registered Manager is Nicola O'Callaghan.

Since the last inspection on 10 June 2021, the Commission received a notification of absence of the Registered Manager in March 2022. The notification included details of the Registered Provider's arrangements to ensure that the service had a suitable interim management plan in place. The Commission was notified of the Registered Manager's return in August 2022.

The service's Statement of Purpose was discussed at inspection and was found to be up to date and in line with the Standards.

## **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.

There were systems in place to ensure the safety of staff and care receivers for example, in relation to the safe storage of medications within the care receiver's home. In addition, there were appropriate procedures in place to manage the finances of care receivers.

The Regulation Officer undertook a random review of the service's policies; two out of the four policies reviewed were out of date. Staff should not be working with policies that are out of date. This is an area for improvement.

There was evidence of person-centred care from discussions with staff and a review of a sample of care plans. It was apparent that staff members knew the individual care receivers very well and were attuned to and knowledgeable about their care needs. Relatives contacted provided positive feedback about the care given to their loved ones. There was also evidence of a variety of activities organised for the individual care receivers that took account of their individual needs and preferences.

Staff receive regular supervision sessions every other month, these are usually one to one sessions, at which training, and development needs are discussed. There are also annual staff appraisals.

There was evidence of a robust induction and training programme for all staff. There is a blended approach to staff training, with evidence of both online and face-to-face training.

Staff gave positive feedback about the support provided by management and were clear about their roles and responsibilities.

There were systems in place to audit the quality of the service provided such as monthly reporting and questionnaires.

## INSPECTION PROCESS

This inspection was announced and was undertaken over two days on 23 and 28 November 2022. Notice of the first inspection visit was given to the Registered Manager six 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 second visit was undertaken the following week; the focus of the second visit was to meet with clients and staff to gather feedback of their experiences of the service.

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, correspondence, and notifications to the Commission.

The Regulation Officer sought the views of the people who use the service, and or their representatives, and spoke with managerial and other staff.

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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/>

The Regulation Officer established contact with two care receivers and two relatives. The contact with care receivers was face-to-face at the time of the second inspection visit and contact with the relatives was made by phone and email.

The Regulation Officer also established contact with five staff members, contact was made by phone, email, and face-to-face. This was in addition to meeting with the Deputy Manager and Registered Manager.

During the inspection, records including policies, care records, duty roster 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. 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 the Registered Provider setting out how this area would be addressed submitted an improvement plan to the Commission.

The improvement plan was discussed during this inspection, and it was positive to note that the improvement had been made. Since the last inspection, all staff have received training in a form of signing communication. A speech and language therapist is awaiting assessment / sign off on becoming a Makaton trainer and then there is a plan for two staff to undertake train the trainer Makaton training early in 2023, to ensure that the ongoing training needs for staff in relation to Makaton can be met.

## 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.

Recruitment is co-ordinated by a centralised Human Resources (HR) team within the Government of Jersey, who are responsible for ensuring that the recruitment policy is followed, and that all safer recruitment checks are undertaken prior to staff commencing employment. The Registered Manager confirmed that they are involved in the recruitment process for example the short listing and interviewing of applicants. The Regulation Officer reviewed the recruitment details for the one staff member recruited since the previous inspection. These were found to be satisfactory.

There were Significant Restriction of Liberty (SROL) authorisations in place for all of the care receivers at the time of the inspection. The Registered Manager confirmed their awareness of the application and renewal process for SROLs.

There had been appropriate and timely notifications to the Commission since the last inspection and the Registered Manager was clear regarding the list of notifiable events as listed in Appendix 7 of the Standards.

The service had systems in place to ensure the safe handling of money and care receivers' finances. For example, following any shopping undertaken by staff, the money and receipts would be checked and double signed by two staff. Each care receiver receives a weekly allowance from the service's finance department. The Registered Manager discussed that it is anticipated that each care receiver be appointed a Delegate by the Royal Court with responsibility for property and affairs. Such provision would negate the need for involvement from the finance department. This would mean less delay for care receivers in the future, when any additional funds are requested, as at present, this process can take up to one week.

In each of the care receiver's accommodation, there are first aid boxes that are regularly checked by staff when carrying out the personal protective equipment (PPE) audit. There are also fire evacuation plans and risk assessments in place for each of the care receivers and an accredited security service undertakes fire alarm checks and drills to ensure the safety of care receivers in their own accommodation.

The Regulation Officer undertook a review of the policies in place to support the service. The service uses the Health and Community Services (H&CS) policies. A random sample of policies were reviewed by the Regulation Officer, which included the Recruitment and Selection Policy, Lone Worker Policy and the Complaints Policy. Two out of the four policies reviewed were out of date and had not been reviewed at the pre-determined review date. The Registered Manager discussed that the out of date policies had been escalated to senior management and governance. This is an area for improvement as staff should not be referring to and working with policies that are out of date.

Medications are stored appropriately within a locked cupboard within the care receiver's accommodation. The key for the cupboard is code locked in a small box on the side of the cupboard. The medication administration records (MAR) charts are stored in a folder within the cupboard and the MAR charts for one care receiver were reviewed briefly and found to be in order.

The Registered Manager described the lone working arrangements within the service, as care is generally provided on a one-to-one basis, with three of the care receivers having sleep-ins. There is a house mobile in each of the homes, staff shifts are recorded on an electronic roster and if staff go out with the care receiver then they will always have a mobile phone with them. There is always a senior member of staff on call to provide additional support out of hours if required to staff members.

The Registered Manager of an associate home (carried on by the same Provider), carries out a regular monthly quality assurance report. A small sample of the last three-monthly reports were provided to the Regulation Officer as evidence.



These were found to be detailed with a specific Standard reviewed each month and with clear actions and a review of the previous month's actions at the end.

The Registered Manager described a recent example of an improvement to practice because of a documentation review, which highlighted that written daily notes required more detail / description from staff to improve communication and understanding. This is an area of good practice.

### **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 home care service currently provides personal care / support to individuals with physical disability, learning disability, autism, and mental health care needs. Access to the service follows completion of a needs assessment and referral from the care co-ordinator to the Registered Manager. The care plans are written by the Care Co-ordinator following the assessment, in consultation with the individual care receiver, their family and any other agencies / health professionals who need to contribute.

There was evidence of person centred care from the care plans, observation of staff and care receivers. Staff were observed to treat care receivers with compassion, and respect. It was also clear to see the good humour that existed between staff and care receivers. The care receivers all have specific needs with respect to communication. Non-verbal communication techniques were observed, for example Makaton (signing) and Picture Education Communication System (PECS). PECS was used in the care receivers' accommodation to communicate, for example, which staff member was on duty or chores that the care receiver could carry out independently. It was positive to note evidence, such as this, of promoting the individual's choice and independence as much as possible. This is an area of good practice.

The care plans are stored both electronically and in hard copy format. A hard copy folder is kept in each care receiver's home. Three care plans were reviewed at inspection. It was positive to note the amount of personalisation and detail contained within the care plans, which gave the reader a real depth of understanding and knowledge about the care receiver. Examples of this were 'My Perfect Day', a list of each care receiver's favourite things to do in a day, 'Great things people say about me' and 'my weekly activities'. There was also evidence of accredited assessment tools such as the 'Disability Distress Assessment Tool' and of positive behavioural support plans. Each care receiver also had a hospital passport to help with outpatient appointments or visits to the hospital.

It was confirmed by the Registered Manager that any member of staff can write in the hard copy plans and this will then be updated in the electronic copy. The Registered Manager meets with the Care Co-ordinator to review and update the care plans. The Regulation Officer discussed with the Registered Manager that this situation was not ideal. However, the Registered Manager can make updates to the electronic plans if there is a sudden change in care / support. This ensures that the electronic plans are up to date and not awaiting review / update by the Care Co-ordinator.

The Regulation Officer visited two care receivers in their own accommodation and the home environments were observed to be homely, comfortable, and decorated with photographs and furnishings which reflected individual choice / preference, for example colour of bedlinen and choice of clothing.

There was also evidence of person centred activities for each of the care receivers, which included reflexology, swimming, horse grooming and going out for walks, shopping or trips in the car. The Registered Manager also described how the sourcing of additional input and support from MENCAP has provided the opportunity for care receivers to participate in a large number of activities, for example cycling and discos.

Feedback received from relatives as part of the inspection process confirmed their appreciation of the skilled care and support that their family member received from the staff and management team. Comments and feedback included some of the below shared with Regulation Officer:

*The love and care that xxxx receives is the biggest gift, when I take xxxx back to the flat, xxxx is always happy to return there'*

*'The staff are so caring and we see xxxx is very comfortable with all of them'.*

*'The manager and the staff are absolutely wonderful'*

The Regulation Officer received some constructive criticism from one family member that was fed back to the Registered Manager who confirmed that appropriate action had already been taken. The Registered Manager commented that all relatives have their email and phone contact details and there is a multidisciplinary team meeting (MDT) every three months which is regularly attended by one relative.

There was evidence of adequate staffing from a review of the electronic roster and feedback from staff and relatives. The Registered Manager described that three care receivers have a sleep-in package of care and two care receivers have a wake-in care package. Feedback from staff and relatives was of consistent staff teams for care receivers which ensured continuity of care for care receivers with a range of care needs.

Care receivers are also provided with appropriate nutritional requirements and choices by the care staff. Care receivers where possible are encouraged / supported to participate in the preparation of meals.

## **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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The Provider has clear statutory and mandatory training requirements for the service, with staff completing these through both face-to-face and eLearning training. There is a virtual college for staff to access eLearning. Examples of face-to-face training include basic life support (BLS) and annual MAYBO training. Staff also undertake infection control training and first aid. An example of service specific training is positive behaviour support and the communication training discussed under the heading of care and support.

The Regulation Officer was able to view the staff-training matrix during the inspection, which clearly highlights any overdue training. All care workers employed within the service are required to have a regulated qualifications framework (RQF) Level 2 as mandatory and the majority have completed Level 3. Both the Registered Manager and the Deputy Manager are trained as RQF assessors. There is a training co-ordinator employed by the provider who oversees what training is allocated to each department. Staff spoken with during the inspection described the training and development opportunities within the service as good. One commented, 'I feel I would be well supported by our manager if I wanted to study further'.

Any staff involved in medication administration have completed the medication module at RQF level 2 or 3. Staff follow the Government of Jersey Medication Policy and complete yearly or more frequent if required medication competencies. The competency portfolio for care workers (HCAs) administering medications to individuals was provided to the Regulation Officer as evidence after the inspection. The Registered Manager explained the procedure for reporting and recording of any medication errors and there is a section within the competency portfolio for recording any errors and the resulting actions.

The Registered Manager confirmed that there was, at the time of the inspection, one staff vacancy. There is a robust induction programme for all new staff and each staff member is allocated a preceptor on commencing employment. A probation period of six months includes shadow shifts and competency checks. Once completed, a manager signs off the probation period. Staff receive supervision from the

Registered Manager or the Deputy Manager every other month. This would usually take the form of a one-to-one session with staff where matters such as training, and development needs are discussed. Staff supervision records are stored electronically in each staff member's personnel file.

The feedback from the majority of staff regarding supervision was positive, with staff members describing regular supervision and of feeling well supported during supervision. One staff member commented that a recent supervision had been cancelled due to the team being busy but had not encountered a problem prior to this.

All staff described good support from the management team and spoke positively regarding how they are involved in the planning of care and activities for care receivers. Staff also commented that there were regular meetings with the management team and that 'they talked often'. Staff appeared confident regarding their roles and responsibilities and when to seek help and from whom. Staff provided examples of when they had needed to refer to and work with other health professionals. There is an on-call service provided by senior staff members and staff described how they would access this if required. The on-call service in particular provides additional support overnight. Staff are also involved in a weekly meetings which either take place in person or on Teams.

The service does not have much need of equipment except for profiling beds in each of the care receivers' accommodation. These are regularly serviced by the service which has provided the equipment.

## 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.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 1.4</p> <p><b>To be completed by:</b> 3 months from the date of inspection (28 February 2023).</p>	<p>All policies and procedures utilised by the service must be in date and updated within the stated review dates.</p> <p><b>Response by registered provider:</b></p> <p>The Government of Jersey are currently revising Government-wide employee-related policies that will be in place on Gov.je to allow for transparency. These policies are more user friendly than in the past, and Toolkits have been created and embedded within the policies to give staff more detailed guidance and support.</p> <p>Specific information regarding the roles involved in each policy and their responsibilities have been outlined, along with a useful glossary of terms and an emphasis on effective communication and employee wellbeing. Until a policy has been revised and launched onto Gov.je, it will remain accessible on the staff intranet and policies will be reviewed and revised often.</p> <p>Home Care/ Social Care specific policies will be updated and ratified within the Adult Social Care group and sent to the HCS Policies and Procedures Ratification Group for information.</p>
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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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