



**Jersey Care
Commission**

INSPECTION REPORT

New Horizons Support Services

Home Care Service

**16/17 Burlington House
St Saviours Road
St Helier
Jersey
JE2 4LA**

**16 December 2022-
4 January 2023**

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 New Horizons Support Services. The service is located in the parish of St Helier. The office is situated on a main road on the town outskirts, on the third floor of an office block. The service provides a range of social and home care support and respite services for people with additional & complex needs. The level of support provided range from a few hours of respite care each week to 24-hour care support.

The service became registered with the Commission on 10 February 2020

| | |
|----------------------------|---|
| Regulated Activity | Home care service |
| Conditions of Registration | <u>Mandatory</u> Type of care: personal care, personal support Category of care: Dementia Care, Physical Disability and/or Sensory Impairment, Learning |

| | |
|---|--|
| | <p>Disability, Mental Health, Autism, Substance misuse</p> <p>Maximum number of personal care/personal support to be provided per week: 2250 hours</p> <p>Age range of care receivers: 18 years and above</p> <p><u>Discretionary</u></p> <p>No discretionary conditions</p> |
| Dates of Inspection | 16 December 2022 & 4 January 2023 |
| Times of Inspection | 16 December 10:00-12:00, 4 January 09:30-11:30 |
| Type of Inspection | Announced |
| Number of areas for improvement | No areas of improvement |
| Number of care receivers using the service on the day of the inspection | 26 |

The Home Care Service is operated by New Horizons Support Services and the Registered Manager is Vicky Soar.

The discretionary condition that was in place from the last inspection has been met and is no longer in place. This was regarding the Registered Manager Vicky Soar completing the Level 5 Diploma in Leadership and Management in Health and Social Care, by 10 February 2023. This has been achieved.

Since the last inspection on the 9 and 13 July 2021, the Commission has received an updated copy of the service's Statement of Purpose. This was reflective of the service described on the day of inspection.

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. There was evidence that care receivers are provided with a provision of care that is well managed, planned, inclusive of their wishes and safe. The Registered Manager and Provider engaged fully in the inspection process, and all requests for information and records were fully met.

There was one area of improvement identified in the last inspection and the Regulation Officer followed up on this during the inspection. The area of improvement has been actioned by the Registered Manager and a process has been put in place to ensure that all staff receive annual appraisals.

Feedback from care receivers and their family members were sought by the Regulation Officer. They reported positive examples of good care and support from New Horizons. Most commented that the service is 'proactive' in their approach to their care giving, that they respond quickly to issues and that the communication is excellent.

The service offers a programme of mandatory training for staff in the induction period of employment and ongoing where required. Individual training needs are identified in response to the different care packages that the service supports. The induction also incorporates a competency framework which is followed by new members of

staff, this is endorsed by senior members of the team once they are confident that the competencies have been met by the staff members.

There is a good management structure in place. The Registered Manager is available if needed by staff or care receivers during office hours, and there is an on-call system at any other time. There are clear lines of accountability, care receiver feedback evidenced that they understand how to raise concerns about the care they receive or if they have any questions about the service.

The service's Statement of Purpose was provided to the Regulation Officer, this was reflective of the services that New Horizons currently provide. The last three-monthly quality monitoring reports were made available alongside other monitoring and review systems used by the service, including annual care receiver feedback surveys and incident reporting.

Consistency of care is essential to the service. Where possible, the same staff will provide support to the care receivers where they have built positive relationships. This is a key strength of the service.

The Regulation Officer reviewed the collection of policies and procedures utilised by the service. The policies are relevant to the activities of the business, they are up to date and easily accessible to staff members.

Staff retention in the service is good. Given the competing market, this is a strength. Staff are also known to return to work for the service when they have left to explore new opportunities.

The service evidenced safe recruitment and selection processes. Risk assessments are utilised if there is any additional risk identified with employees or care receivers.

INSPECTION PROCESS

This inspection was announced to ensure the Registered Manager would be available to facilitate the visit. Notice of the inspection visit was given to the Registered Manager two days in advance. The inspection was completed between 22 December 2022 and 4 January 2023.

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

The Regulation Officer sought the views of the people who use the service, and or their representatives. Discussions were held with the Registered Manager and one of the service directors on both days of the inspection. A further three members of staff contacted the Regulation Officer after the inspection and provided feedback regarding their experiences of working for the service.

The Regulation Officer sought the views of four service users and their relatives via telephone contact with their consent.

¹ 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, incidents and complaints, training records and recruitment files were examined.

After the inspection, the Regulation Officer provided feedback to the Registered Manager and one of the Directors who was present during the inspection.

This report outlines our findings and includes areas of good practice identified during the inspection.

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. This means that there was evidence of a policy and process to ensure that staff receive an annual appraisal. The Registered Manager did express that it had proved difficult to engage with the bank staff in this process, however it had worked well for the permanent staff members.

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 and procedures that have been developed to meet the activities of the service. The policies are reviewed annually and are dated once reviewed.

The Registered Manager ensures that if the service supports new areas of practice, that a relevant process or policy is developed around this. A recent example of this is the administration of medication Midazolam. A policy has been developed for this procedure and training has also been received by the members of staff that are involved in administering this medication.

Staff are signposted to policies during their induction period and new policies are shared as and when they are developed.

Staff members are trained in safeguarding adults and there is a policy that supports the processes to follow if staff identify any safeguarding issues during the care episode. There had been no safeguarding alerts or referrals recorded since the last inspection. The Registered Manager reported that all staff are also now being trained in safeguarding children, as it was recognised that care receivers may have children or could share information about children, they know that may require a safeguarding response. This is an area of good practice.

There is a complaints policy in place, and this demonstrates clear pathways are in place for raising concerns or complaints. The care receivers and relatives contacted for feedback confirmed that they were aware of how to raise a concern or make a complaint to the service. The Registered Manager reported that concerns raised are prioritised and dealt with quickly and in communication with the complainant. This was upheld by a care receiver's relative who, explained that a recent issue they had raised with the service was responded to immediately, and they received a satisfactory outcome.

The Regulation Officer was able to review three recruitment files. Both files contained copies of two references, application forms and job descriptions. Disclosure and Barring Service (DBS) certificates were made available to review. The Registered Manager explained that the DBS process can take varying amounts of time sometimes delaying the recruitment process. However, they are generally returned within weeks. The Regulation Officer was satisfied that safe recruitment processes had been followed.

The Registered Manager reported that there are monthly checks on the 24-hour packages of care that the service supports. These are sometimes undertaken as 'spot checks'. This is to ensure that the care is being delivered safely and to a high standard. The monthly quality assurance reports summarise the 'spot checks' completed for the month and highlight any issues of concern. If there are any sleep disturbances for the staff member during their sleep-in shift, this is recorded and reviewed by the Registered Manager. The night-time shift is appropriately staffed at times when such disturbance becomes a continued feature. This area of good practice meets Standard 3.9 of the Home Care Services Care Standards.

Care receivers and staff have access to management team members during office hours. Out of hours an on-call system is in place and details of how to access this service are shared with the staff and care receivers.

Feedback from the relatives of a care receiver reported that the management team are 'easy to get hold of any time of day.' 'Any problems the team respond, and they sort out the issue.'

The Registered Manager explained that the service has a continuous recruitment drive as there are ongoing challenges associated with recruiting care worker roles. These changes are not unique to New Horizons. The service is considering incentives to attract new staff to their service.

Notifications of incidences within the service are sent to the Commission as per the requirements of registration. A recent notification of an incident involving a care receiver had been received by the Commission. When the Regulation Officer explored this with the Registered Manager, they were able to evidence that this had been dealt with immediately and followed up sufficiently to reduce the risk of the incident occurring again. The Regulation Officer received feedback from the care receiver and their relative. They confirmed that they were satisfied with the service response and the appropriateness of the follow up. They reported that the Registered Manager responded "immediately."

The Regulation Officer was reassured by the Registered Manager that there are safe processes in place to ensure that medicines are managed sufficiently by the staff team. Medication training is available to all staff. There is an online knowledge-based module and a practice-based competency assessment. Competencies also require an annual update. The service has a Medicines Management policy in place. There are members of the staff team who have completed an Accredited Level 3 Medication Administration Module.

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> |
|---|

Initial assessments are completed by the Registered Manager. The assessment includes the views of the care receiver and their family members if appropriate. Their support networks, likes and dislikes are taken into consideration alongside their assessed needs. Care receivers are encouraged to write down their comments regarding how they would like to be cared for.

Detailed records are completed at the end of each care episode. There is a requirement that the care is recorded within 24 hours. The records reflect the care received and the interactions that have taken place. The Registered Manager has access to the records should they need to be reviewed.

Individual care plans are created based on the information redeemed from the assessment undertaken with the care receiver. The care plans evidence a support plan which considers the needs and choices of the care receivers, and which captures their views and wishes in respect of how they wish that their care needs be met. Much of the care activity is based around one-to-one support in the community. There is evidence that the care plans are reviewed regularly.

The service sends out an annual satisfaction survey to the care receivers and family members. The Registered Manager reported that a limited number of responses tend to be received. However, the service is able to analyse the results and use any constructive feedback to improve the service.

The Registered Manager explained that the service tries to match care workers carefully with care receivers, depending on the care worker's skill set and the needs of the care receiver.

Occasionally, the service will interview new staff with a view of matching their skills and experience to care receivers that have already been assessed to receive support from the service.

The Registered Manager explained that they aim to provide consistency of care where possible, but that this is not always achievable due to both anticipated and unanticipated absence and staff turnover.

The service attempts to mitigate gaps in consistency by placing an identified team around each client, who will work consistently with them. This model enables there to be cover from staff known to the care receiver if there is annual leave or sickness affecting the staff team. This is an area of good practice.

The different communication styles of the care receivers are taken into consideration by the staff team. The service uses several different communication strategies such as Makaton and easy read formats. The preferred communication style and any tools to aid this are recorded in the care receivers care plans.

The Registered Manager advised that there is currently one Significant Restrictions on Liberty (SRoL) authorisation in place within the service and that this was recently renewed in December. Confirmation was given that the Capacity and Self Determination (Jersey) Law 2014- (CSDL) training is part of the mandatory programme for staff members.

Staff rotas are prepared four weeks in advance and the service provide an 'easy read' version for care receivers if this is necessary for their understanding.

The service focus is mainly to support social visits, pickups, social events.

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.

There is a clear organisational structure, with transparency regarding the lines of accountability and responsibility. The structure is currently made up of two directors who oversee all operations: one Registered Manager, and an Office Manager. The management team provide supervision and appraisals, sign off care plans, support plans and risk assessments. They also set up new projects and are a point of contact for the care receivers and their relatives. Feedback received from the care receivers and their relatives regarding the management of the service was positive. It was expressed by all giving feedback that they found communication with the team was very easy, they didn't have to wait long for management to get back to them.

All care staff complete a structured induction programme. This process is designed to both facilitate and assess their competence to work as a care worker. The service provides a handbook to new inductees that details the policies, processes and competencies that support the role. The induction is overseen by the senior care workers and the Registered Manager.

The current staff team have a variety of qualifications relating to the care that the service offer including specialist training in areas such as Dementia and Learning Disabilities.

There are currently 10 staff with level 3 Qualifications and Credit Framework (QCF) training, 12 staff with level 2 QCF training and five staff are completing the QCF level 3. This meets the requirement of Standard 3 of the Home Care Services Care Standards.

Monthly quality monitoring reports for the service are completed by one of the service directors. The Regulation Officer was provided with the last three months of quality reports. They demonstrated that reviews of care plans and risk assessments had taken place. The reports contain further information such as staffing levels, qualifications of the staff team, staffing issues, the number of care receivers, supervision and appraisal information and health and safety checks.

Staff can access the electronic recording system through mobiles phones issued to them on commencement of their employment. Start and finish times are recorded on these systems. Easy access to the records facilitates staff's abilities to record the episode of care in a timely way. They have easy access to care plans and routines specific details regarding the care receivers such as routines, likes and dislikes. This improves the care receivers experience of their care particularly if it is a new member of staff that has only just been introduced to the care receiver. Staff also have access to all relevant contact numbers for the management team and support staff.

The management team are skilled in identifying when specialist training is needed to support particular care receivers' needs. A recent example of this is around a care receiver taking a medication Midazolam, this has required additional training for the staff members and a policy has been developed by the service.

Additional training in wheelchair safety has recently been sourced by the service in response to care receivers that use a wheelchair for their daily mobility needs. The service also provides wheelchair vehicles for transporting care receivers.

Members of the management team have qualifications to deliver training in certain areas such as Adult Safeguarding and MAYBO. This is cost effective for the service.

Other training is provided online by 'Flexibee' and "Care College". Family Nursing and Home Care (FNHC) have also been utilised to deliver face to face training such as Moving and Handling.

The Registered Manager has oversight of the annual training needs of the staff team and endeavours to ensure compliance with the Standards.

The Registered Manager ensures that the care team are given regular opportunities to discuss their role and identify any issues through supervision and appraisal. Supervision is offered four times a year or more frequently if requested by the staff member or identified as a need by the Registered Manager.

An annual appraisal is offered to all staff members. This gives opportunity for staff members to identify personal developmental needs and to reflect on any issues and achievements during the year. The Registered Manager acknowledged that bank staff have been difficult to engage in this process. However, the service is working to improve this.

The Registered Manager ensures that new care staff do not work alone with care receivers and under direct supervision until they have been assessed as competent. There is an appropriate period of supervised practice, this includes observations by the inductee, and participation in the care, followed by being observed under supervision once felt to be competent. The Regulation Officer was provided with an example of the competency framework that the service follows. It was an adequate and appropriate assessment tool for the purpose of induction to the service delivery.

Feedback regarding the service from relatives of some of the care receivers was positive. Some of the comments received were as follows:

"The service is proactive in working in partnership with other professionals to meet the needs of the care receiver."

"The office is always available if I have any problems or need to change the schedule. I couldn't ask for anything more."

“We are happy with the service.”

“The service spend time introducing new staff, this is helpful to xxxxx needs.”

“Carers will come up with new ideas of interest and activities for xxxxx.”

“I know that xxxxx trusts his carers because he engages with them.”

IMPROVEMENT PLAN

No areas of improvement were 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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je